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# THE CANADA MEDICAL RECORD.

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## Original Communications.

### A REMARKABLE CASE OF DENTAL TUMOR OF THE LOWER JAW.

Communicated by Dr. C. E. NELSON, New York.

I have much pleasure in laying before the readers of the CANADA MEDICAL RECORD an unusual case of dental tumor completely cured by operation. While it is undoubtedly true that surgery of the jaw follows the ordinary rules and regulations of general surgery, it is nevertheless expedient for a surgeon to avail himself of the advice and assistance of a skilled dental surgeon before undertaking a severe and perhaps useless operation. For the basis of this report, I am indebted to Dr. George P. Miles, of this city, the dental surgeon who operated upon the case. In 1873 a girl aged fifteen sought medical advice for a large tumor of the lower jaw, which had been steadily growing for about six months. For four months the pain had been so severe that morphia had to be continuously administered in gradually increasing doses. A distinguished surgeon who examined the case diagnosed malignant disease, and advised the immediate removal of the tumor along with a considerable portion of the jaw-bone. The day before the proposed operation the patient

consulted Dr. Miles, who after a careful examination came to the conclusion that the tumor was not malignant, but was caused by the presence in the jaw-bone of several of the second teeth which had not yet been evolved. The severe operation previously decided upon was considered unnecessary, and was postponed *sine die*. Dr. Miles freely opened the tumor and let out a quantity of extremely foetid matter, instantly relieving the pain. On passing a probe, it was found that the anterior surface of the bone below the incisors had been absorbed, and that, at the bottom of the cavity so formed, several hard bodies could be felt imbedded in the bone, which were the unevolved second teeth. The cavity was cleaned out and packed with lint soaked in a solution of chloride of zinc. Antiseptic applications were regularly employed, but the wound continued to discharge a thick black and very foetid fluid. By the end of ix weeks, three teeth could be distinguished, viz., the right canine and two right lateral incisors; and at the end of three months Dr. Miles was able to extract these three teeth through the opening made when the tumor was lanced. A year afterwards the cavity had filled up and the jaw returned to its normal shape. The three teeth were arranged horizontally in the cavity one upon the other, and as they were firmly imbedded in the bone, considerable skill was required to dislodge them. The cavity in which they lay was one inch and a half deep, by two and a half inches wide.

## Correspondence

### THE CLIMATE OF NEW MEXICO.

*Editor of CANADA MEDICAL RECORD.*

DEAR SIR,—As a resort for consumptive patients New Mexico is now attracting considerable attention in the Eastern States and elsewhere.

It is only since railroad communication has been established—about a year and a half ago—that the attention of the public has been drawn to the advantages offered by the climate of the territory to consumptives, since which time the number of invalids going to the territory has gradually increased.

The climate of the central portion of New Mexico is superior to that of either Colorado or Florida, being more uniform and free from malarial influences. This part, say between the 34th and 36th parallels on the Rio Grande, possesses conditions especially adapted to consumptive patients, viz.: a dry atmosphere and moderate elevation—between 4,000 and 5,000 feet above the level of the sea.

The best proofs of the effects of the climate are the marked improvement in persons affected with phthisis who have visited the territory in the early stages of the disease, and who have resided in the territory a few months, and in the fact that consumption is almost unknown among the native Mexicans, the lower classes of whom are, as a rule, both poorly clad and nourished. These facts have come under my personal observation extending over a term of six years.

Santa Fé should not be recommended, as its elevation—7,000 feet above sea-level—is too great for phthisical subjects. In the southern portion of the territory malaria exists to an alarming extent, and gives rise, very frequently, to a low form of typhoid fever, the mortality from which is very great.

Yours very respectfully,

ROBT. COSTIGAN, M.D.

252 Richmond street.

Montreal, 13th May, 1882.

## Progress of Medical Science.

### NITRO-GLYCERINE IN TREATMENT OF HEART DISEASE.

By W. E. GREEN, M.R.C.S.

This is a most potent remedy, and I believe I am not overstating its merits when I say that it deserves to rank only second to digitalis in the treatment of disease of the heart. The solution is

the form most generally used, and this is a one-per-cent. solution in spirits of wine: one minim is the usual dose to commence with, but in some cases even less may be given with advantage. It can either be taken in water, or one drop may be placed upon the tongue. The solution is almost tasteless, but within three minutes of being taken it begins to exert its peculiar physiological properties. It paralyses the vaso-motor nerves, and so dilates the blood-vessels: the face flushes, the temples throb, the pulse becomes dicrotic and much quickened; in some cases the head aches most violently, but in others only a sense of fullness and pain across the forehead is experienced which lessens with each recurring dose, until ultimately no unpleasant effect, but simply a warming sensation all over the body, is produced. A feeling of nausea, or even sickness, is often caused by the earlier doses. The quantity may be gradually increased until 15 or 20 minims every four hours are given, but I have never found it necessary to administer such heroic doses. It is never wise to give more than one minim at first, for even this small quantity has produced most serious symptoms in certain individuals. The patient has fainted, and has become almost collapsed, but I am not aware that it has ever been followed by a fatal result. The physiological effect of nitro-glycerine is not so rapidly produced as is that of nitrite of amyl, but it continues from four to six or even eight hours, after which time it is often advisable to repeat it.

I have never found it produce unpleasant effects in any case where its use was plainly indicated; and each day's experience more clearly shows the cases likely to be benefited by it. While useful in almost all cases of heart disease, I believe those in which it will be found of the greatest benefit are, 1st, angina pectoris; and 2nd, weak, dilated, and fatty heart. In angina it prevents an attack by keeping the blood-vessels in a constantly dilated condition, and thus prevents the backward pressure of blood upon the heart, which is probably the cause of the agonising pain of angina. In weak dilated hearts it gives relief by reducing arterial tension and thus lessening the amount of work the heart has to do; the heart, consequently, gains in power by the rest so given to it. As a rule digitalis does not agree in these cases; but, if thought necessary, it may be given with increased advantage in conjunction with this drug. In several cases of dilated heart, with small, weak, quick pulse, I have seen the beats not only increased in power, but much reduced in frequency, after taking nitro-glycerine for a few days, thus plainly showing that the heart had been relieved of much of its embarrassment, and as a consequence had gained in power. I have used this drug largely more than two years, and each week my appreciation of its value as a remedy for this class of cases increases. There are numerous other affections in which it will prove of value, but such do not come within the scope of my present

paper. Bearing in mind its physiological action, it will be easy to select the cases in which its use is indicated.

Mrs. G., æt. 75, thin, spare, suffers from attacks of angina pectoris. March 15, 1880, had a severe attack, for which nitro-glycerine was prescribed, with result of giving almost immediate relief to symptoms and a sound night's rest. Since that time patient has continued to take a mixture containing nitro-glycerine, cinchona and Virginian prune, and there has been an entire immunity from attacks. The mixture is not taken every day, but whenever any premonitory symptoms are felt, and an attack recognized to be imminent, recourse is had to it with immediate advantage. The patient, who before was in a constant suspense and misery, has never since required my professional services, and leads a life of comfort. Dec. 22, 1881,—continues in capital health, takes medicine regularly, and has gained flesh.

Mr. J., E., æt. 70, came under care some two years ago. Patient was a spare man of active but methodical habit, subject to occasional faintings, which evidently arose from the condition of his heart. When I first attended him his pulse, which was full and bounding, appeared to intermit every other beat, but a little care showed me that it was one of those rare cases in which the heart's action was very slow: it was, in fact, only beating 34 per minute. The heart's sounds were in every respect normal, and also the area of dullness. The patient told me that for some years the pulse had gradually become slower, and he had been subject to these fainting attacks, which occurred without any warning. He was recommended to carry nitrite amyl continually with him, in case a fainting attack should occur. About 7 a. m., one cold morning in December, 1879, I was hastily summoned, and found him lying on the floor and perfectly insensible. Nitrite amyl had been administered. I immediately made use of a larger quantity, but with no effect other than to show that he was still living. After this I administered one minim nitro-glycerine in a little water. It had not been swallowed five minutes before the flush returned to the cheeks, consciousness followed, and he began to ask questions. The result of this attack was to greatly strain the mitral valves, and a loud systolic bruit exists to this day. The pulse for some months before was at thirty-two, and since the attack it continues the same, but is much softer in character. There has been only one slight attack of fainting since. The convalescence was tedious, but appeared to be helped by digitaline and nitro-glycerine. General health now appears as good as ever.

Mrs. P., æt. 65, Aug., 1879. Suffering from abdominal dropsy, which appeared to be caused by some portal obstruction. Was also suffering from a pre-systolic mitral murmur, accompanied with almost incessant cough and bronchorrhœa. Heart was much dilated, and pulse rarely less than

120 per minute. The dropsy was gradually overcome by tonics and purgatives, but the patient's condition had not improved much when April, 1880, arrived. Digitalis appeared to disagree in all forms, until the active principle in milligramme doses was given, when improvement became more rapid. Shortly after this time I gave a mixture containing cinchona and half-minim doses nitro-glycerine, after which patient so much improved that she could get down stairs and even out of doors. About the middle of August she caught cold, the result of which was a severe attack of bronchitis. Patient could not lie down in bed, and the cough was most distressing: by the aid of diffusible stimulants this was relieved, but the heart was much weaker, the cough and bronchorrhœa excessive and exhausting. At this time she was taking four milligrammes of digitaline during the 24 hours, one twice during the day, and two at bedtime. One of the granules at bedtime was stopped, and one minim of the 1 per cent. solution of nitro-glycerine substituted with the result of giving her a good night's rest. This dose was continued for some days, and improvement was so great that patient was able to sit up. After a few days the granules were reduced to one each night and morning, and after a month of this treatment I tried the use of nitro-glycerine alone at bedtime, and rather to my surprise found she was considerably better with this remedy, the difficulty of breathing, cough, and bronchorrhœa were greatly improved, and she was soon able to come down stairs. The improvement in the patient's face has been most marked; the eyes, from being always blood shot, are quite clear; lips and cheeks, from a purple tint, have regained their natural hue, the appetite has vastly improved, the bronchorrhœa during the day has entirely ceased, and is considerably better at night. The nitro-glycerine is always taken at bedtime, and is sometimes repeated during the night. The dose, although it has been taken for months, has never been increased. Altogether my patient is in a better condition of health than she has been for the past three or four years.

Bridget D., æt. 11, about November 4, 1880. Has suffered from rheumatic fever twice, and is now in a very debilitated condition. A low mitral systolic murmur exists. Was treated with quinine, iron and digitalis with satisfactory results. Jan. 3, 1881, after playing out of doors in a very bleak wind, she was suddenly seized at bedtime with acute dyspnœa. Dr. Barker saw the patient immediately, and found her suffering from acute congestion of both lungs, rapid breathing, purple lips and pale cheeks; pulse uncountable, and both lungs engorged with blood. Immediately ordered a mustard jacket, &c., saying it was an acute case of double pneumonia, and that she probably would hardly survive the hour, and suggested bleeding. Knowing the debilitated condition of the child, I suggested bleeding the patient into her own blood-vessels by dilating them with nitro-glycerine. We

returned to the case and found patient somewhat better. The jacket had relieved the heart, but it was beating nearly 200 times in the minute, and the lungs were still engorged. One minim of nitro-glycerine was at once given with its usual effect of dilating the blood-vessels and flushing the face, and giving relief to the apoplectic condition of the lungs, with slower action of the heart. An hour afterwards a milligramme of digitaline was given, which still further improved the power of the heart, and the patient gradually recovered. The nitro-glycerine was given every four hours combined with tinct. digitalis, and the patient made a satisfactory recovery.

My opinion of this case was that the cold air contracted the cutaneous blood-vessels, thus rendering the work of the heart laborious, the weak heart failed, and engorgement of both lungs (called in some old medical works pneumonic apoplexy) followed as a natural consequence, and would rapidly have proved fatal had not Dr. Barker's mustard jacket supplied a necessary stimulus to the heart, and also to a certain extent relieved the action, by dilating those blood-vessels which were in its immediate vicinity. This was afterwards more effectively and extensively done by means of the nitro-glycerine, and to this and to the increased power given the heart by means of the digitalis I ascribe in a great measure the satisfactory result.

I could relate numerous other cases showing the value of this remedy in heart disease, but the cases cited are sufficient to prove that in this new agent we have a very powerful measure in diseases of the heart. It is a remedy, moreover, which is not only palliative, but in many cases actually curative.—*Practitioner.*

## THE TREATMENT OF THE DISEASES OF THE RESPIRATORY SYSTEM.

By E. L. SHURLEY, M.D., Professor of Practice of Medicine in Detroit Medical College.

*Croupous Pneumonia.*—This disease usually affects one lung, especially the apex of the right. Dryness of the skin and pain in the mammary region are the most prominent symptoms.

*Treatment.*—General blood-letting, hot poultices and baths are of use. If the patient is healthy, we may prescribe a saline cathartic or calomel and jalap. Don't order this and the hot bath at the same time. To relieve irritation (coughing) we use opium. This will reduce the frequency of the pulse and respiration. Jaborandi, gelsemium, belladonna and aconite are used in the first stage of pneumonia.

*Jaborandi* does not repress the heart's action. The fluid extract is the best preparation to produce an action on the skin. It is given in doses of 3 ss. to 3 j. every three hours. After the action on the skin we notice its effect on the kidneys or its diuretic effect. Atropia is the direct antagonist of laborand

*Belladonna* produces contraction of unstriped muscular fibres, *i.e.*, of the heart and arterioles. Never use belladonna in large doses in pneumonia. If the temperature is very high in pneumonia, use belladonna and aconite, especially when a spasmodic cough is present.

*Muscarine* is the active constituent of mushroom. It is a paralyzant. Vertigo is often produced by this drug. The pupil first contracts and then dilates. Atropia is antagonistic to muscarine. Muscarine should not be used in pneumonia. It is very dangerous.

*Gelsemium* cannot be depended upon in decreasing the temperature. Paralysis takes place before lowering of the pulse can be produced. It is very unsafe. It produces diplopia—double vision. If this occurs, the administration of the drug must be stopped. The frequency of the heart beat is rather increased. In a case of pneumonia the drug is not to be depended upon. Aconite, tartar emetic and veratrum viride are the best remedies to be used in pneumonia. Aconite is given in small doses, one-fourth of a drop every hour. As soon as a tingling is experienced in the fingers and toes, stop giving the aconite. One-half to one-eighth of a grain of tartar emetic is given every hour until the physiological action is produced. If gastric catarrh exists, ipecacuanha may be substituted.

*Digitalis* has a direct action on the heart centres.

*Second Stage.*—Red hepatization. By this time the patient has become run down. Expectoration of a rusty color takes place. If this becomes like prune juice, the prognosis is bad. We may be obliged to use aconite, etc., to depress the circulation. If the disease becomes malarious, quinine or spirits of ammonia are given. Apply hot poultices as in the first stage. Acetate of ammonia with iron is a very good stimulant in these cases. Cinchonidia is more useful in pneumonia than quinine.

If the third stage (gray hepatization) sets in, use stimulants. Blisters for counter irritation do harm in the first stage. In the latter stages, especially in pleuro-pneumonia, they are very useful. Do not depend upon their derivative effect. Abscess of the lungs, chronic pneumonia and tuberculosis may result from pneumonia.

*Abscess of the lungs* is frequently a complication of pneumonia. It manifests its presence by the physical signs.

*Treatment.*—Iodide of ammonia is useful. The food should be digestible and nutritious. Crowd the stomach with food. Iron is sometimes good if it does not produce too much constipation. The phosphates are serviceable in these cases. Camomile will often arrest the secretion of the pyogenic membranes. Let the patient remain in the house for a long time. If he goes out into the open air, he should wear a respirator. The patient should not ride or move violently. Iodine by inhalation is also very useful.

*Acute Catarrhal Pneumonia* (capillary).—This disease affects mostly children and old people.

*Symptoms.*—A cough, sometimes suffocating in character; crackling sounds on both sides (crepitation) and pleural râles. Beware of suffocation.

*Treatment.*—The best is tartar emetic.

℞. Antimonii et pot. tart. .... gr. j.  
Aquæ ..... ʒ fl. x. or. xii.

*Sig.*—One teaspoonful every half hour.

A warm bath every four hours will also do good. If the head be red and the skin dry, tell the parents of the child that convulsions may follow. If an anodyne is required employ chloral and hyoscyamus. Young children are apt to swallow the expectoration. When the stage of expectoration comes on apply poultices. You may give expectorants. In this stage the nurse or parents must raise a child slowly or syncope will follow. One grain of carbonate of ammonia well diluted with water can be given with benefit. Quinine by suppository or injection. For injection the quinine is dissolved in milk. Tell the nurse to hold the nates of the patient closed after the injection has been made. If suffocation comes on, emetics are indicated. Catarrhal pneumonia in old people comes on as an accidental phthisis. It affects the lobules in spots.

*Interstitial Pneumonia* arises from constant irritation by coal and stone dust, street dust, gas, etc. The first condition is catarrhal, the second phthisis.

*Treatment.*—Prevent the dust from entering the patient's mouth. Let him wear a respirator, or, if this be too expensive, a sponge. Poultices should be kept on during the whole course of the disease. A bread poultice is made by pouring boiling water on pieces of bread until they become pulpy. The patient can only catch cold when getting better. Carbonate of ammonia is useful, but should not be given too freely. Iodide of ammonia is better for children. Stimulants are indicated. Phthisis does not follow generally except in scrofulous patients. In scrofulous phthisis we give stimulants and tonics, as nux vomica and digitalis. No poultices.

*Pleuritis.*—There are four forms of pleuritis: acute, chronic, localized and secondary.

*Acute.*—Pain on the afflicted side.

*Treatment.*—We must give an analgesic. Give small doses of opium, but enough to quiet the pain. Fever is sometimes present. To rest the lung on the affected side use adhesive bands, applied opposed to the action of the muscles of the ribs or a plaster-paris jacket. The constitutional trouble is best relieved by tartar emetic, ext. jaborandi, fl. tincture of aconite root, or veratrum viride. We may give acetate of potassium or nitrate of potassium, five grains every three hours. In the second stage diuretics and diaphoretics are very serviceable. Withhold water. If this treatment fails, we use the iodides.

℞. Iodinii ..... gr. xx.  
Potassi iod. .... gr. x.  
Glycerinæ ..... ʒ i.

At the end of this stage the patient may leave the house and take a walk once in a while if he desires.

*Localized pleuritis* occurs usually in young men from eighteen to twenty-four years of age.

*Symptoms.*—There is no pain present. The patient gets out of breath easily.

*Treatment.*—Do not use depressants. Crowd the stomach with food. Ten grains of iodide of potassium three times a day is useful. Sometimes the addition of acetate of potassium will be very serviceable. If the patient becomes weak, stop this treatment and administer tonics. You may return to the former plan of medication again later.

*Empyema, Chronic Pleurisy.*—Aspirate the chest. If you find the general condition of the patient good, and if the fluid looks like pus, you may inject carefully.

℞. Iodinii ..... ʒ j.  
Aquæ dest. .... ʒ ij.

If the fluid reappears, draw it off again. The lung should be expanded before the fluid is drawn off. In chronic pleuritis the lung is compressed. The secondary pleuritis is traumatic.

*Asthma.*—There are three kinds of asthma: spasmodic, peptic and reflex idiosyncratic or hay asthma.

*Treatment* (in general).—It is not necessary to do much for the patient during the paroxysm. Observe if the patient has goitre, disease of the digestive or nervous system, or some idiosyncrasy. If the asthma is due to contraction of the arterioles, use nitrite of amyl. In the other cases we may try this remedy also. If this fails grindelia robusta, forty minims to the dose, is very good. During the paroxysm lobelia may be given. Bronchial asthma (winter cough) is allayed by anodynes.

*Spasmodic asthma* is due to direct or reflex contraction of the muscular tissue of the pulmonic apparatus. If the smaller tubes are affected, the disease is more severe. We often have asthma as a complication in acute bronchitis. In this case lobelia, syrup of squills or ipecac, or compound syrup of ipecacuanha, or Dover's powder, followed by anti-spasmodics, elixir val. ammonia with bromide of potassium. Hydrate of chloral is not good. Camphor is useful. Ten to thirty minims of ext. grindeliæ Robusta every two, three or four hours is also very good. Assafetida is sometimes useful in spasmodic as well as peptic asthma.

*Peptic Asthma.*—The patient notices that after taking much of a certain kind of food he or she experiences a difficulty in breathing. If this comes on one or two hours after meals, the trouble is in the liver, pancreas or intestines. Sometimes the trouble will come on periodically.

*Treatment* must continue at least one month. The compound cathartic pill or magnesiae sulphatis will prove valuable in cases of this kind. If the trouble is due to malaria, we give calomel and rhubarb followed by cinchona. A good treatment is to give an emetic or cathartic, followed by some

stomachic sedative or quieter, as one or two minims of dilute hydrocyanic acid, or twenty or thirty grains of sub-nitrate of bismuth. This may be followed by hydrochloric acid. Sometimes constipation exists. To relieve this employ aconite, belladonna and aloes.

℞. Olii tiglii.....gtt. iv.

Muc. acaciæ vel.....

Olii ricini..... ʒj.

Sig.—One-half to one teaspoonful.

*Neurotic Spasmodic Asthma* (hay asthma, etc).

—Overwork is one of the most frequent causes.

*Treatment.*—Chloral hydrate and bromide of potassium are indicated. If the asthma keeps on, you may use the cold douche or the ether spray.

Valerian and assafoetida. If the circulation is weak we may add hyoscyamus. Instead of giving opium we direct (because we wish to continue) from twenty minims to one drachm of piscidia erythrinae or Jamaica dogwood, as it is commonly called. Conium is useful. If this will not answer, the patient may burn nitrate of potassium paper and inhale the fumes. He must live quietly. Colorado has the best climate for asthmatic persons.

*Cardiac asthma* is sometimes due to collapse of the lobules. It is always due to cardiac lesion.

*Treatment.*—Digitalis is indicated. For gouty patients lithia is the best. Be careful in the use of opium; rather do not use it at all. Chloral hydrate should also be avoided.

Asthma is also often due to diseases of the mediastinum and bronchial glands. It is frequently the result of chronic bronchitis. Give iodine. Sometimes asthma is due to goitre. Push the iodine. Tobacco smoking will sometimes relieve asthma, especially in middle-aged men. Cubeb cigarettes are good. The cure by changing climate is the most effectual.

*Gangrene of the lung* is in most cases due to thrombus or aneurism. It is generally fatal. Stimulants should be administered constantly. To do away with the bad odor give creosote or carbolic acid.

*Carcinoma of the Lung.*—There is not much that can be done. The cough is sometimes produced by stomach distention or irregularity of the heart.

*Dyspnoea.*—Find out the cause and treat accordingly. Sometimes it is due to nervous irritability. If so, thirty or forty minims of cereus grandiflora every four hours is useful.—*Western Medical Reporter*, p. 99.—1881.

## FLATULENT COLIC IN AN INFANT, DUE TO INDIGESTION.

GENTLEMEN:—The case before you hardly seems to be an important one. You see a well-developed, vigorous child, of fifteen months, lying quietly on its mother's lap, nursing, the

picture of health and contentment. The mother tells us, however, that every now and then the baby has attacks of severe pain, during which it struggles and screams aloud; she comes here to ascertain the cause of these attacks.

Here we have an apparently healthy child, still nursing at the breast, taken suddenly with abdominal pain, the attacks coming on irregularly. Sometimes a pin in the infant's clothing is responsible for screaming spells; and I would advise you, whenever you find a baby in violent pain, without apparent cause, to look at the pins. In this case we have no occasion to believe that the spells are due to such cause; the mother is very careful, and assures us that this has been attended to; but upon investigating further I find that the question of diet may furnish an explanation of the pain. The baby goes to the table, and is allowed to eat pretty much everything that adults do, and gets also gruel and a good deal of starchy food. It is this feeding in great excess starchy foods to infants that is responsible for the great mortality among the infants in all our large cities. What is the result of giving such improper diet? When a child like this takes an excess of starch into its alimentary canal it undergoes fermentation, liberating large quantities of carbonic acid gas, which, suddenly distending the stomach and bowels, causes pain.

The second case, which I will show you presently, is a little baby far advanced in marasmus; it is five months old. It also lies quietly in its mother's lap, but it has a puny look, and its face wears a characteristic dazed expression, a look that all infants fed with anodynes are accustomed to exhibit. There is a way of relieving these infants without resorting to injurious anodynes. In the first place the diet must be corrected. Here, in the first case, we advise the mother to keep the baby upon its natural aliment; more especially so, because she has an abundant supply, and the child thrives upon it. Should the mother's milk become insufficient, it may be supplemented by cow's milk, a little diluted, and moderately sweetened. The best substitute for cow's milk in large cities is good condensed milk. I have used it extensively and have seen large numbers of infants raised upon it very successfully, and have, therefore, much confidence in it, and recommend its use in cities, especially in the summer. Of course, to those living in the country, who can secure good fresh milk from healthy cows, no substitute is needed. Good fresh milk should be diluted with one-third its bulk of water, and a little sugar added; condensed milk requires five or six times its bulk of water. Such should be the aliment of the child until the teeth make their appearance; nor should the diet be changed until he has sufficient teeth to masticate his food.

A proper regulation of the diet is, therefore, the first step, avoiding those articles of food which the mother considers so harmless, potato, bread, and gruel, which undergo fermentation.

In addition, we shall order a prescription containing a capital remedy for colic in infants, one that is more efficient and less dangerous than the ordinary preparations of opium—bromide of potassium dissolved in aniseed or peppermint water, or the following:—

℞. Potassi bromide,	5j	
Ol. anisi,	Mj	
Mucil. acaciæ,		
Glycerini,	aa	3ij
Aquæ,		5 ss. M

of which a teaspoonful may be given when the colic comes on. We may order it without fear, knowing that it is perfectly safe, and can do no mischief, which cannot be said of the various soothing combinations and carminatives in common use in the nursery, which usually contain laudanum or morphia. In a former generation it was Godfrey's cordial that was popular; now it is Mrs Winslow's soothing syrup; but the anodyne is the same in a different form.

The second infant, already referred to, is the young mother's first baby; she is not very familiar with the details of infantile life, and must, therefore, learn its management from the friendly old women. Gentlemen, young mothers are the prey of all the old women in the neighborhood; they are showered with advice. Nothing is so grateful as to mount the moral pedestal and dispense beautiful sentiments to all about us.

I called your attention to this dazed, stupid look, and the quiet way the baby lies. Look at its arms and legs, how far gone in emaciation this child is! In pursuing the investigation I find that the mother has an abundance of good milk, and can readily nurse the child. I have often observed that mothers with a blonde complexion and light hair do not have the same amount of milk nor the same ability to nurse their infants as those with dark hair and eyes; the quality of the milk is also better in the brunette. The mother tells us that this has always been a cross baby; it is restless, and cries a good deal. To quiet the infant, she put it frequently to the breast. What was the natural result! Indigestion; colic; soothing syrup. The anodyne served for a time, but did not appease the child. On the advice of the neighbors it was concluded to try gruel, on the supposition that the mother's milk did not agree with the infant. The starchy food fermented readily, and all the time the stomach was also crowded with milk, without allowing any interval of repose. The stomach needs rest, like other organs, and that of infants, like adults, requires to be empty at times. What is the rule for nursing? It is to be determined by the rate of digestion. The digestion of milk is completed in two hours, consequently the newborn infant should be nursed not oftener than every two hours; after six months the interval should be increased to three hours, excepting at night, when a longer time may elapse.

But children cry from other causes than pins or colic; sometimes the baby cries for a drink of water. Instead of putting the child to the breast every time he cries, he should have occasionally a drink of water to cool his mouth. Babies need water. What else? If the mother's milk is sufficient, it should have no other aliment. If necessary to supplement it the best substitute is condensed milk, American or Swiss. The great multiplication of infants' foods proves destructive to many infants in our large cities every year. Infants in this condition of feeble digestion—*apepsie*, as the French call it—are, as a rule, greatly benefited by brandy, and they are about the only specimens of humanity that are. This child should have fifteen drops of the best Cognac every three or four hours, always giving it after aliment, or after nursing. In these cases of *apepsia* in infants, good is also accomplished by pepsin; it is one of the few instances where pepsin is beneficial. Every time it takes its aliment it should also have ten or fifteen grains of saccharated pepsin.

These are the medicinal means required; what are the hygienic ones? The child needs air, and it should be sent out in the open air and sunshine daily. Moreover, the skin should be kept in good condition, by baths, friction, and inunction. After a warm bath, if the skin is well rubbed with a little fat, it will improve the nutrition, and here is a case in which inunction will especially prove of service. After the morning bath the skin may be well rubbed with a soft, dry towel, and then a teaspoonful of lard rubbed in.

With proper attention to the medicinal and hygienic treatment of these cases, with careful regulation of the diet, you will soon see the child flourishing, instead of looking wan and exhausted.—*Phil. College and Clinical Record.*

## THE USE OF IODOFORM IN BRITISH HOSPITALS.

(From our London Correspondent.)

This substance is now extensively used in Great Britain. It is chiefly employed as an external application, but is also given internally by a few physicians.

Locally, it is used for soft and hard chancres, syphilitic and other ulcers, cancerous sores, as a dressing for wounds, eczema, impetigo, lupus, laryngeal and pharyngeal affections, mammary and other tumors (to promote absorption), hemorrhoids, onychia, etc.

Internally, it is given mainly for syphilitic affections. Cases of poisoning from its use have been reported from the continent, but none have as yet occurred in Great Britain. No case of iodism has yet been published as resulting from its use.

The methods of employing it by different physicians and surgeons at several of the hospitals are briefly summarized below.



At University College Hospital, Mr. Berkeley Hill uses it a good deal for soft chancres. He recommends that it should be applied in the form of powder twice a day, the sore having been previously washed and dried. Some lint or cotton-wool is then applied, and over this a piece of oil-silk; in some cases, *e.g.*, over external parts such as the groin, Mr. Hill also prescribes an ethereal solution. In either case, he does not advise its use when the sore is inflamed. For hard chancres he recommends powdered iodoform as a local application every six hours, care being taken to keep the sore clean. Mr. B. Hill has also used it internally in cases of syphilis during the last few years. Mr. Godlee employs it for eczema and some cases of lupus. Ten grains of iodoform and a drachm of oil of eucalyptus are made into an ointment with an ounce of vaseline. Dr. Crocker applies it in cases of eczema attended with offensive discharge. He uses it both combined with eucalyptus as above, and also as a simple ointment made up with lard (ten grains to the ounce). He finds the discharge becomes much less offensive under its use.

At King's College Hospital, Mr. Watson Cheyne employs in cases of gonorrhœa soluble bougies containing iodoform and oil of eucalyptus. Mr. Cheyne claims that by this method gonorrhœa may, in many cases, be arrested in the first stage. Mr. Cheney believes in the specific nature of the gonorrhœal discharge, and considers that these bougies act by destroying the germs.

At Charing Cross Hospital it is much used as an application to soft chancres by Mr. J. H. Morgan and Mr. Astley Bloxam. Mr. Morgan believes it to have a detergent action on foul sores, but does not think it has a direct healing action. He informed the writer, however, that he recently had a case in which he removed a cystic tumor from the neck (not antiseptically), and, after washing the wound out with carbolic lotion, scattered some powdered iodoform over its surface. The edges were then drawn together, covered with some more iodoform and then covered up. On removing the dressings in a few days, the wound was found to have healed by first intention. Where the smell is an objection to its use, Mr. Morgan employs it mixed with an equal bulk of tannin.

At the Lock Hospital Mr. Astley Bloxam employs iodoform for both soft and hard chancres. In the latter case he combines its local application with the internal administration of mercury.

At the London Hospital it is used (powdered) as a dressing for wounds. Mr. Rivington employs it for this purpose somewhat extensively. Mr. Reeves frequently uses it as a local application to the ulcers met with in the later stages of syphilis. From the hospital records it appears that about one-third of the cases now under Mr. Reeves are using iodoform in one way or another. As he uses it mainly for syphilis, the great prevalence of the disease at the East End is only too apparent.

At the British Hospital for Diseases of the Skin, Mr. Balmanno Squire prescribes it as a local applica-

tion for the contagious impetigo of young children. He directs that the scabs should be first softened and removed, the surface gently dried, finely powdered iodoform (diluted with starch if necessary) dusted over the surface, and lastly a thin layer of glycerine painted on. This should be done every two hours. Mr. Squire has found this induce a marked improvement within even a few days, the discharge quickly changing its character from purulent to serous.

At the Hospital for Diseases of the Throat, iodoform is a favorite remedy. Some time since it was (dissolved in ether) freely used as a spray in ozena, and other nasal cases. Some of the staff here also mix it with other substances, to apply to the interior of the larynx by insufflation. In the Pharmacopœia of this hospital there is a formula, introduced by Dr. Whistler, for pastilles of iodoform, each containing one grain with a basis of glycerine and gelatine. These are much used in syphilitic eruptions of the mouth, tongue, and throat. There is also a form for nasal bougies, each containing half a grain, and an "insufflation" for ear cases, introduced by Dr. Woakes. It is, perhaps, most extensively used at this hospital by Dr. Prosser James, he having been the first to recommend it as a local application in diseases of the throat and nose, also as an internal remedy in syphilis and some other diseases. He applies it either pure or diluted according to circumstances, with an indifferent powder, such as starch or lycopodium, to syphilitic ulcers in the mouth and pharynx; and also, by means of a proper insufflator, to ulceration in the larynx, either syphilitic or tubercular. In the latter case, mostly mixed with a small quantity of morphia, and diluted with an equal part or more of starch. In the pharynx, he generally employs it pure. Some time ago he used it freely in a case of cancer of the tonsils, and it seemed at first to afford considerable relief, but after a while lost its power. In another case of cancer extending on to the tongue, it produced so much pain, even when mixed with morphia, that it was discontinued. In all these cases Dr. James insists on the necessity of reducing the iodoform to the finest powder. Internally, Dr. James has used it for many years—indeed from its first introduction. He gave it in one-grain pills, commencing with three daily, and gradually increasing to nine a day, or more. Of late years, he uses two-grain pills, and increases the number gradually, as in the former case. In the hospital Pharmacopœia these pills are made with one grain of sugar of milk and sufficient glycerine of tragacanth to make a pill of proper consistence. Dr. James remarked one day at his clinic that, in private practice, the smell of the substance being a disadvantage, he conceals it by mixing the iodoform with equal weights of balsam of Peru and liquorice powder. This forms a good firm pill, without further excipient. He gives it thus internally in tertiary syphilis as it rapidly arrests ulceration, and contrary to what is stated in a recent text-book, it is *not* so likely as potassium

iodide to produce iodism, and he has never known it do so, although he has continued the pills for months together. He also uses the drug internally for chronic glandular enlargements and other strumous manifestations; also in lupus and lupoid affections.

At Edinburgh, iodoform is used largely in the Royal Infirmary, and with very good results. Mr. Chiene uses it in his wards for nearly all forms of sores, more especially for specific sores, syphilitic and strumous ulcers. The part is either dusted with the powder, or else the iodoform is made into an ointment and thus applied. Mr. Chiene sometimes applies a charcoal poultice, to deodorize the surface before applying the iodoform. He employs it in this way in large syphilitic ulcers and gumma, thus bringing the part into a healthy condition. It is also used in cutaneous diseases.

Dr. T. R. Fraser, the Professor of *Materia Medica* in the University, recommends it in his lectures as a local anæsthetic and antiseptic in cutaneous diseases, syphilitic ulcerations, enlarged joints, and also glandular enlargements. He also recommends it in the form of a suppository (each containing seven grains), in fissure or irritation of the anus, and in hemorrhoids. For an ointment he advises one to one and one-half drachm of iodoform to an ounce of simple ointment. Dr. Fraser believes that iodoform possesses all the advantages of iodine, without the local irritating properties of the latter.

In the maternity department of the Royal Infirmary. Dr. A. G. Miller uses it for soft chancrous sores in women, in the following method: Some powdered iodoform is placed in a small muslin bag, and given to the patient, who is directed to apply it herself to the affected part. Dr. Miller uses it extensively in these cases.—*N. Y. Medical Record.*

### THE TREATMENT OF PNEUMONIA AT BELLEVUE.

The motive of the general treatment of pneumonia at Bellevue Hospital is to sustain the powers and stimulate the functions of the patient till the comparatively brief and self-limited disease shall have spent itself.

The pulse is taken, rather than the temperature, as the gauge which best indicates the capacity for resistance, and an increase in its rapidity and diminution in its force are understood as a call for stimulants. Forms of stimulation used are to some extent subject to differences of opinion on the part of the visiting physicians, but all are agreed as to the value of whiskey, and there is almost as much unanimity in their regard for the carbonate of ammonium. *Digitalis* is much used, but it is objected to by some, partly because experience seems to indicate that in some cases, when the crisis of the disease has passed, patients are left, after its use, in a condition less favorable for

recovery, and partly from the theoretical consideration that this drug is not general enough in its action. Camphor has been employed by some as a diffusible stimulant.<sup>n</sup>

The general treatment of pneumonia is, then, by simple stimulation. In special conditions, however, more is done. When the patient is first seen, if he is suffering from considerable pain, a few doses of morphia are recommended. If the disease is seen at its outset, and if the outset is violent in character, one at least of the leading physicians on the visiting staff believes in the good effect of a few doses of aconite, but its use is not general in the hospital. The spirit of *mindererus*, sweet spirit of nitre, calomel, and Dover's powder, are used by some in the first stage of the disease. Quinine is occasionally called for to bring down the temperature when it rises to a certain height. One of the visiting physicians makes a special point of the importance of watching the kidneys and seeing that they perform their duty well.

The appearance of œdema of the lungs finds agreed upon the necessity of pushing the stimulants. But beyond this there are some differences of practice. They would be included in the use of dry cups, the hot pack, oxygen, and, in the few cases which are entirely suitable for it, bleeding.—*Med. Record.*

### TREATMENT OF NASAL CATARRH.

By PROF. A. W. CALHOUN, of Atlanta Medical College (*Class of 1869*).

The case presented itself at the clinic December 1st, with nasal catarrh of two years' standing. The discharge was thick, yellow, occasionally mixed with blood and scabs, and excoriated the nostrils. He was directed to cleanse the nostrils thoroughly with warm salt water twice daily, using both the anterior and posterior nasal douche, and immediately afterward the following, used in the same way:—

℞. Ammonii chloridi, ℥ iv  
Aquæ, Oj. M.

SIG.—Tablespoonful to douche.

When the nostrils become accustomed to this, use a chlorate of potash sol. of the same strength: then after a time stop these and alternate between the two following prescriptions:—

℞. Glycerini, ℥ ij  
Acidi tannici—add as long as it will dissolve.

℞. Cupri sulphatis,  
Ferri sulphatis, aa ʒ j  
Aquæ, ℥ ij. M.  
Ft. sol.

SIG.—Begin (with each of the above) with 5 to 10 drops to each doucheful of warm water, and gradually increase strength as high as patient can tolerate.

After alternating between the last two for a time, he may use the following :—

℞. Iodoform, pulv.,	3 j
Extract. geranii.,	gr. x
Acid. carbolic.,	gtt. xv
Vaseline,	3 j. M.
Ft. unguentum.	

Sig.—Saturate absorbent cotton with it and apply up the nostril at night.

—*Atlanta Medical Register, Feb., 1882.*

### PURPURA SIMPLEX—HYPERIDROSIS OF THE FEET, PSORIASIS, SCABIES, ECZEMA OF THE ANUS.

By LOUIS A. DUHRING, M.D., Professor of Diseases of the Skin, University Hospital.

A man about thirty-five years old states that he never had any skin disease until the present one made its appearance, which happened about four years ago. The eruption since that time, according to his statement, has disappeared and reappeared, being better and worse from time to time, and better in summer than in winter.

The lesions are in the form of an efflorescence occurring symmetrically, and spread over the backs of the feet, the legs and the posterior surfaces of the thighs, even extending back upon the buttocks, which is unusual. They consist of variously sized patches, discrete and confluent, of a dusky brown color where the patches are old, but where they are more recent, of a reddish hue. In form, some of the lesions are round and oval, but for the most part they are irregularly shaped, and are sharply defined.

What is peculiar, and especially characteristic, is that the eruption does not disappear on pressure. The lesions on the feet and some on the thighs seem, from their bright red color, to be quite recent. About the ankle the epidermis is roughened and is somewhat exfoliated.

It is very evident that we have here to deal with a hemorrhage, which is situated in the corium. The spots are all on a level with the healthy skin, and are not perceived by the touch. The diagnosis is simple; yet such a case may be perplexing, for the lesions are situated somewhat peculiarly, some being found upon the buttocks. The appearance on the thigh is very striking and quite unusual. The lesions, which are bright red, are due to recent extravasation, and are arranged in lines, which is the result of scratching, for the disease is sometimes accompanied by itching.

The process of recovery is slow, and where the blood thus extravasates into the surrounding tissue it is slow in being absorbed, and the deposit undergoes many changes which gives rise to variation of color.

The treatment of the disease should be carried on with discretion, and as the present patient is a laborer, and obliged to work hard, it will be neces-

sary first to order a nutritious diet, and then administer tonics to build up a broken-down system. We have some remedies which act on the disease; one of the most successful of these is ergot. I will therefore order the patient to take half a teaspoonful of the fluid extract of ergot, properly diluted, three times a day. This remedy usually acts promptly, and we may expect to see improvement in a week's time. Our prognosis is favorable, although relapses may occur.

*Hyperidrosis of the feet.*—A boy about twelve years of age comes to us for advice respecting a very troublesome disorder. He states that it has now existed for about four months, during which time, whenever he ran about or exerted himself in any way, the flow of sweat would be so abundant about his feet as to require him to change his stockings frequently, also making his feet so tender that he was unable to stand upon them. The cause of this is obvious; the skin being kept wet, the epidermis became soaked and macerating, peeled off, leaving the tender structures of the skin exposed.

Hyperidrosis of the soles is a common affection, but the treatment is often difficult. We should therefore never be too confident about the success of any one remedy, as it is often annoying to find out that the expected relief does not come. The prognosis should also be guarded, as the disease is often very obstinate.

The treatment in this case will consist in the local application of lotions, which, I think, yield more satisfaction than ointments. One of our very best remedies is belladonna in the form of the tincture. It should not be used too strong at first, and in this case I will advise one teaspoonful in one ounce of water, increasing to full strength.

*Psoriasis.*—A man forty-two years old, a native of England, and a blacksmith by occupation. He states that he was frequently troubled with dyspepsia, but the bowels were always regular, and that he never had any eruption of the skin until about a year ago, when the present skin disease made its appearance. It first manifested itself upon the soles of the feet, beginning with burning and itching. It spread over the entire soles of his feet, and between the toes. The feet soon began to swell considerably, the burning and itching still continuing, and the toe-nails fell off. In a week after the disease appeared upon the feet, lesions came out upon the palms of the hands. These also soon became swollen and inflamed. A little later a patch came out on the forehead, and the scalp soon after became involved, and within three weeks patches began to appear on the body and limbs. He states that of late he has had chills and sweats, and also appears to be losing flesh.

The lesions are, as you see, characterized by a marked inflammation, extending over the lower extremities, upon the trunk, and upon the fore-arms and hands. The hands are deeply fissured and covered with whitish and yellowish scales,

which are constantly being shed. Coming up to the forearm, the lesions are more discrete, about the size of a split pea, slightly elevated, and covered with abundant yellowish lamellated scales, which can be picked off. Beneath the scales the skin is highly inflamed. The scales are peculiar to this disease, and on the trunk, where the lesions are more discrete, and thus more recent, they are especially characteristic. The lesions on the trunk, as usual, are much paler than those upon the hand. On the right side of the chest is seen a typical eruption of psoriasis, consisting of slightly elevated split-pea-sized confluent spots, covered with silvery scales. The lower extremities are affected just as the upper, and present the same peculiarities. The nails are markedly affected.

The diagnosis is easy. In the treatment the first thing is to employ measures to free the skin from the scales which collect more or less rapidly upon the surface. I would therefore advise the patient to take a bath every day, remaining in the bath half an hour, and rubbing the parts well with *sapo viridis*, after which to anoint the affected parts freely with olive oil. Internally, I will prescribe the following, which sometimes proves valuable in cases such as the present—

R. Liq. potassæ..... f ʒ ss.

Sig.—Ten drops, freely diluted, after each meal.

The prognosis should be guarded. It usually requires months to effect a complete cure, and relapses are very liable to occur.

*Scabies*.—A boy twelve years of age presents a papular and vesico-papular eruption over the anterior surface of the trunk, shoulders, arms, forearms, hands, and also on the thighs and penis. About the hands it consists of pustules and vesico-pustules, and there are also some excoriations and fissures. The disease has existed about one month and is a clear case of scabies. Carefully examining the parts around the knuckles of the hand, small burrows may be seen, which are eminently characteristic. If, however, the lesions are not recent, these burrows are for the most part destroyed by scratching. The distribution of the eruption is also very characteristic, it beginning usually upon the fingers where they are joined to the hand, about the penis and buttocks, then extending in all directions. The appearance of crusts, fissures, excoriations, etc., are also secondary, and are due to scratching on the part of the patient. The subjective symptom is mainly itching, which is constant and annoying.

Scabies is a highly contagious parasitic disease, due to the presence of the *sarcoptes scabiei*, and, if recognized, the treatment is highly satisfactory. The treatment is simple, and entirely local. I would recommend sulphur in the form of an ointment, not the officinal sulphur ointment, but one which is weaker, as the following :

R. Sulphuris præcipitati..... ʒ j.

Adipis..... ʒ j. M.

Ft. unguentum.

Sig.—Apply morning and night thoroughly.

The patient will also be advised to bathe frequently, and to use soft soap ; not more than six applications will be necessary. If the secondary lesions be extensive, they will require longer, and different treatment, in the form of a milder ointment.

*Eczema of the Anus*.—A man sixty years of age presents, as you see, a very angry-looking lesion about the anus. The parts exhibit a raw surface, much inflamed and thickened, of a bright red color, and covered with some fluid exudation. External hemorrhoids are also present. The subjective symptoms are almost constant and exceedingly annoying, such as burning and itching. They are worse at night, and often so severe as to keep the patient awake. This patient states that he has been kept awake for several nights in succession, and that his general health is being undermined. As for treatment, I would first direct the part to be treated with black wash diluted one-half, after which zinc ointment, which should be kept up for three or four days. Later, a tarry ointment may be ordered.

As the bowels are constipated, I would first prescribe some saline cathartic, such, for example, as magnesium sulphate, ʒ iss.; bitartrate of potassium, gr. xx., in a tumblerful of water, before breakfast. The bowels should be kept on the verge of purgation for a week, after which arsenious acid, grain one-thirtieth ; reduced iron, grain one ; will be prescribed.—*The American Specialist*.

## CAPILLARY BRONCHITIS—ITS TREATMENT.

By DEERING J. ROBERTS, M.D., Professor of Theory and Practice of Medicine and Clinical Medicine in the Medical Department of University of Tenn.

Regarding this disease as an essential pyrexial condition, general in character, as denoted by its bilateral action, I place principal stress upon remedies directed to the general system. First, as regards expectorants, I regard them as entirely futile. I do not wish to promote secretion of bronchial mucus, for its excess is the *choke-damp* which most apt to kill my patient. And I know of no remedies that will give a child the power to cough, that has not previously exercised and made frequent use of this safety-valve action of nature. On the other hand, I hold in reserve, as a general would his most reliable troops, certain emetic remedies for use when occasion requires. By emeses, we can accomplish in the child what the adult does by coughing. We can clear the lungs, blow out the flues. Yet we cannot resort to their action continuously, for our patient would soon be in the fix of the Dutchman's horse, who learned to live "mitout food only to die mit ter veakness." As I have said, I hold them in reserve, and only use them when imperative necessity demands. In my choice of emetics, I have a material preference. Antimony is dangerous on account of its depress-

ing effect; so of ipecac and all others of that class that are known as depressants, ipecac being the least so. What I desire is a prompt and vigorous emesis with as little of the depressing effect as possible. For this purpose I prefer Turpeth mineral—Hydrarg. Sulphas Flavus, doses of  $2\frac{1}{2}$  to 3 or 5 grains, repeated every twenty minutes until active emesis results. I rarely resort to the use of the emetic oftener than once in twelve hours, and never more frequently than every six hours. Endeavoring to get along with just as few vomitings as possible. In some few cases I use it early, in some only until late, and in others never. I only use it "pro re nata." Next in point of excellence, as a prompt non-depressing emetic, I rank the sulphate of zinc. So far as general remedies are concerned, I generally commence the treatment of a case by the administration of one gr. of calomel divided into four powders, and combine it with white sugar or sub-carbonate of soda, if convenient; or give it floating on a teaspoonful of water. I prefer to give the calomel in the afternoon at intervals of two hours. I repeat it for two, three or more consecutive days if I think necessary to produce a slightly increased action of the general glandular secretory system. As to how small doses of mercury manage this I cannot tell, but that it does accomplish this peculiar work, which I have never found any other remedy perform half as well, is my firm belief. I never want to produce the specific effect of the drug.

Next, I commence the use of quinia in full antiperiodic and antipyretic doses, giving to a child of two years old as much as 10 or 12 grs. of the sulphate between the hours of 6 p. m and 6 a. m., giving during at least two consecutive nights, and only in the night. Preferring to divide the full amount into equal doses to be given every three hours. In some cases I have given the full amount in only three doses, but I prefer, and think it acts better, every three hours. I rarely continue the use of the quinia longer than two consecutive nights, although in some cases I have continued it every night for more than a week.

After the second or third day, rarely sooner, I act upon Austin Flint's brief suggestion and give full doses of iodide of potash. To a child of two years of age I give as much as  $2\frac{1}{2}$  grains, and repeat it every three hours. I usually dissolve it in a small amount of water, and then add to it a large amount of some syrup, preferring the syrup of quince seeds. My usual formula in this case will be as follows:

℞. Iodid. potas.....gr. xx.  
Aq. dest.....f. ʒ ij.  
Syr. cydonii.....f. ʒ ʒj. Ms.

S.—Teaspoonful every three hours.

I believe the iodide acts in a peculiar and specific manner, by promoting the re-absorption of the effused mucus. At any rate, after trying it in many serious cases during the last six years, I

have come to regard it as of more effect than all the expectorants from Dan to Bersheba. While giving it I see to it that the child has a full supply of water. If not much at a time, then the more frequent a repetition is seen to. If I cannot prevail upon it to take a sufficient amount of fluid, I try to supplement the amount taken by frequent sponging of the body, or immersing it in an occasional tepid bath.

Venesection I am afraid of. I have never been called to a case early enough to justify the loss of blood—though I claim to carry a lancet and to use it in such cases as would be benefited thereby. I doubt if a case of capillary bronchitis is ever diagnosed early enough to justify its use or that of its subordinate, the leech or wet cup.

Counter-irritation I regard as of prime importance. The method I prefer is as follows: Have a boarding-house batter-cake, or batter-cake, as tough as leather, made. This I immerse in hot cider-vinegar and sprinkle with finely powdered mustard, out of a perforated box; I just want a minute fleck of mustard scattered all over the pancake at intervals of about one-sixteenth of an inch—apply the batter-cake, having it made just thick enough to hold well together and large enough to cover the entire anterior and both lateral surface of the chest; holding it in place by broad flannel roller. In 25 or 30 minutes I remove it, having a companion piece, ready and hot, to take its place. After two or three repetitions I find the surface covered with minute points of redness produced by the mustard, then I continue assiduously the batter cakes hot out of the vinegar but minus the mustard until the redness fades; restoring the redness from time to time as occasion requires. But when I once commence the use of these warm applications, with or without the rubefacient, I continue them until convalescence is fully established.

I use opiates with the same care that I would enter a powder magazine with a lighted torch.

As for diet—well, plain and simple, light and nourishing. I never worry about that much although I maintain enough supervision over the child's food supply to see that it does not suffer for want of food, nor impede the diaphragm by an overloaded stomach.

As regards the use of alkaline salts, I have not found them of any material benefit; and as for the various fever mixtures, the neutral salts, acetate of ammonia, spirits of nitre, etc., I find I get along fully as well without them. The bromides I occasionally combine with the iodide of potash if undue wakefulness or cerebral complications are manifested.

My reliance being upon the alterative action of mercury; the antipyretic powers of quinia; the specific effect of iodide of potash; the revulsive and emollient influence of the external application suggested; and the timely aid of a prompt, non-depressing emetic when needed.—*The Southern Practitioner.*

Extract from a poem read by Dr. Oliver Wendell Holmes, June 8, 1881, at the Centennial Meeting, Massachusetts Medical Society (*Boston Med. and Surg. Journal*):

Hour after hour the busy day has found  
The good physician on his lonely round;  
Mansion and hovel, low and lofty door,  
He knows his journeys every path explore,  
Where the cold blast, has struck with deadly chill  
The sturdy dweller on the storm-swept hill,  
Where by the stagnant marsh the sickening gale  
Has blanched the poisoned tenants of the vale,  
Where crushed and maimed the bleeding victim lies,  
Where madness raves, where melancholy sighs,  
And where the solemn whisper tells too plain  
That all his science, all his art, were vain.

How sweet his fireside when the day is done  
And cares have vanished with the setting sun!  
Evening at last its hour of respite brings,  
And on his couch his weary length he flings.  
Soft be thy pillow, servant of mankind,  
Lulled by an opiate Art could never find;  
Sweet be thy slumber,—thou has earned it well,—  
Pleasant thy dreams! Clang! goes the midnight bell!

Darkness and storm! the home is far away  
That waits his coming ere the break of day!  
The snow-clad pines their wintery plumage toss,—  
Doubtful the frozen stream his road must cross;  
Deep lie the drifts, the slanted heaps have shut  
The hardy woodman in his mountain hut,—  
Why should thy softer frame the tempest brave?  
Hast thou no life, no health, to lose or save?  
Look! read the answer in his patient eyes,—  
For him no other voice when suffering cries;  
Deaf to the gale that all around him blows,  
A feeble whisper calls him,—and he goes.

Or seek the crowded city—summer's heat  
Glares burning, blinding, in the narrow street,  
Still, noisome, deadly, sleeps the unvenomed air,  
Unstirred the yellow flag that says, "Beware!"  
Tempt not thy fate,—one little moment's breath  
Bears on its viewless wings the seeds of death;  
Thou at whose door the gilded chariots stand,  
Whose dear-bought skill unclasp the miser's hand,  
Turn from thy fatal quest, nor cast away  
That life so precious; let a meaner prey  
Feed the destroyer's hunger; live to bless  
Those happier homes that need thy care no less!  
Smiling he listens; has he then a charm  
Whose magic virtues peril can disarm?  
No safeguard his; no amulet he wears,  
Too well he knows that Nature never spares  
Her truest servant, powerless to defend  
From her own weapons her unshrinking friend.  
He dares the fate the bravest well might shun,  
Nor asks reward save only Heaven's "Well done!"

Such are the toils, the perils that he knows,  
Days without rest and nights without repose,  
Yet all unheeded for the love he bears  
His art, his kind, whose every grief he shares.

#### TANNIN IN NASAL POLYPUS.

M. Stanislas Martin states that in six cases he has known injections of officinal tannin, one part to ten of distilled water, morning and evening, prove very efficacious in mucous nasal polypi. If it be continued for some time a tannate will be formed, which will become detached restoring respiration by the nostrils.—*Bull. de Thérap.*; *Med. Times and Gazette*.

#### TREATMENT OF HYDROCELE AND SEROUS CYSTS IN GENERAL BY THE INJECTION OF CARBOLIC ACID.

Dr. Lewis states that he has been experimenting, with a view of determining what substance may best secure the obliteration of the secreting surface and the adhesion of the walls of the cyst with the most certainty and the greatest freedom from suffering and danger.

Having selected carbolic acid as an agent which would provoke simply a plastic inflammation, he injected one drachm of the deliquesced crystals into the sac of a large hydrocele. The new procedure was entirely painless.

A sense of numbness alone was experienced, and no inconvenience was felt until, on the next day, the desired inflammatory process was developed. A nine years hospital and private experience leads the author to believe that this method is the most satisfactory for the object. For the purpose of injection crystallized carbolic acid is maintained in a liquefied state by a five or ten per cent. solution of either water or glycerine; the crystals are to be reduced to the fluid state with no more dilution than may be necessary for this. After the usual tapping, he injects the liquefied crystals with a syringe having a nozzle sufficiently slender and long enough to reach entirely through the canula. He has never been able to detect any general toxic effects upon the system, but believes that the action of strong carbolic acid on surfaces secreting albuminous fluids is to seal them, to shut them off from the system in such a manner that absorption cannot readily take place. The occluding influence of strong carbolic acid he regards as an important surgical resource in certain cases of compound fracture, destructively lacerated wounds, and ulcerating surfaces, where septic infection is inevitable.

All forms of serous cysts which are usually subjected to any form of operative treatment, on the principle of producing plastic adhesion of their walls, may be deemed amenable to the treatment indicated.—*Medical Record*, January, 1882.

#### TREATMENT OF TONSILITIS AND HYPERTROPHY OF THE TONSILS BY BICARBONATE OF SODA.

Dr. Armangué reports in *Revue de Thérapeutique* seven cases of tonsillitis cured in less than twenty-four hours by the carbonate of soda. This method of treatment was introduced by Dr. Ginté, Professor of Clinical Surgery, who employed bicarbonate of soda locally by either insufflation, or directly applied by the finger of the patient. The applications should be frequently repeated until the disease disappears. Dr. Ginté relates dozens of cases in which a cure was accomplished in less than twenty-four hours and has never seen this method fail to produce agodo

effect. The alleviation is almost always immediate, and is never long delayed. Its efficacy is especially marked in the prodromic period of tonsilitis, when it will invariably abort the disease. According to Dr. Ginté bicarbonate of soda does not diminish the predisposition to anginas, but only arrests their development. Excision of the tonsils is a useless operation in cases of hypertrophy of the tonsils, since the hypertrophy can be rapidly removed by frequent applications of the salt of soda.—*L'Union Med. du Canada; Med. News.*

#### THE TREATMENT OF EPIDIDYMITIS.

Service of Dr. R. F. Wier, *New York Hospital.* No remedies for internal administration are mentioned. The local treatment consists in the application of an ointment composed of xxx grains of iodoform to the oz. of glycerine, combined with this may be added ʒ drachm of balsam Peru to control the disagreeable odor of the iodoform.

This form of treatment gives very good results. A second plan is to apply a bag of ice to the part. If this causes pain of the genitocrural nerve, or of the scrotum, a few layers of woolen cloth may be applied between it and the part. If it will do any good, it will be during the first twenty-four hours. If it does not relieve the pain in that time, other treatment should be resorted to.

An old method of treatment was to make a poultice of tobacco and linseed meal and apply to the part. This will relieve the pain. Morphia may be substituted for the tobacco.

Strapping of the scrotum has been suggested in this disease. But compression will do little good, as it will take a long time anyway to get rid of the swelling.—*N.Y. Med. Gazette*, January, 1882.

#### MILK DIET IN BRIGHT'S DISEASE.

Since we know not at present any drug that possesses therapeutic value to any marked extent in this terrible and fatal disease, and since it is daily making sad havoc among human beings, and principally among that class who, by reason of their valuable public labors, are particularly necessary to the welfare of the world; therefore, it becomes a medical question of paramount interest, that we should discover some potent method of combating this very prevalent disease. Some years since, Carel first called attention to the treatment of Bright's disease by the use of a milk diet, and since then Duncan, as well as many other prominent physicians, have written on this subject. We have ourselves seen some remarkable results follow this treatment, while Dr. S. Weir Mitchell, of our city, is now quite an enthusiast on this subject. This method of treating a formidable disease has received sufficient distinguished endorsement to recommend it seriously to our notice. We would, therefore, ask all physicians

who read this article to try this method of treatment, to furnish us with their experience, which we will publish. The milk is used thoroughly skimmed, and entirely freed from butter. To procure the best results, it has been advised that the patient shall restrict himself absolutely to milk, and continue the treatment for a long time: If it disagrees with the stomach (as it will in some cases), Dr. Mitchell advises that the patient be put to bed, and the treatment commenced with tablespoonful doses, to which lime water is added, until the stomach tolerates the milk, when from 8 to 10 pints daily should be taken, and absolutely nothing else. The sanction of such a distinguished physician as Dr. Mitchell forces us to seriously consider the merits of this treatment, and we trust to receive the experience of all readers of this journal who may have cases of Bright's disease to treat.—*Med. and Surg. Reporter*, January 28, 1882.

#### VOMITING OF PREGNANCY.

At a recent meeting of the Obstetrical Society of Boston (*Boston Medical and Surgical Journal*), this interesting subject was under discussion. Dr. Fifield said that for years he had succeeded in controlling the vomiting of pregnancy, either with bromide of potassium or rectal injections of one-half drachm of chloral hydrate. But recently he had a case under observation in which these measures, as well as others tried, utterly failed to give relief; the trouble growing daily worse, until the woman vomited blood. He then introduced Sims' speculum, drew down the cervix, which was found a little excoriated, and covered it thoroughly with nitrate of silver. Bromide of potassium was then given in ten grain doses every two hours. The next day the patient was well. It was the sense of the Society that the vomiting of pregnancy is due to reflex action.

Chloral enemata in vomiting of pregnancy are claimed by Dr. Vidal, of the St. Louis Hospital, Paris (*Paris Medical*, November 12, 1881), to yield good results. Fifteen grains of chloral hydrate are given by enemata twice daily, an hour before meals, in half a pint of infusion of orange leaves. Dr. Dussaud, of Marseilles, claims similar good results from a like course of treatment.

#### REMEDY FOR CORNS.

Mr. Gezow, an apothecary of Russia, recommends the following, in the *Pharmaceutische Zeitung*, as a "sure" remedy for corns, stating that it proves effective within a short time, and without causing any pain: Salicylic acid, 30 parts; extract of cannabis indica, 5 parts; collodion, 240 parts. To be applied by means of a camel-hair pencil.—*Med. and Surg. Reporter.*

STORIES OF DR. NELATON.

The *XIXe Siècle* relates of Dr. Nelaton that he was accustomed to say: "If you have the misfortune to cut a carotid when performing an operation, remember it takes two minutes for syncope to supervene, and as many more before death occurs. Now, four minutes are four times the time required for a ligature, provided you don't hurry yourself. Never hurry yourself."

The *Temps* says: "It is related that, when he began his studies, he worked with such ardor that he often refused himself the time necessary for sleep. He procured a plank some five or six feet long and forty centimeters broad, the extremities of which he placed on two chairs. He lay upon it, holding his book open above him. It is said in this position the need of sleep is less readily felt. When, despite him, his eyes closed and the book fell, the shock disturbed his balance, and he followed the book. The shock aroused him, and he got up and began his work again."

DR. CHEYNE AND BEAU NASH.

When Cheyne asked Beau Nash if he had followed his prescription, his witty patient replied, "No, indeed, doctor, for if so I would have been dead." "How so?" asked the doctor, aghast. "Because," said Nash, "I threw it out of the window."

As a hair tonic Dr. Leonard recommends the following:—

- ℞ Tr. cantharidis..... ʒ ss.
  - Tr. capsici..... ʒ ss (j).
  - Ol. cocoæ,
  - Ol. ricini.....aa ʒ i.
  - Spt. myristicæ,
  - Aq. Cologniensis,.....q. s. ad ʒ iv. M.
- Sig. Shake well. Apply once or twice daily.

TO PREVENT PITTING IN SMALL-POX.

Geo. Carrick recommends the application of rubber in chloroform, as first suggested by Dr. Smarth, of Edinburgh, in 1863. A four-ounce vial half full of chloroform is to be filled three-quarters full with small pieces of pure rubber. It should be shaken every hour until the rubber is dissolved, making a thick liquid of about the consistency of molasses. The face must be painted with solution, beginning as soon as the eruption appears, and repeating it from three to five times a day. In any case where the rubber coating gives way, and pus exudes, the application must be renewed at once. As the chloroform evaporates very speedily, a thin film of pure rubber remains upon the surface, and protects it from the action of the air. The application must be kept up until the crusts begin to loosen upon other parts of the body.—*Translated from Vratsh, in Phys. and Surg., July, 1881.*

CHRONIC TONSILLITIS.

Davis A. Hogue, M.D., Houtzdale, Pa., writes: I have successfully treated several children where excision was impossible, by the use of a prescription from the clinic of the late lamented Prof. James Aitken Meigs, viz: ℞.—Chromic acid, 20 grains; aquæ, 1 ounce. M. Sig.—Apply to the tonsils by means of a camel's hair pencil. I have found it successful even when the thickening was very great.—*Med. Brief.*

IMPOTENCY.

I am charmed with the effects of celerina (Richardson, St. Louis) in nervous and sexual debility. It is simply the most efficient nerve tonic in the materia medica. I have treated several cases of impotency, that had sorely tried my patience, with complete success under the use of celerina, in teaspoonful doses, four times a day.

I can say from experience, that the following combination will give perfect satisfaction in the treatment of nocturnal emissions:

- ℞. Celerina..... 8 oz.
- Bromidia..... 1 oz.

M. Sig.: One teaspoonful three times a day in water or syrup.

This will stop the emissions, strengthen the sexual organs, and build up the nervous system at the same time.—Geo. Weaver, M.D., in the *Brief.*

TONSILLITIS.—DEMULCENT DRINKS.

The following nutritious demulcent drinks are very grateful: Mix together half a pint of mucilago acaïæ, misturæ amygdalæ and pure milk; sweeten with sugar, candy or honey, and add one large tablespoonful of any wine. Allow the whole to be taken during the day. Or a large pinch of isinglass may be boiled with a tumblerful of milk, half a dozen bruised almonds and two or three lumps of sugar, and taken warm once or twice during the day.—*Med. Gazette.*

CHLORAL IN LABOR.

Dr. Kane says that chloral may be employed in normal labor for the purpose of blunting sensibility, quieting nervous and hysterical manifestations, shortening labor, and destroying pains. In complicated labor it has three uses—i. e. to relieve pain, to hasten dilatation of the os, and to increase the force of the uterine contractions. Chloral, even when pushed to anesthesia, does not destroy the force of the uterine contractions. The alleged danger of postpartum hemorrhage has no foundation in fact. In moderate doses it is never dangerous. The slight delirium that sometimes occurs is ordinarily removed by a second dose and need cause no alarm. It is rarely necessary to use more than one dram in any one confinement. It is best given by the rectum, in the form of enemata or suppositories.—*Saint Louis Courier of Medicine.*



## WHY WE COUGH AND HOW WE COUGH.

Everybody coughs sometimes, and, judging by the quantity of patent cough medicines sold, many people must be coughing all the time. Most persons suppose that a cough is a cough, the world over, and that what will cure one will another; and so they prescribe for themselves and their friends all sorts of syrups, home-made or proprietary, with the consoling assertion that "it can't do any hurt, if it don't do any good." How do you know it can't do any hurt? Do you know its ingredients, and, if so, have you studied their effects upon the system in health and in disease? Do you know the condition of the patient you are prescribing this for,—his constitution, his habits of life, his past history?

Let us see what a cough is. It is a sudden and forcible expulsion of the air from the lungs, preceded by a temporary closure of the windpipe to give additional impulse to the current of air. The effect of these spasmodic expirations is the removal of whatever may have accumulated in the air-tubes, whether a foreign body from without, as when a particle of food finds its way into the windpipe, or an accumulation of mucus secreted by the air passages themselves.

Coughing is in part a voluntary act. We can cough whenever we wish to, but frequently we are compelled to cough when we don't wish to. Nerves are divided into two classes, sensory and motor nerves. The former carry intelligence to the brain; they report any disturbance on the frontier to headquarters. The motor nerves then carry back the commands of the general to act. You tickle a friend's ear with a straw, and his hand automatically proceeds to scratch the itching member. A tickling sensation is produced in the throat by any cause whatever; the brain then sends back orders to the muscles concerned to act so as to expel the intruder, in other words, to cough. And that is how we cough.

The source of the impression may be various. Frequently it is due to an irritation of the respiratory organs by foreign bodies, dust, and acrid vapors, admitted with the air in health, or to damp, cold air itself, if the organs are particularly sensitive, or to the presence of mucus, pus, or blood, in disease. Inflammation, from whatever cause, acts as a source of uneasiness.

There are, as we all know, many different kinds of cough. Thus, we have the *dry* cough, without expectoration, and the *moist* cough, with expectoration. We have the *short, hacking* cough resulting from slight irritation, and the *violent, spasmodic, and convulsive* cough, caused by a greater degree of irritation or some peculiar modification thereof. Then there are the *occasional*, the *incessant*, and the *paroxysmal* cough, terms that explain themselves. *Hoarse, wheezing, barking, and shrill* cough are due to the tension or capacity of the rim of the wind-pipe, or other portion of the tube. The *hollow* cough owes its peculiar

sound to resonance in the enlarged tubes or the cavities in the lungs, if such exist. Sometimes the exciting cause of a cough lies not in the lungs and respiratory organs, but in the stomach, liver or intestines. In other cases there seems to be no real cause; it is purely nervous or hysterical.

Cough remedies should be suited to the kind of cough in question, and attempt, if possible, to remove the cause. It is evident that a cough may be lessened either by removing the source of irritation, or by diminishing the excitability of the nervous mechanism through which it works. Both methods are generally employed, and most of the popular cough medicines consist of an expectorant and a sedative, in some mucilaginous or saccharine menstruum. Sedatives lessen the excitability of the nerve centre through which the act of coughing is produced. Opium in sufficient quantities will stop any cough, but if the secretion goes on accumulating, the patient must be allowed to cough, or he dies of suffocation.

Glutinous and saccharine substances lessen irritation, and as it frequently happens that much of the irritation which occasions the cough exists at the root of the tongue, and in portions of the throat which can be reached by troches and lozenges slowly dissolved in the mouth; hence these often afford relief, especially in dry, hacking coughs and the so-called tickling in the throat. Iceland moss, marshmallow, and gum arabic belong to this class. Their power is probably due to their covering the inflamed and irritable surface directly with a mucilaginous coat, and thus protecting it from the action of the air and other irritants. An inflamed surface, whether within or without, is rendered worse by friction; therefore, in bronchial troubles, the inflamed surfaces are greatly irritated by the very act of coughing. Hence, persons are advised to "hould in," or try to refrain from coughing. All coughing beyond what is absolutely necessary for the removal of the accumulated mucus should be avoided, because it injures the parts affected by friction, and because it exhausts the patient; for the muscular exertion involved in a violent fit of coughing is very considerable indeed, and the muscular effort exerted by a patient with a bad cough during the twenty-four hours is really more than equivalent to that of many a man in a day's work. Both sedatives and mucilaginous substances can be employed, then, to check the excessive amount of coughing over and above that required to relieve the lungs and bronchial tubes of their accumulated mucus. To facilitate the removal of this, expectorants of various kinds are administered, according to the necessities of the case.

The difficulty in the way of recommending any one kind of cough remedy is that different coughs require different treatment, and what will relieve one may aggravate another. Then, too, the general health of the patient must be attended to, the secretions kept open, etc. In short, the maxim, "What is one man's meat is another man's"

poison," applies here as elsewhere, and induces us to protest against the use of any nostrum simply because it cured a neighbor.—*Boston Journal of Chemistry.*

### CHLORAL IN THE FIRST STAGE OF LABOR.

During the last few months (*St. Louis Courier of Med.*) I gave chloral to the majority of parturient women, excepting only those cases with which the first stage was short and easy, and few others where use was contraindicated by existing heart lesions. The following remarks are based upon 31 cases, mostly primiparæ. Mode of exhibiting consisted in giving 15 grains every half hour until patient came under its full influence; in unusual rigidity of the os 30 grains as the initial dose. Total amount in each instance varied from 30 to 75 grains, 45 grains being sufficient in the majority of cases. To a few patients 30 grains were given by enema; in the parturient state chloral appears to act more satisfactorily when given by rectum.

Chloral modifies the dilating pains of the first stage; renders them decidedly less frequent, more effective, and less harassing to the patient.

The teasing, wearing sensation in the interval between the pains, with its suffering, subside, giving way to peaceful somnolence. The effect is often so very striking that the parturient process seems to be entirely suspended. Digital examination during the pains, however, shows the uterine contractions to have increased in efficacy, from the more powerful protrusion of the amnion and the rapid progress of the first stage. No effect is appreciable on the third stage. The propulsive pains were frequent and vigorous. Chloral has the undubitable property of overcoming functional rigidity of the os, and this effect may be confidently looked for in all cases which have been fully brought under its influence. In some instances the rapidity of its action is surprising. I have repeatedly found that an os, which, after hours of severe pain, had remained small, rigid and almost cartilaginous, would become flaccid and freshly dilatable half an hour after the administration of thirty grains of chloral; but few cases will fail to yield after the lapse of two hours. The presence of fœcal matter in the lower bowels seems to counteract the action of chloral; in two cases of rigidity of the os, which had remained intractable for several hours, a speedy relaxation took place after the administration of soap water enemata; the rectum in both cases was empty.

I have been unable to discover any evidence of its action on the child. The frequency of the maternal pulse is always slightly diminished by chloral, but in no case have I found a corresponding decrease in the fœtal heart sounds. Neither have I been able to discover any traces

of the possible effect of chloral, after birth, on the child's pulse, respiration, sleep, and pupils. A case has been related to me in which two hundred grains had been given to the mother during the twenty-four hours preceding delivery; neither mother nor child showed any untoward symptoms. In chloral, then, we have a safe and powerful agent to alleviate and shorten the first stage of labor. I believe that more extensive observations will prove it to lessen the risk of laceration of the cervix. Dr. Emmet says: "At least one-half of the ailments of those who have borne children are to be attributed to lacerations of the cervix." Dr. Schenck says: The profession could do much if they would bear in mind that chloral in the early stage of labor is as necessary as they generally think ergot is in the later stages."—B. Bribach, M.D., *Gaillard's Journal.*

### A PRACTICAL METHOD FOR PREVENTING THE SPREAD OF INFECTIOUS DISEASES IN HOUSEHOLDS.

Dr. Malcolm McLean, of this city, sends us the following practical method of preventing the spread of infectious diseases:

"For ten years past I have been experimenting with a simple method of quarantining cases of small-pox, scarlatina, diphtheria, measles, etc., and, as I have been able to get positively valuable results, I take the liberty of presenting it, simple as it is, to the profession for their trial. My plan consists simply in *filtering the atmosphere* which surrounds the patient through a carbolized or otherwise disinfectant sheet of muslin, which is closely tacked over the door-frames of the room in which the patient lies. I close all unnecessary doorways by tacking the sheet *all about* the frame, bottom, top, and sides. The *one* door which is needed for ingress and egress I protect by tacking a similar sheet across the top, down the whole side of the hinge side of the doorway, and down the lock side as far as within five feet of the floor. This filtering-sheet is made long enough to hang closely to the frame, and fall in folds upon the floor, where it is not tacked. By keeping such a sheet sprinkled with a solution of carbolic acid—I generally use Squibb's two per cent. solution—or other reliable disinfectant fluid, all, or nearly all, of the air of the infected room is *filtered* through a tissue which seems to *destroy the infection in its passage*. Moreover, the filter acts by moral effect, for it happens that intruders into the sick-room are very rare; and thus a great danger and prolific source of the disease is practically removed. Indeed, the whole household are reminded that there is a something within to be avoided. Of course the nurse must use care not to allow anything to be removed from the room in a condition to carry the poison without.

"After a fair trial of many years, assisted also by several of my brother practitioners (among whom I may mention Drs. I. B. Read, F. A. Smith and J. A. Walther), I am able to state that, in a list of about fifty cases carefully observed, I have succeeded, in all but *two*, in confining the infection or contagion to the patient first attacked. In the two instances of failure I had abundant evidence that the quarantine was grossly neglected.

"Dr. F. A. Smith had the kindness to report to me a most interesting test of this method which occurred in his own hands last winter. In an institution which the doctor was attending professionally a case of well-marked scarlatina broke out in the midst of scores of young children who slept in the ward. The case was removed to the nurse's room, and there quarantined by means of the filter, according to the method described above. The consequence was that not another case occurred in the institution. On other occasions, where the usual modes of isolation were alone adopted, the same institution had been swept with epidemic force. Dr. Smith expressed to me his belief, founded on experience, that, without the method mentioned in the case reported, he would have had scores of cases on his hands in a fortnight.

"The simplest way to sprinkle the sheet is to pour the disinfectant solution in a flat dish, and dip a hair-brush in it, and with this throw the liquid over the filter. There are three positive points gained by using this method: 1st. The air of the sickroom is not mixed with the air in the rest of the house. 2d. Visitors are much less likely to visit the sick-room. 3d. The air of the sick-room is kept more easily at an even temperature.

"In all of my cases I have found it unnecessary to close the ordinary door, the filtering-sheet taking its place."—*The Medical Record*.

## HINTS FOR THE DIAGNOSIS OF OVARIAN TUMORS.

Dr. A. Macdonald gives the following hints in the *Edinburgh Medical Journal* for November:—

1. *Pregnancy*.—The possibility of pregnancy, the signs and symptoms of pregnancy, and waiting if in doubt, place the diagnosis beyond possible mistake, with a fair measure of care.

2. *Fibroid*.—A large fibroid with solid walls, leading to general enlargement of the uterus, is easily diagnosed. The increased length which the sound enters, the fact that the uterus moves with the sound, the peculiar feel of the uterus, and the nearly constant menorrhagia, suffice to keep the diagnosis correct. It is quite common to hear a bruit in a case of uterine fibroid; only in vascular sarcomata is such audible if the tumor is ovarian. But much greater difficulty is experienced

in cases of fibro-cystic tumors connected to the uterus, with or without pedicle. In that case we must try to ascertain whether the tumor is connected or disconnected with the uterus. Then the cyst of a fibro-cystic tumor may be tapped, when we expect to find only a thin fluid of great density, with some blood-corpuscles, and possibly some non-striped muscular fibres. But in those cases it is often found that only an exploratory incision can determine the diagnosis with accuracy.

3. *Renal Crsts* begin below the false ribs and extend downward and forward. They have a line of resonance between them and the liver, due to the transverse colon, which is of value, as showing they are not of hepatic origin, and when aspirated they contain urea. Usually accompanying such there are urinary symptoms, but not always.

4. *Ascites* exhibits the characters of free motion of fluid in an imperfectly filled cavity: Accordingly, when the patient lies on her back the abdomen is flattened anteriorly, the flanks give a dull note, and there is clearness round and above the umbilicus. With change of the patients position the areas of resonance alter. Thus if the patient is turned on her left side, the right flank gives a clear note, and *vice versa*. In case of tapping an ascites the thick gelatinous fluid characteristic of oxarain tumor is never obtained.

5. *Hydatid Cyst of the Liver*.—In this case the tumor grows from the liver, distending first the distance between the ensiform cartilage and the umbilicus, the reverse of an ovarian cyst. Again, tapping and discovering acephalocysts in the fluid is convincing evidence of the true nature of the tumor.

6. *Hysterical Abdominal Distention*, commonly known as spurious pregnancy, need deceive no one, as the percussio is uniformly resonant, and the tumor disappears under chloroform.

## IODIDE OF POTASSIUM IN FRONTAL HEADACHE.

Dr. Haley states, in the *Australian Medical Journal* for August, that for some years past he has found minimum doses of iodide of potassium of great service in frontal headache. A heavy dull headache situated over the brow, and accompanied by languor, chilliness, and a feeling of general discomfort, with distaste for food, which sometimes approaches to nausea, can be completely removed by a two-grain dose dissolved in half a wineglass of water, and this quietly sipped, the whole quantity being taken in about ten minutes. In many cases the effect of these small doses has been simply wonderful. A person who a quarter of an hour before was feeling most miserable, and refused all food, wishing only for quietness, would now take a good meal and resume his wonted cheerfulness. The rapidity with which the iodide acts in these cases constitutes its great advantage.

## AN IMPROVED METHOD OF TREATING UTERINE DISPLACEMENTS.

Dr. Robert Bell of Glasgow, gives the result of his experience in the treatment of uterine displacements by vaginal tampons of cotton-wool soaked in a solution of alum and carbolic acid in glycerine.

Dr. Bell's solution is the following: Glycerine, 80 oz.; alum, 10 oz., carbolic acid,  $1\frac{1}{4}$  oz. This solution, it will be observed, theoretically—and Dr. Bell claims to have found, practically—fulfils most desirable indications. The glycerine depletes, and so lessens congestion by its affinity for water; the alum constricts, and so braces up the vaginal walls; and the carbolic acid, by its antiseptic properties, renders it possible for the cotton to be retained for a convenient length of time. He usually employs only one large tampon, but in some cases of flexion, uses two—a small one pushed well up in front or behind the uterus, and a larger one beneath it. In the case of prolapsus, if there be laceration of the perineum, this must be first rectified. The uterus is elevated as nearly as possible to its normal position, and there retained by a suitable sized tampon of cotton soaked in the solution. Thus can be retained for three or four days without becoming offensive, on account of the antiseptic ingredients. He claims to have seen patients thus completely cured of procerdentia, which had existed from three to eight years by perseverance in the treatment for from two to seven months.—*Am. Med. Digest.*

## CONSTIPATION IN INFANTS.

The following are some of the remedies found useful by Dr. D. H. Cullimore (London Lancet):

1. A pellet of butter and brown sugar or treacle every morning fasting or a little raspberry jam.
2. The morning insertion into the rectum of a conical piece of white curd soap about two inches and a half long. It must be first dipped in warm water, held *in situ* for five minutes, and withdrawn.
3. Daily friction over the body, from the right iliac region along the course of the gut, with a salad oil. In India I have used cocoanut oil advantageously. Cod-liver oil is very useful when its smell is not objected to. *En passant*, I may say that I have at present under my care a girl of fifteen who for a couple of months has suffered from obstinate constipation. She has lately had typhoid. Both mild and strong purgatives were ineffectual, and it has now yielded to cod-liver-oil friction. Assiduous friction without any unguent is often equally useful. Patience, however, is necessary. A teaspoonful of fluid magnesia in the food is a good plan. Tomato jelly is sometimes used in India with benefit. Whatever plan may be adopted it is well to supplement it with the internal administration of half a drop of tincture of nux vomica three times a day; a quarter of a drop is sometimes sufficient. Minute doses of sulphur also answer well.

## ON SHORTNESS OF THE CORD AS A CAUSE OF OBSTRUCTION TO THE NATURAL PROGRESS OF LABOR.

Dr. Matthews Duncan read this paper before the Obstetrical Society of London. He said the obstruction arose from the morbidly early establishment of a solidarity of or union between the fetus and the genital passages, in which it should be easily moved. The cord was taut, then stretched, and advance of the fetus was difficult or impossible without injury. The cord might be absolutely short, or it might be made relatively short by encircling the neck or other parts of the fetus. Its length when stretched had to be considered as well as that when not stretched. Twelve inches of cord would stretch about two inches without breaking. Most cords would break with gradually applied tension by a weight of about eight pounds. Labor-power, if it breaks the cord, must of course be greater than its tensile strength. When the cord was shortened by encircling the neck its fetal attachment was, so far as delivery is concerned, the neck, not the navel, and the measurement from the placental attachment to the neck was about two inches longer than to the navel; hence a greater length was required in this relative shortening than in absolute shortening when the measure is to the navel. Disturbance of mechanism rarely occurred till the child was partly born. The cord might then be torn across or the placental end freed by separation of the placenta, or inversion of the uterus might occur, or the fetus might be born by a kind of spontaneous evolution. In this evolution, taking place after partial birth, the anterior surface of the body was by rotation made to look forward, so as to make the most of the length of cord. The cord-insertion was the fixed point. The cord was tight, and passed below the lower border of the symphysis between its two insertions. A cord of twelve inches measured to umbilicus, or one of fourteen inches measured to neck, in both cases inclusive of gain by stretching: would permit birth by spontaneous evolution if it was strong enough. A cord measuring under ten inches when stretched would necessitate rupture or cutting of cord, or inversion of uterus, or separation of placenta.

Dr. Barnes was surprised to hear Dr. Duncan describe the cord as sometimes springing from the upper edge of the placenta. Levert had pointed out long ago that the cord, if it sprang from an edge, always sprang from that nearest the os, and he had himself constantly verified this conclusion. He would submit, as a means of lessening the tension of a cord artificially shortened, the method of sion compressing the uterus downward during the second stage. Instead of losing time in trying to slip the loop over the head or shoulders he had found it better to cut the cord at once.—*Med. Times and Gazette.*

## ALKALINE TREATMENT OF STERILITY.

Charrier (*La France Médicale*, May 24, 1881) has recently called attention to sterility produced by a case which he regards as but little known, but which has received considerable attention in the United States, namely, acidity of the utero-vaginal secretions. He concludes, First, that in certain rare cases in a perfectly healthy female, the utero-vaginal secretions may be acid enough to redden litmus paper. Second, that this acidity may prove an obstacle to fecundation, as spermatozoa did in a medium even slightly acid. Third, to remedy this normal acidity of the utero-vaginal liquid, an alkaline treatment (alkaline drinks and baths) should be used, and lukewarm alkaline injections. Fourth, that this acid state having been corrected, and the secretions having become neutral, the obstacle to fecundation is removed, and conception may take place. Fifth, that this disappearance of acidity under the influence of alkaline treatment explains the success with which sterility has been treated at alkaline and sulpho-alkaline watering places.

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## THE CANADA MEDICAL RECORD,

Monthly Journal of Medicine and Pharmacy.

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## THE INSPECTION AND REGULATION OF THE MILK SUPPLY.

The milk supply of large towns is becoming, at the present time, a serious problem. The frequent outbreak of infectious disease, directly traceable to polluted milk, demonstrates the necessity of a regular and systematic inspection of milk and dairies, in order to obviate as far as possible the dangers of pollution and adulteration. The Sanitary Inspector of Montreal has recently prosecuted several fraudulent milk men and obtained convictions in the Recorder's Court, and he is now investigating cases of systematic fraud perpetrated by milkmen upon some of our large charitable institutions.

The Manchester and Salford Sanitary Association, which is composed of physicians, chemists, architects, engineers, bankers, lawyers, merchants and other leading men, has recently memorialized the Local Government Board with reference to the inspection and supervision of the milk supply. Their conclusions (*British Medical Journal*) are as follows:—

1. That severe and fatal epidemics of scarle fever and typhoid fever have undoubtedly been caused by impure milk.

2. That it is probable that other diseases, such as diphtheria and cholera, may be conveyed in a similar manner.

3. That certain other serious maladies affecting human beings have been traced to the milk of cows affected by disease, or kept under unhealthy conditions.

4. That adulterated milk is also frequently a cause of disease among children, especially diarrhoea.

5. That the only means at present existing of effectually protecting the milk supply consists in the formation of voluntary dairy associations. As the benefits of such associations can only be enjoyed by a limited number of the milk consumers, the Association urges the Board to invest the local authorities with the following additional powers:—

(a) To enable the local authorities to require every licensed milk-seller to give due notice of the appearance of any infectious disease among his dairy stock, in his family, or in the house in which his premises are situated. (b) That on such notice being received by the Sanitary authority, it should be empowered to close the said premises until the removal of the infected animal or person, and the thorough disinfection of the house or portion of the house infected. (c) To enable local authorities to veto the sale of milk by vendors coming from without such authorities' boundaries.

The Association further urges :

1. That inspectors be appointed by the Sanitary authorities, whose whole time should be employed in inspecting dairies, milk-shops, etc.

2. That no person be allowed to sell milk in towns who is not licensed to do so by the local Sanitary authority.

3. That the fitness of premises for the sale of milk for dairy purposes, and for housing milch-cows, should be decided on by the local medical health officer.

4. That samples of milk for analysis should be collected from time to time by the inspector or his agents, from every licensed milk-shop or dairy, and not merely from those against whom special complaint has been made.

5. That a general inspector of milk-supply be appointed by the Local Government Board, whose sole duty should be to superintend the duties of milk-inspectors and medical health-officers in this department of their work.

As the provisions of the New Health Bill of the Province are at present under consideration, we beg to commend these suggestions of the Manchester and Salford Sanitary Association to the attention of the profession and those interested in Sanitary reform.

#### OPHTHALMIA NEANOTORUM.

Few infantile diseases are more troublesome and annoying than purulent ophthalmia in the new-born. It is generally attributed to direct inoculation with the maternal discharges during birth, or else to such external sources of irritation as prolonged exposure to a bright light, the use of strong soap, etc. Nurses usually have their own cherished methods of treatment, and often conceal the existence of ophthalmia from the medical attendant till they have fruitlessly tried their own favorite applications of warm milk, breast-milk, bread poultices, etc. The disease has frequently advanced so far by that time, that several weeks of careful treatment are necessary to effect a cure; and in bad cases, when the cornea is much involved, the sight is often permanently impaired or destroyed. With a view of preventing this distressing malady, Credé has made a careful study of 600 consecutive cases of new-born infants, and has recently published the results of his observations. In 300 of these cases, he caused both eyes to be thoroughly cleansed with a soft rag during the first bath, and one drop of a two-per-cent solution of nitrate of silver introduced into each eye. Although the conditions and surroundings of these children were most unfavorable, not one so treated suffered from ophthalmia. Credé confidently recommends this simple measure as a safe and certain prophylactic.

PROFESSOR SAMUEL D. GROSS has recently resigned the chair of Surgery in Jefferson Medical College, Philadelphia, a post which he has filled with

eminent ability for twenty-six years. His reputation as a surgeon and teacher and his personal popularity have largely contributed to the success and reputation of the Philadelphia School. He is best known to the profession as the author of a "*System of Surgery*," which has gone through five editions, and deservedly ranks as one of the best and most complete of our standard works on the subject. He has reached the good old age of seventy-seven, and is still vigorous and hearty. The chair of Surgery will be filled jointly by his son, Dr. Samuel Gross, and Dr. J. H. Brinton.

PATHOLOGY IN VIENNA.—Considerable dissatisfaction seems to exist in European Medical circles at the appointment of Prof. Kundrat of Gratz to the chair of Pathology, which was rendered vacant last year by the death of Prof. Heschl, the successor of Rokitansky. Prof. Kundrat has not achieved reputation by any special original research, nor does he possess unusual ability as a lecturer or teacher; he owes his appointment entirely to political influence, his father being a valet to the Emperor. He has thus been able to override the claims of such men as Arnold of Heidelberg the nominee of the Faculty of Medicine, Klebs of Prague, Rindfleisch of Wurzburg, Cohnheim of Leipzig, any one of whom would have filled the chair with credit to the University, and would have been a more worthy successor to Rokitansky than its present occupant.

#### COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC.

The semi-annual meeting of this College (the Provincial Medical Board) was held in the old Government House (Laval Medical School), Montreal, on the 10th May, Dr. R. Palmer Howard, President, in the chair. The attendance of Governors was good, only six being absent. After the opening of the meeting resolutions of condolence with the families of the late Drs. Munro and Bibaud, of Montreal, and Dr. Dubé, of Rivière-du-Loup, were passed, and copies ordered to be sent to the relations of deceased. The President announced that at the present session of the Legislature the College had obtained important amendments to its Act, having especial reference to the penal and prosecuting clauses of the Act. These amendments were drawn up by the Hon. Mr. Mercier, and

before presentation to the Legislature were submitted to and approved by the Governors of the College representing Montreal and Quebec. The tariff which had become law only last year was abolished, but the right to make a tariff was still possessed by the College.

The Board of Preliminary Examiners reported that the following gentlemen had successfully passed the required examination, and been admitted to the study of medicine:—Alfred Letourneau, H. Ernest Choquette, Albert Rolland, Ovide Ostigny, Charles Collet, John L. Duffett, Toussaint Charron, Charles Pilon, F. Marquis, Jules Lamberge, L. J. Hercule Roy, Alfred Poole, Alex. Boucher, A. Faucher de St. Maurice, Aquilas Cheval, Auguste F. Schmidt, Wilbrod Henault, Henry Dauth, Anaclet Bernard, James B. Gibson, Hercule Roy, Eugene Mackay, Arthur Delisle, Joseph Rodier, A. N. Worthington, Charles Rochon and L. J. N. Delorme. Twenty-one candidates were rejected, three upon certain branches upon which they will again be examined next Sept., and eighteen rejected upon all subjects. The assessors of the various schools reported favorably on all the examinations. The question as to the right of Dr. Keyes, of Georgeville, P.Q., to register his Eclectic diploma, granted in 1868 by the Province of Ontario, came up for discussion. The Secretary read the opinion of the Hon. Dr. Church, Q.C., a member of the College, affirming Dr. Keyes' right to register; also an opinion obtained by the College from W. H. Kerr, Q.C., to the same effect. The subject was deferred to another meeting for discussion and action.

Mr. C. E. Lamirande, the detective officer of the College, presented his report for the past six months, showing that during that time he had taken out twenty-two actions; of these, eleven had resulted favorably to the College, four had been dismissed, and seven were still pending in court. He reported having compelled two persons to properly qualify themselves by taking out the license, and to having collected a considerable amount of arrears of annual contributions. The collection of the annual subscription was placed in Mr. Lamirande's hands. The committee to whom had been referred the charges against Dr. A. M. Ross, and who reported at the last semi-annual meeting that the Act gave them no power to act, again reported that, in accordance with the instructions given them, they had met and decided to suggest that the following be inserted in the Medical Act, with a view

of meeting such and similar cases:—"Any registered member of the medical profession who shall have been convicted of any felony in any court of law, or who shall have been guilty of infamous or disgraceful conduct in any professional respect, shall be liable to have his name erased from the register, and in case of a person known to have been convicted of felony, or who has been guilty of infamous or disgraceful conduct in any professional respect, shall present himself for registration, the Registrar shall have the power to refuse registration. The Provincial Medical Board may, and upon application in writing of any three registered members of the profession in this province, shall cause enquiry to be made in the case of any person alleged to be liable to have his name erased from the register under the provisions of this section, and on proof of such conviction or of such infamous or disgraceful conduct as aforesaid, shall cause the name of such person to be erased from the register."

The following gentlemen were appointed a committee to arrange a new tariff of fees, and to be ready to report at the September meeting of the College: Drs. Lemieux and Parke (Quebec), Dr. Lachapelle and F. W. Campbell (Montreal), (Dr. Perreault (Longue Pointe), Dr. Prevost (St. Jerome), Dr. Ladouceur (Sorel), and Dr. Worthington (Sherbrooke).

The President suggested that it would be well to confine the new tariff to a few items, and to have the fees for operations, &c., left a matter for arrangement between physician and patient.

The following women, after examination, were found qualified and received the Midwifery Diploma of the College: Mrs. Mary Davies, Mrs. Mary Bohme, Mrs. Jessie McNab, Mrs. Margaret Miller, Mrs. Elizabeth Sutherland, Mrs. Sophie Husson, and Miss Emily Harris.

The following gentlemen presented diplomas from the Universities named, and after being sworn, received the license as member of the College:

*McGill University*—A. A. Henderson, M.D., Ottawa; Wm. Stephen, M.D., Montreal; Alex. D. Struthers, M.D., Frelighsburg, Q.; Hastwell W. Thornton, M.D., New Richmond, Q.; Alex. H. Dunlop, M.D., Pembroke, Ont.; Robt. H. Klocki, M.D., Aylmer, P.Q.; Wm. G. Duncan, M.D., Granby; W. B. Burland, M.D., Port Kent, N.Y., U.S.; R. C. McCorkill, M.D., West Farnham.

*University of Bishop's College*—Walter J.

Prendergast, M.D., Montreal; Ninian C. Smillie, M.D., Montreal; James L. Foley, M.D., L.R.C.P., Lond., Montreal; William D. M. Bell, M.D. Ottawa.

*Victoria College*—Fred. St. Jacques, M.D., St. Anne des Plaines; J. Bte. LeRoy, M.D. Montreal; Jos. H. Gauthier, M.D., St. Pie; Felix P. Vanier, M.D., St. Martin; Samuel K. Kelly, M.D., French Village, Kingsey; J. Bte. Maillet, M.D., Memramcook, N.B.; Alex. Snyck, M.D., Wright; Horace Manseau, M.D., Montreal-Napoleon Dubeau, M.D., St. Gabriel de Brandon.

*Laval University*—Albert Marois, M.D. Joseph A. Marcoux, M.D., Auguste C. Hamel Laval University, Montreal; Isaie Cormier, M.D. Montreal; Joseph Cuerrier, M.D., Coteau Landing; Ovila Maillet, M.D., Montreal.

Dr. Larocque, Health Officer of Montreal appeared before the College, and advocated the Public Health Bill, now before Parliament. A resolution heartily endorsing it was unanimously passed, after which the College adjourned.

### WOMAN'S HOSPITAL.

At the Annual Meeting of the Corporation of the Western Hospital, held in Montreal on the 9th inst., a scheme for the amalgamation of the Western Hospital and Woman's Hospital was proposed and adopted. The basis of agreement is as follows:

1. That the "*Woman's Hospital*" become the "*Woman's Department of the Western Hospital*."
2. That the Medical Staff of the Woman's Hospital become the Medical Staff of the Western Hospital. Vacancies to be filled up according to the by-laws of the Western Hospital by vote of the Governors.
3. That the Obstetrical department remain under the control and superintendence of the Professor of Obstetrics in Bishop's College.

Subsequently, on the 11th inst., the Life and Elective Governors of the Western Hospital met for the purpose of electing the Executive Officers and Medical Board. The election resulted as follows:—President, Hugh McLennan; 1st Vice-President, Major Mills; 2d Vice-President, James Coristine; Secretary, Robert Reid; Treasurer, J. M. Kirk.

Committee of Management.—Messrs. George Childs, Wm. Kennedy, Chas. Gould, Geo. Wait, M. C. Mullarky, G. R. Prowse, A. A. Ayer, I. H. Stearns, A. W. Ogilvie, D. J. Rees, G. W. Reed, W. C. Munderloch.

Medical Staff.—Consulting Surgeon, Dr. Hings-ton; Consulting Physicians, Drs. David, Kollmyer and Simpson; Attending Physicians, Drs. F. W. Campbell, Kennedy, Wilkins, Perrigo, McConnell, Wood, Armstrong and Cameron; Oculist and Aurist, Dr. Proudfoot.

A joint committee is engaged in drafting a code of by-laws and arranging for the more thorough and efficient working of the Hospital. Hitherto the obstetrical, surgical and private patients have been obliged to occupy the same building; but the Governors are now contemplating the erection of a separate wing for the obstetrical department, so that the obstetrical cases can be thoroughly isolated and the whole of the present building devoted to surgical and private wards. The Woman's Hospital has already established a wide reputation, and is attracting patients from all parts of Canada and the United States; it is confidently anticipated that its amalgamation with the Western Hospital will increase its usefulness, and afford it extended facilities for carrying on its special work.

### PERSONAL.

Dr. John Campbell (M.D., McGill, 1872), of Seaforth, Ont., has lately passed the examination for the license of the Royal College of Physicians, Edinburgh.

Dr. Dawson (M.D., McGill, 1882), son of Principal Dawson of McGill University, has been appointed Surgeon in connection with the Langdon & Shepard contract on the Canadian Pacific Railway.

Dr. Girdwood, of Montreal, has been appointed Surgeon of the Eastern Division of the Canadian Pacific Railway.

Dr. John W. Cameron (C.M., M.D., Bishop's, 1882), has been appointed House Surgeon of the Woman's Hospital, Montreal.

Dr. Ninian C. Smillie (C.M., M.D., Bishop's, 1882), has located in Gaspe.

Dr. W. D. M. Bell (C.M., M.D., Bishop's, 1882), has opened an office in Rideau street, Ottawa, where he intends to locate permanently.

Dr. Henderson, the retiring House Surgeon of the Montreal General Hospital, has commenced practice in Montreal.

Dr. Reed, for several years the House Apothe-



cary of the Montreal General Hospital, is severing his connection with that Institution. He intends devoting himself entirely to practice.

Dr. Leprohon, the Spanish Vice-Consul here, has been honoured by being created a Chevalier of the Order of Charles III.

#### ON THE USE OF MALTINE.

Dr. Fothergill says, in the *Practitioner*, that in order to aid the defective action upon starch by the natural diastase being deficient in quantity, or impaired in power, we add the artificial diastase, as "maltine." But, as Dr. Roberts points out in order to make this ferment operative it must not be taken after a meal is over. Rather, it should be added to the various forms of milk porridge or puddings before they are taken into the mouth. About this there exists no difficulty. Maltine is a molasse-like matter, and mixes readily with the milk, gruel, etc., without interfering either with its attractiveness in appearance, or its toothsome-ness; indeed, its sweet taste renders the gruel, etc., more palatable. A minute or two before the milky mess is placed before the child or invalid, the maltine should be added. If a certain portion of baked flour, no matter in what concrete form, were added to plain milk, and some maltine mixed with it, before it is placed on the nursery table, we should hear much less of infantile indigestion and malnutrition.

#### SOCIÉTÉ MÉDICALE ANGLO-AMÉRICAINNE DE PARIS.

The English and American physicians resident in Paris have just organized a Society under the above name. Only those can be members who are legally qualified to practice in France. We see with pleasure that the Society has elected as its president Sir John Rose Cormack. This compliment is well deserved, Sir John being a universal favorite among the medical profession in Paris.

#### REVIEW.

*The Brain and its Functions.* By Dr. J. LUYS, Physician to the Hospice de la Salpêtrière. New York: D. Appleton & Co. Montreal: Dawson Bros. Price \$1.50.

This volume, No. XXXIX of the International Scientific Series, is one of the best which has been issued, both from the importance of the subject

and the well-known ability of the author. The first part of the book is devoted to a consideration of the minute anatomy of the brain, as determined by the author's photo-microscopic process of analyzing the nervous elements. He dwells especially upon the intimate relations which exist between the cerebral cortex, the central ganglia and the periphery. He maintains that the function of the *optic thalamus* is to receive and reinforce sensorial excitations from the periphery, while that of the *corpus striatum* is to permit the passage of voluntary motor excitations. He claims that in the arrangement of the superficial small cells and deeper large cells of the cerebral cortex, there is a distinct analogy to the anterior and posterior tissues of the spinal cord. He agrees with Ferrier that the cerebral functions are localized, and has arrived at this conclusion quite independently by means of his anatomical researches. Part second, in which he discusses the physiological relations of the different nervous elements, is the most interesting and valuable portion of the book. He discusses the fundamental properties of nerve-cells under three principal heads:—

1. *Sensibility*—by means of which the nerve-cells receive impressions from without and react upon them.

2. *Organic phosphorescence*—by means of which the nerve-cells store up for a long time impressions which they have once received, just as certain inorganic bodies store up luminous vibrations and become phosphorescent. By virtue of this property of the nerve-cell, he explains in a very interesting manner the phenomena of memory, its method of development and functional disturbances.

3. *Automatic activity*—by means of which the nerve-cell reacts in the presence of surrounding media, if once it has been previously impressed by those media. That which is done habitually is finally done automatically, and becomes routine.

Dr. Luys' main endeavor throughout is to show that even the most complex intellectual processes follow definite laws, and may be analyzed and resolved into regular processes, and that consequently "there is a true physiology of the brain as legitimately established, as legitimately constituted, as that of the heart, lungs or muscular system."

The book, though in many respects fragmentary and incomplete, is on the whole entertaining and instructive.