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The Canada Medical Record.

MONTREAL, JUNE, 1879.

CONTENTS.

PROGRESS OF MEDICAL SCIENCE.

Lactopeptine, 225—The History of Clinical Instruction, 225—How Doctors are Paid, 225—The Treatment of Hemorrhage in Abortion, 226—The Treatment of Baldness, 229—Use of Salicylic Acid, 230—Antiseptic Midwifery, Advantages of, 230—Clinical Lecture on Scrofuloderma. By Louis A. Duhring, M.D., 233—Supra-Orbital "Tic" cured by Injection of Chloroform,

235—Jaborandi in Mumps, 235—Retention of Urine relieved by Chloral, 235—Treatment of Heat Apoplexy with Ergot, 235—How to stop a Cold, 235—The Treatment of Early Phthisis. By Dr. J. Milner Fothergill, 236—Brave Medical Officers, 239—Hypodermic Medication, 239—Abortive Treatment of Bubo, 239—Cure for Obstinate Vomiting 239

EDITORIAL.

Lunatics in the Province of Quebec, 240—Surgeon-Majors, 240—Medi-

cal Department, Volunteer Militia, 241—Dr. Coderre's Infant Syrup, 242—Reviews, 244—Personal, 245—Medico-Chirurgical Society, 246—Dedication of the McDowell Monument, 248—Precautions in Anæsthesia, 248—Births and Marriages 248

PHARMACEUTICAL DEPARTMENT

The Pharmaceutical Association, 249—Pharmaceutical Association of the Province of Quebec, 249—Drug and Chemical Report..... 252

Progress of Medical Science.

LACTOPEPTINE.

There are few preparations given to the profession during recent years that have been so highly praised as Lactopeptine. It has been found a most reliable agent in the treatment of impaired digestion, gastric irritability and diarrhoea. It is specially recommended by a number of physicians, who have prescribed it, as a valuable remedy in *Cholera Infantum*, and in the disorders of digestion and nutrition in children. In view of the approaching season of the year, during which cholera infantum is most prevalent, our readers are invited to test this preparation, and give it a fair trial. We have before us a great number of testimonials from physicians, setting forth the value of Lactopeptine, and from their combined testimony, we consider the remedy worthy of trial.

THE HISTORY OF CLINICAL INSTRUCTION.

According to Prof. Leyden, of Berlin, the origin of clinical instruction is to be found in Italy, in the sixteenth century. In 1570, the supreme council of Venice, principally at the instigation of German students, ordered that two teachers of practical medicine should visit the hospital at stated times and there instruct the students at the bedside. This regulation was soon adopted in Padua. Soon, however, the universities began to raise difficulties, on the ground that the clinical instruction drew away the students from the lectures and disputations, and in consequence the Venetian council prohibited the continuance of the clinical teaching. The students protested; and it was determined that the teachers of practical medicine in the universities should

alone be authorized to take their students to visit patients as they might think proper. It seems that the system of introduction to practice, apart from the universities, was rather common. The Emperor Frederick II (1194-1250) ordered that no one should enter on practice until he had practised for a year under the guidance of a physician. The special founder of modern clinical instruction was Franz Deleboe (Sylvius) in 1614-1672. In Berlin, Fritze was clinical professor in 1798; and the examination regulations of that year speak of clinics at Berlin and Halle. In Königsberg, clinical medicine is mentioned in 1785 and 1790. The first clinics embraced all the departments of medicine; the division into medical, surgical, and obstetric, and polyclinic, was of later growth.—*British Med. Jour.*

HOW DOCTORS ARE PAID.

"Save me, doctor, and I'll give you a thousand dollars."

The doctor gave him a remedy that eased him, and he called out,—

"Keep at it, doctor, and I'll give you a check for five hundred dollars!"

In half an hour more he was able to sit up, and he calmly remarked,—

"Doctor, I feel like giving you a fifty dollar bill."

When the doctor was ready to go the sick man was up and dressed; he followed the doctor to the door, and said,—

"Say, Doctor, send in your bill at the first of the month."

When six months had been gathered to time's bosom, the doctor sent in a bill amounting to five dollars. He was pressed to cut down to three, and after so doing he sued to get it, got judgment and the patient put in a stay of execution.—*Exchange.*

THE TREATMENT OF HEMORRHAGE IN ABORTION.

By W. T. Lusk, M.D., Professor of Obstetrics, etc., in Bellevue Hospital Medical College (Extracted from *New York Medical Record*):

The Treatment of Inevitable Abortion.—In the first two months little treatment besides rest in bed for a few days is ordinarily required. In the exceptional cases the treatment does not differ from that in the hemorrhages of the non-pregnant uterus.* In the third month we distinguish:

I. Cases in which the ovum is thrown off entire.
II. Cases in which the sac ruptures and the embryo escapes with the discharged fluid.

1. When in the third month the ovum is thrown off without rupture of the fetal membranes, the hemorrhage rarely assumes dangerous proportions. The uterine contractions press the ovum into the cervix, which dilates, and in primiparæ becomes somewhat elongated. As the ovum descends, the body of the partially-emptied uterus retracts. The effused blood coagulates in thin layers between the ovum and the uterine walls. The ovum forms a tampon which fills the cervix and restrains the hemorrhage.

No active treatment is therefore demanded. A vaginal douche, consisting of a pint of tepid water, may be used twice a day as a measure of cleanliness. All attempts to disengage the ovum with the finger should be avoided, as endangering its integrity. The vaginal tampon is unnecessary. It should only be used as a safeguard where patients live at a distance from medical assistance, and can only be visited at long intervals. As it is never certain that the rupture of the ovum may not take place during the course of its expulsion, the tampon may in such cases be employed in anticipation of a possible increase of hemorrhage from sudden collapse of the membranes. In multiparæ the ovum seldom remains long in the cervix. In primiparæ, upon the other hand, the tardy dilatation of the os externum may lead to a retention of the ovum in the cervix, lasting for days. As this condition is extremely painful, it is allowable to dilate the os externum with the index finger, or even by incisions through the ring of circular fibers which furnish the cause of delay.

Small portions of the decidua vera sometimes remain after abortion, attached to the uterine walls. They commonly do no harm, but are discharged later with the lochial secretion.

2. When the sac ruptures, and the liquor amnii escapes, the removal of the pressure exerted upon the uterine wall by the intact ovum is followed by profuse hemorrhage from the utero-placental vessels.

The diagnosis of rupture may be made either from finding the embryo in the clots, or, in the case of a dilated cervical canal, by the direct examination of the uterine cavity. Although after rupture portions of the ovum may still be felt, we miss the smooth surface of the fluctuating amniotic sac.

When the embryo can not be found, and the cervix is closed, profuse hemorrhage alone would render the occurrence of rupture extremely probable.

The principles of treatment in these cases are very simple. The indications are to check the hemorrhage and to empty the uterus. As to the best methods of attaining these results opinions widely differ.

When cases are treated with rest in bed, the internal administration of ergot, and cold cloths applied to the abdomen and vulva, the loss of blood is usually considerable, but the most of them terminate favorably. In some, however, the hemorrhage may prove so severe as even to threaten life. Now it is in every way desirable for the future welfare of the patients to restrain the hemorrhage within the narrowest limits. The most effectual means of arresting the hemorrhage is to clean out the uterus. If, therefore, the physician finds at the time of his visit the cervix sufficiently dilated to allow him to introduce his finger into the uterus, he should not hesitate at once to remove the retained portions of ovum. The operation does not require any considerable amount of technical skill, while the immediate results are in the highest degree satisfactory. The patient should be placed crosswise in bed, with the hips drawn well over the edge. The legs should be flexed, and the thighs held, where assistants can be obtained, at right angles to the body, to secure the greatest degree of relaxation to the perineum and abdominal walls. The right index finger should be then passed into the vagina and through the cervical canal, while the left hand placed upon the abdomen gradually presses the uterus down into the pelvic cavity, so as to bring it within reach of the examining finger.* This portion of the act should be performed slowly, while every effort is made to divert the attention of the patient. Hasty manipulations invariably excite, in the most willing of patients, the full resistance of the abdominal walls. When the point of the finger reaches the os internum it is sometimes necessary to pause for a minute or two, to await a sufficient degree of dilation to allow the finger to pass beyond the insertion of the nail. When the right finger is used, it should be made to pass upward with its dorsal surface along the left side of the uterus to the opening of the fallopian tube, thence across the fundus to the right side. As the tip of the finger passes down upon the right side it presses the detached ovum before it toward the os internum. By the time the finger has thus made circuit of the uterus, the ovum is pressed into the cervical canal, and thence passes easily into the vagina. With the left finger the movement is exactly the reverse. The finger passes first with its dorsal surface directed to the right side, from the right fallopian tube across the fundus, and downward along the left side of the

* In the discussion following the reading of this paper Dr. Barker drew my attention to the occasional severity of hemorrhages in the first two months of pregnancy.

* Prof. A. R. Simpson (Trans. Edin. Obst. Soc., Vol. IV, p. 227) recommends drawing down the uterus by means of volsellum forceps attached to the anterior lip of the cervix. I have once seen extreme hemorrhage follow this manoeuvre (seventh month of pregnancy), and now feel some hesitation about its employment, at least in the latter months.

uterus. The only resistance the finger meets is at the placental insertion, where a certain amount of manipulation is required to complete the detachment.

When the uterus can not be pressed down within reach of the index finger by force exerted above the symphysis pubis, it is permissible to introduce the hand into the vagina; but in such a case the fingers are apt to become cramped, and all freedom of manipulation to be destroyed. A better means of overcoming the difficulty consists in the administration of an anæsthetic. In cases of extreme anæmia, chloroform should be discarded as too dangerous. Ether, however, has often seemed to me, on the contrary, to possess a stimulating action, and its use to be followed by increase in the volume and force of the pulse. The relaxation produced by the anæsthetic makes it easy to depress the uterus down to the pelvic floor, where it can be reached with comparative ease.

After the removal of the ovum, the cavity of the uterus should be washed out with a stream of tepid carbolized water, in order to bring away any small detached portions of the ovum. In the manual extraction of the ovum, deliberation and perseverance are the main elements of success.

If, when the patient is first seen by the physician, the cervix is not sufficiently dilated to allow the finger to pass without force, the vaginal tampon should be employed.

The tampon restrains the hemorrhage, stimulates the uterus to contraction, and allows time for the employment of measures to rally a patient exhausted by profuse losses of blood. The material of which a tampon is made is a matter of indifference, provided only it fills the vagina to its utmost capacity. In cases of urgent need, a soft towel, handkerchiefs, strips of cotton cloths, dampened cotton, wool, and the like, may be seized upon to meet a temporary emergency. The time-honored sponge, on account of its porosity, is least deserving of favor. When, however, the physician proposes to leave his patient for a number of hours, the mere hasty filling of the vagina through the vulva will not suffice. On the contrary, the highest degree of safety can only be secured by the closest observance of the rules of art.

Essentials of a Good Tampon.—The first essential of a good tampon is that it be carefully packed around the cervix uteri, and fill out the more dilatable upper portion of the vagina. This can be accomplished only by the aid of the speculum. The method I usually employ is one, the credit of which, so far as the general features are concerned, I believe belongs to Dr. Marion Sims. It consists in soaking cotton wool in carbolized water, and then, after pressing out any excess of fluid, in forming from the carbolized cotton a number of flattened disks about the size of the trade-dollar. The patient is then placed in the lateroprone position, and the perinæum retracted by a Sims speculum. The dampened cotton disks are introduced by dressing-forceps, and under the guidance of the eye are packed first around the vaginal portion, then over the os,

and thence the vagina is filled in from above downward, until the narrow portion above the vestibule is reached. No other plan of tampon with which I am acquainted can compare in solidity and effectiveness with this. Its removal is accomplished by the detachment with two fingers of a portion at a time. This part of the procedure is moderately painful. Many methods have been suggested to overcome, in the removal, the necessity of introducing the fingers into the vagina. A very ingenious one consists in attaching the cotton to a piece of twine, so as to form a kite-tail, which can be withdrawn by simply making tractions upon the extremity of the string left hanging outside the vulva. Prof. I. E. Taylor uses a roller bandage. It is efficient, and, like the kite-tail described, can be easily removed.

Introduction of Tampon.—Before the introduction of the tampon the vagina should be thoroughly washed out. No tampon should be allowed to remain in the vagina much over twelve hours. Immediately after withdrawing the tampon, before proceeding to the examination of the uterus, the vagina should be cleansed by an injection of tepid carbolized water (gr. xxx. ad. Oj.). Often, after the removal of the tampon, the ovum is found in the upper portion of the vagina, or filling up the cervix. If this is not the case, and the cervix is not dilated, so that manual extraction may easily be performed, the tampon should be re-introduced.

It is customary from the outset to sustain the action of the tampon by the administration of ergot, either in the form of the fluid extract (thirty drops every three or four hours), or of a solution of ergotine given hypodermically. (Ergotine, gr. xij, glycerine, ʒi, ten minims twice in the twenty-four hours.) In women with abundant adipose tissue the injection should be made into the subcutaneous tissues of the lower abdomen. In others the outer surface of the thigh should be selected.

If the patient is collapsed from loss of blood, after tamponing, opiates, tea, and alcoholic stimulants should be administered; the latter in small but frequently-repeated quantities, until the cerebral anæmia is relieved, and the capillary circulation restored.

If after its removal the cervix is found not to be dilated, the tampon may be re-introduced and left in situ for another period of twelve hours. The employment of the tampon is not, however, to be recommended for a period much exceeding twenty-four hours. Its continued use is apt to irritate the vagina. In spite of carbohc acid it acquires an offensive odor. It generates septic matters which, in the long run, creep upward through the cervix into the uterine cavity, and produce decomposition of the ovum. I prefer therefore, in cases of undilated cervix, after twenty-four hours of vaginal tamponing, to resort to sponge tents. The tent should be long enough to pass well up through the os internum. After six to twelve hours the tent should be removed, and after a preliminary vaginal douche manual extraction be proceeded with in accordance with the rules already given.

The Treatment of Neglected Abortion.—When,

following abortion, the uterus has once been completely evacuated, hemorrhage ceases. A slight lochial discharge persists for several days during the period in which the uterine portion of the decidua vera completes its period of repair. If therefore a patient comes to us two to three weeks after the supposed conclusion of an abortion, with the story of recurrent hemorrhages taking place as a rule whenever she leaves her bed and assumes the upright position, it may be assumed with an approach to certainty that portions of the ovum still remain within the uterus. Oftentimes a fetid discharge points to the fact that decomposition has been set up. The absorption of septic materials may furthermore become the source of chills, of fever, and of great uterine tenderness. In most cases with rest in bed the contents are discharged by suppuration, and recovery ultimately takes place, but only after a slow, protracted convalescence, during which pelvic cellulitis and pelvic peritonitis occur as not uncommon complications. Hemorrhage, peritonitis, and septicæmia may, however, bring the case to a fatal issue. The removal of the retained placenta and membranes is therefore indicated not only as a measure calculated to promote recovery, but to avert possible danger to life.

With regard to the operation for removal, the rules already given are applicable. The following peculiarities should, however, be borne in mind. In case the retained portions are undecomposed the cervix is usually found closed, and requires preliminary dilatation with the sponge tent. When decomposition has once set in, the os internum will, as a rule, allow the finger to pass into the uterus.* When a decomposed ovum is removed by the finger, a chill and a septic fever which rapidly exhausts itself, however, is apt to follow in the course of a few hours. This chill and fever result from the slight traumatic injuries inflicted by the finger upon the uterine walls, whereby the capillaries and lymphatics become opened up to the action of the septic poisons. The fever ends in a short time because the reservoir of supply is removed with the debris of the ovum. If the uterine cavity, after the operation, is carefully washed out with carbolized water, the septic fever is often averted. The beneficial results following the complete emptying of the uterus in these cases are so decided that of late years I have not allowed myself to be deterred from proceeding actively, even when perimetritis and parametritis in not too acute a form already existed. In practice, multitudes of examples show that the products of inflammation, situated in the pelvis, do not absorb so long as putrid materials are generated in the uterine cavity.

The removal of a fibrinous polypus, owing to its smoothness and the small size of the pedicle, is often a Sisyphean task. The separation can only be successfully accomplished when the palmar surface of the index finger presses from above upon the point of attachment. This necessitates a choice of hands.

* HUTER: *Compendium der Geb. Operationen*. Leipzig, 1874, S. 32. To this excellent work I acknowledge my indebtedness for many hints and suggestions of extreme practical value.

Thus, when the polypus is situated to the left, the right index finger should be employed; and the left index finger when the polypus is situated to the right. After the detachment is complete it is necessary to press the polypoid body firmly against the uterine walls and proceed with its withdrawal slowly. If, as sometimes happens, the polypus slips from under the finger, it is necessary to pass the finger again to the fundus of the uterus and repeat the attempt. Small portions not larger than a pea can be washed out by the uterine douche. When the polypus is attached near the os internum, the latter will be found patulous; but when it is well up in the body of the uterus, dilation with sponge tents is a frequent prerequisite to removal.

A good deal of testimony has been offered of late by Skene, Spiegelberg, Mundé, Boeters and others in favor of the use of the curette for the removal of retained portions of ovum. To whom, exactly, the honor of this method belongs it is difficult to say. Accidentally I read in a record-book of Bellevue Hospital a few days ago an account of the operation performed by Dr. Fordyce Barker in 1870. With the curette the dangers from dilating the os and manipulating the uterine cavity are avoided. For myself, however, I confess I never feel quite safe until my index finger has made the complete tour of the uterine cavity. Still the method has its advantages in cases where the removal of bodies retained within the uterus is complicated by the existence of extensive peri- and parametritis.

Summary of Rules in Treatment of Abortion.—

1. In the first two months an abortion needs no special treatment. The hemorrhages of early date are amenable to the same principles of treatment as those from non-pregnant uterus.

2. In the third month no treatment is required when the ovum is expelled with intact membranes.

When the membranes rupture previous to expulsion, and hemorrhage takes place immediately, removal should be attempted; provided the cervix be sufficiently dilated to admit the index-finger. When the cervix is closed the tampon should be tried for twenty-four hours. If the tampon proves ineffective, the cervix should then be dilated with a sponge tent and the ovum removed with the finger. The finger should pass up along the side of the uterus, across the fundus, and complete the circuit of the uterine cavity.

3. In cases of neglected abortion retained portions should be removed by the finger or the curette. When the ovum is decomposed no dilatation of the os is usually necessary. When the ovum is fresh the preliminary use of sponge tents is usually demanded if manual delivery is resorted to.

4. Fibrinous polypi, when situated near the os internum—a rare occurrence indeed—arrest the involution of the lower portion of the uterus. The os is, therefore, open, as a rule, and permits the passage of the finger. When the polypus is attached to the fundus the cervix is usually closed. Small, smooth, slippery bodies, like fibrinous polypi, are rarely to be detached, unless the finger operates from above, so

that the choice of hands depends upon the side to which the polypus is attached.

5. In immature deliveries hemorrhage can usually be controlled without the tampon, by compression of the uterus, and, in cases of delay, by the manual extraction of the placenta.

THE TREATMENT OF BALDNESS.

In the *Atlanta Medical and Surgical Journal*, Dr. George H. Rohe writes on this widely interesting subject.

Having been himself a sufferer from seborrhœa and consequent alopecia for six or seven years, the writer has, as may be supposed, tried a great many remedies with a view to its alleviation and cure. Arsenic internally, stimulating washes or oily applications, containing in the one case corrosive sublimate, in the other quinine, or tannin, in still another some of the stimulating oils, were used with no appreciable effect either on the formation of scales or the depilation. Finally, about two years ago, an item went the rounds of the medical journals to the effect that a French physician, whose name has escaped me, had found that the local use of a five per cent. solution of chloral hydrate was a sovereign remedy for the trouble under consideration. Rejoiced that at last I could appropriately shout "Eureka!" I began to use the chloral wash assiduously for about three months, following the directions given as accurately as possible. At the end of the three months the production of scales was more rapid and the fall of hair greater than ever. Disgusted with the failure of all the therapeutic measures which had been so highly lauded, I almost decided to let the affection take its own course, and run the risk of a shiny bald pate at thirty. About that time the second volume of Hebra's classical treatise on diseases of the skin,* came to hand, and one of the first things I read was Kaposi's thorough article on alopecia. Impressed with the reasonableness of the views put forth by Kaposi, I determined to give his plan of treatment a trial, with the result of checking the fall of hair and diminishing the production of scales in a reasonable short space of time. I have since then recommended the plan in a considerable number of instances, and, when it has been faithfully carried out, with uniform success.

The success of the method depends upon the use of an agent which, while mildly stimulant, removes the scales and thoroughly cleanses the scalp. This agent is the German or French soft soap (green soap, schmierseife, savon vert.) in alcoholic solution. This soap is now imported in large quantities and prescribed daily by the dermatologists of Boston, New York,

Baltimore, Philadelphia and other cities. The soap, containing an excess of alkali, saponifies the fatty matter of the sebaceous secretion, and it is thus easily removed. The alcohol greatly assists this action, and seems also to have an alterative action—if such an indefinite term is excusable—on the glands. The two may be combined as follows:—

R. Saponis viridis (Germ.),
Alcoholis. aa. ʒ ij.

Solve, filtra, et adde ol. lavandulæ gtt. xx-xxx

The oil of lavender is added to cover the disagreeable fishy odor of the soap. The above makes a very handsome orange or wine-colored preparation, with a pleasant odor, to which the most fastidious will hardly object.

This is used as a shampoo every morning or evening, pouring one or two tablespoonfuls on the head. Upon the addition of water, and smart friction with the fingers, a copious lather is soon produced. After keeping up the shampooing process for four or five minutes, all the soap must be washed out of the hair by the free use of warm or cold water, and the hair thoroughly dried by means of gentle friction with a soft towel. The immediate effect experienced is a disagreeable feeling of tension of the scalp, as if it were stretched too tightly over the skull. To obviate this effect, and to keep the scalp from getting too dry, and thus, perhaps, set up a true pityriasis, it is necessary to follow up the shampooing with some fatty application, which may contain some mild stimulant, thus: Castor oil, 1 part, to alcohol 3 or 4 parts, with a little oil of rosemary or cinnamon, or the elegant pomades and oils of Bazin and other manufacturers may be used. But the best, as well as the neatest preparation that I have employed for this purpose, is the hydrocarbon know in commerce as cosmoline. This is a product obtained from petroleum. It is entirely bland and unirritating; never turns rancid, and is comparatively cheap. It may be obtained in the fluid form or as a soft solid.

This procedure, shampooing, drying the hair and applying the greasy preparation, must be repeated daily for three or four weeks. In the course of that time it will be discovered that the production of scales and the falling of the hair has been very markedly decreased. It will then suffice to repeat it two or three times a week for a month or two longer, after which a good shampoo once a week will usually succeed in maintaining a permanent cure.

Most patients will be alarmed after using this method at first, because the hair comes out in greater quantity than before. This is due to the fact that a large number of hairs are dead and only retained in their follicles by the plugging of the sheath with the accumulated sebaceous matter. The patient should, therefore, always be prepared for this result, and

* Hebra & Kaposi; Hautkrankheiten, 2 Band Erlangen, 1876.

the cause of the increased falling of the hair explained to him.

It is not necessary, though more convenient, to cut the hair short during the treatment.

When the alopecia has lasted so long that the hair bulbs have become atrophied, nothing will restore the hair on those spots. Our endeavors must be directed to saving what remains. A prognosis favorable to the restoration of the hair must, therefore, be given with caution.

USE OF SALICYLIC ACID.

Dr. WILLIAM SQUIRE, in a communication to the *British Medical Journal* (April 26th, 1879) on the two independent effects of salicylic acid, the germicide and antipyretic, says: there are many conditions of disease where it would be well to make use of both these actions, and some where the antipyretic is distinctly aided by the germicide effects of the acid, so that fever is lowered more certainly and quickly by its use than when the more easily administered soluble salt is prescribed. This is well seen in scarlatina aginosa, and sometimes in diphtheria, whether the acid be conveyed to the throat directly, or be suspended in mucilage, or by means of glycerine, its most convenient solvent. Half an ounce of glycerine, when hot, will dissolve half a drachm of salicylic acid. This is stronger than necessary, and, when cold, will either deposit some of the acid or may become solid; in either case, it will re-dissolve when heated, and can be mixed in a warm spoon with an equal quantity of hot water, and given in small quantities with or without any drink afterwards; or, a solution of five grains of salicylic acid to the drachm of glycerine can be used, either alone or given with a little cream. In this way, not only are the mouth and throat cleansed, but the fever is soon lessened; it is only while the fever is high that the strong doses need be continued. In cases of moderate severity, it suffices to prescribe this weaker glycerine solution, and to order half a drachm or a drachm to be mixed with an ounce of water at the time of administration. The latter is quite strong enough for an adult, and is better followed by a drink of water. Or half an ounce of the glycerine in half a pint of water forms a suitable mixture; this sipped frequently, or given as a drink every two or three hours, diminishes fever and improves the throat. Such a solution of two grains to the ounce is efficient as an antiseptic, and can be used in spray. Where a general antipyretic effect is desired, salicylate of soda may be given at the same time, fifteen grains being equivalent for this purpose to ten grains of the acid. It is contra-indicated where there is renal congestion or any albuminuria, as most of the acid is excreted by the kidneys. This method of administration is

more suitable to scarlet fever than to diphtheria, where the necessity for giving iron restricts the use of salicylic acid to the intervals when the stronger form can be applied in small quantities frequently. In erysipelas, no form of salicylic acid is advisable; not only would it interfere with the use of iron, which is then essential, but there is no febrile condition over which it has so little control as erysipelas. In typhoid fever, the use of salicylic acid presents some advantages over that of salicylate of soda. The glycerine solution is suitable for administration in diabetes, salicylic acid having a power of checking the formation of sugar not possessed by salicylate of soda. For this purpose the acid is required in full doses; it might take the place of carbolic acid in rendering diabetics more tolerant of operation and less liable to suffer from boils and from suppuration. In catarrhal sore-throat, or at the commencement of a common cold, the weak solution of salicylic acid is beneficial. For checking the febrile reactions in phthisis it is also preferable. It also acts as a sedative to the pneumogastric, and the weaker glycerine solution in water relieves cough. As a remedy in whooping-cough, this solution may be found as effective and more convenient than the laryngeal insufflation of the powder. Hay-fever is checked by dropping a grain to the ounce solution into the nares. The great obstacle to the freer use of salicylic acid is its sparing solubility in water; this difficulty has been overrated. Solutions of one or two grains to the ounce keep clear or deposit a few flocculi only, when theoretically all but one-fifteenth of a grain should separate.—*British Med. Journal*, April 26th, 1879.

ANTISEPTIC MIDWIFERY, ADVANTAGES OF.

Perhaps the most interesting communication made to any of our societies lately is that of Dr. Matthews Duncan to the Medical Society on *Antiseptic Midwifery*. So important was it, and listened to with every attention by a distinguished audience, that an abstract of it may be acceptable to your readers. Being a great personal friend of Prof. Lister's, having left the northern metropolis at nearly the exact time Prof. Lister turned his steps southward, it might *a priori* be surmised that Dr. Duncan would be an advocate of the antiseptic plan of treatment. Consequently a large number of practitioners came to hear, and also to learn how antiseptics are applied to every-day midwifery. Dr. Duncan commenced by saying that there is no subject which excites more professional interest or more interest among the general public than that of puerperal deaths. A wife, the mistress of a household, the solace of her husband, the proud mother of a number of happy children, is suddenly snatched away after an auspicious event. There is some thing so sad about such deaths that all would welcome with heartfelt joy any plan which promises to lessen such disastrous

events. Puerperal deaths own various causes, but by far the most frequent and prevalent causes are septicæmia and pyæmia. Both these diseases involve or imply inflammatory processes, and both are essentially septic. It is against them that antiseptic midwifery wages war, and in which, he said, it had already achieved great success. The object of the paper was to spread and diffuse further knowledge on this important matter, and to stimulate further inquiry into it, with a view to the more general adoption of the beneficent antiseptic methods. Already, said Dr. Duncan, more pain is prevented, more life saved, by antiseptic methods than by all the recent improvements of modern midwifery combined; and there is no prospect half so bright and encouraging as that held out by the general adoption of the antiseptic treatment of the parturient condition. And, it is certain, all fervently wish that these high hopes may be realized. He would not, he said, proceed to discuss that division of the subject, the treatment of the blood by which the fermentation or sepsis is carried throughout the organism, as by the use of hyposulphites, introduced by Polli, of Milan. He would confine himself to the consideration of the local use of antiseptics. He pointed out that the healthy lochial discharge of some women approached in smell and odor putrefactive discharges, so that it was not always possible to discriminate them; but in all doubtful cases it was well to treat them as if putrefactive. The putrefying lochial discharge may find its way directly into the blood by the uterine sinuses, or be taken up by the lymphatics: in either case a state of blood-poisoning, or septicæmia, is set up. The removal of all putrefying material is essential to the arrest of this blood-condition. The antiseptic measures to be adopted consist of the removal of the offending material by the obstetrician's finger, or a pair of forceps, previously covered with an antiseptic. In some cases it becomes necessary to introduce the hand, which should previously be carbolized, by being smeared with the ordinary carbolic acid and oil mixture. By such treatment of the hand preparatory to its introduction into the female passages, two ends are attained. If there be no great amount of putrefaction present, the hand thus treated carries with it no danger of leaving putrefying matters, or germs, on the bared surface; while on the other hand it is a means of applying an antiseptic to a surface on which a putrefactive process may be actively progressing. Then as to injections into the uterus, he advocated carbolized water and the gentlest possible force sufficient to throw the fluid into the uterine cavity. Neglect of these precautions might lead to the introduction of air or fluid into the uterine sinuses, and produce baneful results. To secure gentleness of pressure, it was of the first importance to have free and sufficient exit for the fluid injected, and often it became necessary to use a double canula. The running out should be carefully watched, and the moment the outflow ceases the injection should be stopped. He did not agree with those who advocated the leaving of the intra-uterine tube *in utero* to act as a drainage-tube. If antiseptically plugged

it no longer acted as a drainage-tube, and not so plugged, it was a source of danger in itself. To secure gentle pressure it was well to have a long tube, so that the fluid could be held above the patient; but it should not be raised to an undue height. A warm carbolic lotion of the strength of one in fifty was useful. About half a pint or a pint should be injected at once, and the uterine cavity should be washed until the fluid returns clean. It is not desirable to have too frequent daily injections. Such irrigation might be desirable in some cases, even when no putrefaction was present. I am not now engaged in midwifery practice, and never lost a patient in the parturient or post-parturient state, but I can remember a number of cases where the lochia became offensive, where such irrigation would probably have given much comfort to the patient and those in attendance upon her. There was a certain risk of the carbolic acid producing poisoning of its own certain cases, but Dr. Duncan said that the production of dark-colored urine merely was quite unimportant. At times more serious symptoms were produced, as shivering, cyanosis and a weak and fast pulse. So far as he knew, no fatal case had yet occurred.

The great modern improvement in antiseptic midwifery was the prophylaxis of puerperal septicæmia. This subject could be divided into the prevention of danger from within and of danger from without. In addition to the most scrupulous carefulness as to perfect cleanliness about the parturient woman, in different Continental schools, they had adopted the plan of using carbolized ointment for smearing the finger previous to its introduction into the vagina, and systematic carbolized irrigation of the uterus after parturition, with most excellent results. As to the use of the spray in labor, at the moment of the birth of the child, it had been attempted, but was found to be very troublesome and in many ways objectionable. The spray had been tried in the performance of Cæsarean section, as it had in the operation of ovariectomy, with good results. It certainly seemed very desirable that the spray should be used for the treatment of the abdominal as well as the uterine incision; but the drawback here was that, in spite of all care on the part of the operator, septic material might find its way into the uterus through the natural passages. Returning to the subject of antiseptic midwifery, he said that now it was comparatively easy for physicians and nurses to keep themselves medically clean, and that the danger of puerperal septicæmia being carried by the medical man, and nurse, from one patient to another, was much diminished,—an expression of opinion which elicited some adverse comment from Professor Playfair, who advocated the old plan of refraining from midwifery for a time, when it was found that one case of puerperal fever followed after another. Dr. Duncan pointed out that if this principle was carried out to its logical conclusion, the general practitioner would have to abandon all his other practice if he, by any oversight, saw a case of scarlatina. If a piece of membrane or placenta was retained

in the uterus, it was well to use a three per cent. solution of carbolic acid for at least twelve days after the accouchement, as prophylaxis against danger arising from within. Others advocated a solution of the subsulphate of iron with glycerine under these circumstances. But poisoning from within was not so often a cause of septicæmia as poisoning from without; and care on the part of the obstetrician would be found the great means of obviating puerperal septicæmia. It was by avoidance that puerperal mortality was to be reduced in amount. When septicæmia had once been started, then the treatment was no longer that of prevention, but that of cure. Dr. Duncan, as he announced at the commencement of his lecture, did not go into the treatment of the blood in puerperal septicæmia, but perhaps your readers will not feel aggrieved if his remarks are supplemented by some others on the management of the general condition. When symptoms of septicæmia set in, not only should the irrigation of the uterus several times a day be assiduously carried out, but antiseptics should be administered internally. Chlorate of potash and the sulphites and hyposulphite of soda, together or singly, should be given freely by the mouth. In one case in my by-past general practice, a delicate woman was confined of a dead, putrid child: on vaginal examination the head felt like a leather bag with a lot of pieces of broken pot in it, the cranial bones being all loose and out of place, and the fœtus discolored and far advanced in putrefaction. In this case the lochia became very putrid and stank, and there were evidences of blood-poisoning on the part of the mother. By means of vaginal injections of a solution of the sulphites and the internal administration of chlorate of potash and sulphite of soda, the ominous symptoms passed away, and the woman made an excellent recovery. Such was a successful case treated antiseptically, but in a very primitive way. Now the management of the case would be considerably more advanced and scientific. In addition to the injections and the internal administration of the various antiseptics, it would be well to influence the air respired by the patient, and to place in the sick-room some disinfectant; the drawback to this being the objectionable smell of most of these potent agents. Sanitas is odorless, and solutions of thymol are not offensive certainly, if they do not form a very agreeable scent, and such should be used freely, being sprinkled over the floor, and, better still, being well sprayed about the room at frequent intervals. This should be continued as long as any signs or symptoms of septicæmia remain. That such should be the line of treatment to be pursued in all cases, either of established septicæmia or where it is threatening, there can be no doubt remaining. The question then arises, "Shall antiseptic precautions be taken in all cases of parturition?" As regards my personal opinion, it is affirmative of this proposition. Antiseptic precautions, in the first place, are not expensive. They would form a species of cheap insurance. In the next place, they are free from danger if used carefully. Dr. Duncan pointed out that careless irrigation of the uterus

might lead to serious consequences, air or fluid might be forced into the uterine sinuses; but against this may be set the presumption that the man who is careful enough to adopt antiseptic obstetric precautions would be careful enough to see the antiseptic method carried out properly in the one single source of possible danger, the irrigation of the uterus. As to the argument which might be raised that this involves unnecessary fuss and trouble, the answer must be returned that, after certain unpleasant incidents, it is commonly found that a very little care and foresight would have prevented the disasters. All preventive medicine has this for its *raison d'être*, and many, if not most, practitioners will probably soon adopt antiseptic midwifery; and as to those who do not, it is probable that, when they do have cases of puerperal septicæmia, they will find their conduct and management of their cases sharply criticised. The obstetrician would carry with him, as part of his armamentarium, a bottle of carbolized oil with which to anoint the finger at each vaginal examination and to anoint the dorsal surface of the hand and arm in turning. Also the instrument might be smeared with this antiseptic before being applied, in the cases which require them. This would involve their being thoroughly cleaned; and then it is to be hoped we hear no more of such sad cases as that reported in a recent number of the "Confessional," commenced in the *British Medical Journal* quite lately, where a medical man owned that, after delivering a woman with his forceps, he forgot to clean them, and the next woman delivered with the forceps died of septicæmia. This matter cropped up in the discussion on Dr. Duncan's paper, and Dr. John Brunton pointed out how the wood of the handles of midwifery forceps often shrank from the metal, thus leaving a crevice in which putrefactive material might lodge. He exhibited his own forceps which he had had for years in constant use: they consisted entirely of metal, nickel-plated, and their condition was admirable. In addition to the above, a little carbolic acid might be carried, in case it turned out that the child was dead, and it might be well to irrigate the uterus in a few hours, so as to prevent any putrefactive change with its consequent dangers. An irrigation of the uterus once a day, in all cases, with carbolized water, would be a cleanly practice, as well as a sanitary precaution in midwifery practice, and might be adopted generally with advantage.

How far the use of carbolized oil on the obstetrician's finger would tend to prevent that sad accident, syphilitic poisoning, it is difficult to say. An answer only could be given after a considerable experience by many and numerous individuals. But antiseptic midwifery must not be looked at from the point of view of the safety of the accoucheur, but from that of the safety of the patient. Where operative measures are anticipated, I venture to think that antiseptic precautions will always be taken, after the evidence we have already before us.

And, lastly, comes the cause of all this, the thing born,—the infant itself. Dr. Duncan said that young organisms are readily poisoned septicæmially.

It appears that ulceration of the stump of the umbilical cord has been followed by blood-poisoning in some cases, and that pus has found its way into the umbilical vessels. It is well then to dress the stump antiseptically, by enclosing it in a piece of lint treated previously to an application of carbolic acid and oil — J. MILNER FOTHERGILL, in *Philadelphia Medical Times*.

CLINICAL LECTURE ON SCROFULODERMA.

Delivered at the Hospital of the University of Pennsylvania.

By LOUIS A. DOWRING, M.D.,

Clinical Professor of Diseases of the Skin.

Reported by Dr. ARTHUR VAN HARLINGEN, Chief of the Skin Clinic.

GENTLEMEN,—We may with profit, I think, devote a portion of the hour to the consideration of *scrofuloderma*, of which the case before us is an example. This woman illustrates one form of scrofula of the skin, the several other varieties of scrofuloderma being much less frequently met with. Her history is as follows:

She is of Irish birth, 37 years of age, is married, and the mother of nine children. Five of these are dead from affections in no way connected with her present disease, and four are living and healthy. She herself has always enjoyed good health up to within the last three years. At this period she suffered with a severe cold and sore throat, which was followed by the enlargement of a gland at the right side of the neck, near the clavicle. This "kernel," as it was called, at first was no larger than an almond, and quite movable under the skin. It grew slowly, however, until it reached the size of a small hen's egg; became filled with fluid; broke, and discharged slightly; and then healed over spontaneously, leaving a scar. A little later another enlarged gland appeared, this time on the left side of the neck, and this followed the same course as the first, growing slowly in size up to a certain point, then softening, discharging for a while, and healing up with a red, knotty scar. Other enlarged and inflamed glands have since shown themselves in the cervical region, appearing one after another during the past year or two, and becoming more and more frequent and severe, especially of late. The disease has never shown itself in any other part of the body. We note her present condition as follows:

The affection is confined to the cervical and clavicular region. It consists of a number of irregular, funnel-shaped, deeply-depressed, violaceous cicatrices, situated about the rami of the lower jaws on both sides, arranged in an irregular line down along the sterno-mastoid muscle, together with a few about the thyroid region. Most of these irregularly linear cicatrices are bossillated, and several contain abscesses or are covered with yellowish crusts. There are three lesions, however, in a more actively diseased condition. One of these is a

deeply undermined, irregular, unhealthy ulcer, oval, and about an inch in long diameter and half an inch deep, surrounded by a smooth border of violaceous, infiltrated integument, not raised above the skin generally. This is below the right clavicle. On the edge of the sterno-mastoid, just back of this, is a large-pea-sized ulcer, similar in character, but containing a crusted slough, which is just beginning to separate. On the upper border of the left clavicle is an abscess the size of a pigeon's egg and ready to break, surrounded by a violaceous areola. A small ulcer appears to be forming above the head of the sternum. The patient complains of poor appetite and of impaired general health; she is gradually losing strength.

The case is a typical one, and the picture must impress itself on your minds more forcibly than words can do. Scrofuloderma merits attention on account of its importance, its chronicity, and the disfigurement of the person which it in time causes by its ravages. And although, unfortunately, we do not know very much about its true nature, yet it deserves careful study and the attempt to treat it to the best of our ability.

From the frequency with which we hear of scrofuloderma, and meet with accounts of cases of so-called scrofula of the skin, it might be thought that the affection is one of common occurrence; this, however, is far from being the case, for our experience, both in this clinic and in the Philadelphia Hospital, indicates that the manifestation is by no means common. I speak, of course, of scrofula as it attacks the skin, and not of general scrofula, nor of glandular disease. From the history of this case, scanty as it is, many of you would know or suspect the character of the affection. If you look in the text-books to learn something about scrofuloderma, you will become perplexed; or if you converse upon the subject with members of the medical profession, you will find the most varied and confused notions existing; for the subject is an obscure one. I cannot direct you to any book or monograph which gives a clear idea of the affection. Most usually it is confounded with lupus vulgaris, or with syphilis inherited or acquired; but scrofuloderma is, I think, a distinct disease, and is to be clearly distinguished from these others. Such is the view taken by most dermatologists.

The form of scrofuloderma here presented is that most frequently met. The disease is, as we have seen, associated with scrofula of the lymphatic glands, but the cutaneous lesions, apart from the glandular involvement, entitle it to our especial consideration. It is possible that the disease began in the lymphatic glands, which became engorged, filled with a cheesy deposit, then suppurated and broke down, and, involving the integument covering them, opened, forming ulcers pouring forth a puriform secretion. But the patient gives so confused a history of the occurrence of the various lesions, that this view may not be correct, and the sequence of the lesions may have been otherwise. It is, in fact, impossible to say if some of the lesions — notably that one pointed out as existent below the right

clavicle—may not have originated in the skin and worked down, while others have manifestly originated in the lymphatic glands and worked out into the overlying integument and to the surface.

There are several varieties of scrofuloderma: 1. That in which the disease begins in a lymphatic gland, which slowly enlarges; gradually breaks down; softens; becomes purulent; forms an abscess; and, sooner or later, discharges. 2. That in which the deposit occurs primarily in the skin, the lesions being flat, ulcerative, or hypertrophic. The lymph-glands here may or may not be involved. They are not necessarily involved, and in many cases entirely escape, the skin being the only structure invaded. 3. The papular scrofuloderm, large and small. 4. The pustular scrofuloderm, large and small. I would remark here that two cases of this latter variety have come under my notice during the past year. It is very readily mistaken for the small pustular syphiloderm, and the diagnosis is by no means easy. The large pustular scrofuloderm is commoner, and in appearance somewhat resembles ecthyma. I mention these varieties to point out to you the several forms under which scrofuloderma occurs, but do not propose to describe them to-day. The present variety is the second of those just defined. It attacks chiefly the neck and upper anterior part of the thorax; it is usually unattended with pain, unless the lesions should be so severe or in such a position as to be easily injured by clothing, etc.

As to the etiology of scrofuloderma, this is a question it is very difficult to say much about. It is not necessarily connected with privation, bad hygiene, poor food, and the like, since cases are met with in which patients in the higher walks of life, who have been tenderly cared for from infancy, and have enjoyed every advantage of nutritious food, fresh air, change of climate, etc., which could possibly be attained, have yet been the victims of scrofuloderma in its severer forms. While inherited in some cases, I can call to mind several severe examples where the family history showed entire freedom from hereditary taint. Syphilis inherited to the second generation is said to have an influence in the development of the scrofulodermata, but of this there is some doubt. In the third or fourth generation, perhaps, it is possible that the syphilitic cachexia may influence the production of scrofulodermata, just as any other cachectic condition might.

The pathology of scrofuloderma is not dissimilar to that of lupus vulgaris, a disease of which I hope to show you some instances during the course of these lectures. It consists essentially in a small cell-infiltration of the skin, finally destroying the same, as in the disease just mentioned; also as in syphilis, but its course is slower.

With regard to the diagnosis, scrofuloderma is more apt to be confounded with lupus vulgaris or with syphilis than with any other form of disease. When the lymph-glands are involved (as in the present instance), the diagnosis is easy; when, however the disease affects the skin alone the diagnosis

is often difficult. This ulcer under the right clavicle (which has been described) is quite characteristic. It is deep, with undermined, thin, smooth edges, and with a scanty, somewhat watery secretion, and without any tendency to heal over. It is surrounded by a violaceous area. The syphilitic ulcer is quite different: the edges are usually sharply cut, but not undermined; the secretion is much more abundant, and is decidedly purulent, and the areola surrounding it is of a much brighter hue of red. Again, the crusts on the lesions of scrofuloderma are characteristic; they are thin, adherent, and not likely to drop off. An ulcer like this crusts very slowly, where, if syphilitic, a crust would form over it in a few days. The cicatrices here are peculiarly characteristic, and are not likely to be mistaken for the cicatrices of any other disease; they are knotty, raised, and irregular, or they are deep and funnel-shaped, and are extremely disfiguring.

Now, gentlemen, what are you going to do in the way of treatment for scrofuloderma? I need scarcely say that the remedies are those employed against scrofula in whatever organ it may occur. The case before us is a difficult one, and we must at the outset tell our patient that but little can be done for several months, and protracted treatment must result. This ulcer will be the first lesion to granulate and heal over, but the enlarged and suppurating glands will require a much longer time before they are influenced by the treatment. To give an idea of its slow course, I would say that a case like the present will take at least a year, perhaps much longer, to cure under the most favorable circumstances. One discouraging point in cases attending a clinic like this—and, for the matter of that, in private practice—is that they are difficult to hold. Patients become wearied with the tedious progress of the cure, and give up treatment or change their physician. But, even where you can retain and control your patient, the cure is a matter of much difficulty. Hygiene is an important factor in the treatment of scrofuloderma. Salt-water or sea baths, sea air, change of climate and scene, travel, etc., are often necessary. Diet is a matter of importance. Patients suffering from scrofuloderma should take an abundance of animal food and considerable fat. Generally scrofulous persons loathe fatty food; nevertheless such food, in the most digestible form, is an important aid in the treatment. Cod-liver oil is, I need not tell you, generally necessary. There are cases, however, it must be said, in which the oil seems to do no good. Valuable as it often is, there are many cases where it certainly appears to be quite valueless. Then we have a serviceable remedy in the iodide of potassium, which should be administered in small doses and continued for a long time. By small doses I mean one to two grains thrice daily. We cannot give such large doses in scrofuloderma as we are accustomed to administer in syphilis, for the system will, as a rule, not bear them. In syphilis there is a tolerance which does not hold in scrofuloderma, and doses of from ten to thirty grains, which are not infrequently

administered with benefit in the former, would prove toxic in the latter. Other preparations of iodine are also useful. Extract of malt is another useful remedy in scrofuloderma; it seems to act favorably in building up the system. Preparations of iron may be employed with benefit. They may be administered for a few weeks or a month at a time, and may then be intermitted for a while. In fact, you should follow the same plan with the cod-liver oil,—stop it for a while from time to time, and then begin it again. Thus, by careful watching and judicious change of treatment from time to time, you can treat your patient through the year, and may hope for gradual amelioration and final cure.

The local treatment is very important, although, as a rule, less so than the constitutional. Stimulating ointments, as the ung. hydrarg., or ung. hydrarg. nitrat., or ung. hydrarg. ox. rub., are rarely borne well in sensitive skins; they often cause the tissues to break down. When used at all they should be weakened. In many cases I myself prefer lotions to ointments; at times, both lotions and ointments together. The liq. sodii chlorinat. I find very useful. It should not be applied in full strength,—certainly not at first,—but in the proportion of one to four or six of water, gradually making it stronger until you get the full strength. The ulcers should be bathed well with this lotion, and may then be dressed with some bland oil or ointment, as vaseline or cosmoline.—*Philadelphia Medical Times*, May 24th, 1879.

SUPRA-ORBITAL "TIC" CURED BY INJECTION OF CHLOROFORM.

In a case reported in *La France Médicale*, from six to twelve drops were injected into the upper eyelid, the point of the needle being directed towards the supra-orbital foramen. At first there was severe pain and some tumefaction, but a single injection gave relief for several months.

JABORANDI IN MUMPS.

Dr. Testa has treated five cases, four of which belonged to a single family. In two of these the œdema of the parotid region was very marked; the skin was red and shining; the fever intense. Jaborandi was given about 9 a.m. By evening the patients, after having experienced free transpiration and salivation, showed marked amelioration, and desired food. At his visit the following morning, Dr. Testa found the swelling in the parotid region much reduced. Two days later the cure was complete. Dr. Testa concludes that jaborandi is valuable in parotitis, on account of its hydragogue properties. Administered in good time, it sometimes cuts the disease short. It may prevent metastasis.—*Jour. des Sci. Méd.*, 1879, No. 3.

RETENTION OF URINE RELIEVED BY CHLORAL.

Dr. Tidd reports the case of a young woman, in the ninth month of pregnancy, who had not urinated for twenty-four hours, as a result of which the bladder was enormously distended. Catheterization was tried but failed, in consequence of the swelling and of the deviation of the urethra. Puncture of the bladder was proposed, but the patient refused to consent to it. Ten grains of chloral were then ordered every half-hour; it produced a deep sleep, during which the patient passed unconsciously an enormous quantity of urine. The evacuation commenced five minutes after the second dose of the solution. The retention did not return, and seven days later the patient was delivered of a healthy child.—*Jour. de Med. de Bordeaux*.

TREATMENT OF HEAT APOPLEXY WITH ERGOT.

Dr. Dedrickson has successfully treated several cases of sun stroke by means of ergot. The treatment consisted in the application of ice to the nape of the neck, and the administration of fifteen grains of liquid extract of ergot, and three minims of tincture of aconite every hour. The ordinary remedy of the East in cases of this kind is twenty grains of quinine. This was ineffectual in one of the cases in which the ergot proved beneficial. If the coma has advanced so far that the patient can not be made to swallow, Dr. Dedrickson suggests that ergotine may be injected subcutaneously. The aconite is to be omitted if the action of the heart is weak.—*Dublin Journal of Med. Science*.

HOW TO STOP A COLD.

Horace Dobell, in his little work on "Coughs, Colds and Consumption," gives the following plan for stopping a cold. If employed sufficiently early it is said to be almost infallible: (1) Give five grains of sescarb. of ammonia and five minims of liquor morphine in an ounce of almond emulsion every three hours. (2) At night give jss. of liq. ammon. acetatis in a tumbler of cold water, after the patient has got into bed and been covered with several extra blankets. Cold water should be drunk freely during the night should the patient be thirsty. (3) In the morning the extra blankets should be removed so as to allow the skin to cool down before getting up. (4) Let him get up as usual and take his usual diet, but continue the ammonia and morphia mixture every four hours. (5) At bed timethe second night give a compound colocynth pill. No more than twelve doses of the mixture from the first to the last need be taken as a rule; but should the catarrh seem disposed to come back after leaving off the medicine for a day, another six doses may be taken and another pill. During the treatment the patient should live a little better than usual, and on leaving it off should take an extra glass of wine for a day or two.—*Mich. Med. News*.

THE TREATMENT OF EARLY PHTHISIS.

By Dr. J. MILNER FOTHERGILL, Assistant Physician to the Victoria Park Hospital for Diseases of the Chest.

The leading characteristics of early phthisis are cough, emaciation, loss of flesh, night-sweats, and pyrexia, with more or less hæmoptysis; each symptom indicating an appropriate line of treatment. For here it is essential to treat symptoms while doing our best to influence favorably the pathological process on which they causally depend. If asked the question, "What do you think the most important matter to attend to in the treatment of early phthisis?" my answer would be "To arrest the night-sweats." "The next most important?" "To keep the stomach and intestines in good order and attend to the assimilative processes." If these are not attended to all treatment is futile, or nearly so. If the sweats are not checked the blood-salts drain out as fast as supplied; if the digestive powers are not cared for, the food taken is not assimilated, and so the patient is no nearer more perfect nutrition and effective tissue repair.

To arrest night-sweats we must have recourse to some anhidrotic, as oxide of zinc, sulphate of copper, or one of the solanaceæ, as hyoscyamus, and still more belladonna. The first two act as astringents, generally affecting any part where there is an abnormally excessive flux; how, we do not know. Belladonna acts directly upon the secreting nerves of the sudoriparous glands, whether applied locally, or administered by the mouth. Probably hyoscyamus acts in an allied manner. Taken altogether there is no anhidrotic to be compared with belladonna: though in the few cases where it fails the other agents may be tried. But in order to get out the good effects of belladonna it is necessary to give it in sufficient dose. The ordinary dose of sulphate of atropia—for it is much better to use a solution of atropia of known strength than to give the tincture of belladonna, which may, and probably usually does, vary in strength—is in many cases quite insufficient. The variations of toleration of belladonna in individuals is as pronounced as is the case with Epsom salts; what is sufficient of the latter for one, exercises no influence over another person, while the dose some require to produce even a gentle action of the bowels would produce well-marked, nay, serious diarrhœa in others. I use atropia in doses varying from the seventy-fifth (75th) to the fiftieth (50th), and up to the twenty-fifth (25th) of a grain. A considerable proportion of patients are unaffected until the last dose is reached; and even then do not complain of much dryness of throat, or indistinctness of vision (effect upon the pupil as a guide to the administration of belladonna is utterly worthless). With many patients the seventy-fifth of a grain of atropia

will arrest the night-sweats, and in a certain number will affect the throat and eyesight; while others require the fiftieth to influence the night-sweats: and again a small proportion are uninfluenced till the twenty-fifth is reached. Thus we see the toleration of belladonna varies very much with different individuals. An impression exists in my mind that these large doses of belladonna are more frequently required in the case of Jews than of other patients. The practitioner then must not go away with the impression that belladonna had failed in any case until he has pushed the dose to decided dryness of the throat and distinct impairment of vision; flinging aside any effect upon the pupil as a fallacious test not to be trusted; for in my experience the pupil is rarely much affected; and yet in other cases a marked effect is occasionally produced on the pupil by placing a small belladonna plaster over the heart. To some other effects of belladonna reference will be made shortly.

The profuse night-sweats of phthisis, and at times of other maladies, are very exhausting. Sweat is a secretion which contains chlorides, phosphates, and sulphates of the alkalies, as well as urea, uric acid, traces of iron, and of fat or of fatty acid. Consequently, when the sweat is profuse in a person who is debilitated, it drains the body of its salts, and in doing so cripples the assimilative powers. Usually the first consequence of arresting the night-sweats of the phthisical is the return of the appetite—food is both relished and digested. So long as this drain goes on it is practically useless to give milk, phosphites, meat juice, &c., &c.—it is like pouring them through a sieve. The importance of checking the night-sweats cannot be overrated.

A few words as to the associations of night-sweats may not be out of place or without instructive value. It is well known that ordinarily the night-sweat comes on towards morning—in the deep morning sleep. Often, if the patient keeps awake the sweats do not come on. On the other hand, where deep sleep is produced by an opiate given to relieve the cough, profuse night-sweats are commonly the consequence. These associations of night-sweats are significant. They largely depend upon the relations which exist betwixt the pulmonary and the cutaneous respiration;—relations much more pronounced in human beings than is commonly supposed. Their relations in some of the lower animals are well-known. When the respiratory centre is depressed in deep sleep, and the pulmonary respiration is lowered very distinctly, the sudoriparous glands are thrown into action. When the blood is deficiently aerated, and there is an excess of carbonic acid in it, the sensory nerves of the sudoriparous glands are thrown into action and sweating follows. (Ott and

Field, Journal of Physiology, 1878.) When then the respiratory centre is exhausted by the efforts required to aerate the blood, where the amount of useful lung is limited, and the respiration drops low in deep sleep, sweating, or cutaneous respiration, is the result. Belladonna is a direct stimulant to the respiratory centre when failing, either from disease or from a toxic agent, and so is useful in two ways. It arrests the action of the sudoriparous glands on the one hand; and by stimulating the respiratory centre on the other does away with the necessity for hidrosis. Consequently it is well to give atropia with morphia whenever it becomes necessary to give the latter drug to relieve the night cough of phthisis. The antagonistic actions of morphia and belladonna are now sufficiently accurately ascertained to enable us to combine them in an intelligent and practically useful manner. Belladonna does not act so powerfully upon the hemispheres as to interfere much with the action of morphia upon them; while its sedative or paralytant action upon the ends of the vagi (the sensory nerves) in the lungs renders it a useful adjunct to the morphia in arresting cough—a reflex action exerted by the presence of an irritant in the lungs in the form of the neoplastic growth. Not only that, but morphia lowers the activity of the respiratory centres, indeed kills by arresting the respiration, and after it the circulation: while belladonna is a direct stimulant to both. Consequently, even if there be no night-sweats, when it becomes necessary to exhibit opium or morphia for the night-cough of the phthisical it is well to combine with it a dose of atropine, to antagonize the effects upon those rhythmically discharging centres of the respiration and circulation—effects which are unsought and undesirable, yet unavoidable. (For the evidence for these statements the writer must refer the reader to his Essay on the Antagonism of Therapeutic Agents: and what it Teaches, 1878.) If there are already night-sweats the atropia will prevent the opiate making them worse; and often will be found effectual in checking them while not interfering with the desired effects of the opiate. The pill in common use by the writer at Victoria Park Hospital consists of one-fourth of a grain of morphia (hydrochlorate), a fortieth of a grain of atropia, with a grain of capsicum in powder, and three grains of pil aloë et myrrh. At the West London Hospital, of one-third of a grain of morphia with one-thirtieth of a grain of sulphate of atropia. This pill is well borne in almost all cases. The morphia checks the cough and procures sleep, while the aloëtic vehicle prevents the bowels being locked up, and the appetite diminished by the action of the opium upon the local ganglia of the intestinal tube, and on the sensory nerves of the stomach. By such a combination indeed we

can secure the desired action of the opiate, and get rid of the effects which are objectionable and detrimental to the patient. So far I have never once seen any of the toxic effects of atropia, as dryness of throat and indistinctness of vision, follow the use of this combination; the morphia apparently combating such manifestations. This use of opium and belladonna together will be found most serviceable in practice.

If belladonna pushed freely does not arrest the night-sweats—an occurrence very rarely encountered—then oxide of zinc with hyoscyamus or sulphate of copper with opium, may be tried. Dover's powder, conium, quinine, the mineral acids, or tannin, or gallic acid, or ergot may be tried. Then comes the question of applications to the skin. Vinegar or a weak solution of a mineral acid may be washed over the surface with advantage. Dr. Lewis Sayre informs me that an irregular practitioner in New York many years ago gained a great reputation in the treatment of phthisis by sponging the patient with hot vinegar containing a considerable quantity of powdered capsicum. He was very effective in arresting the night-perspirations; and, as usual, when these exhausting sweats are checked the appetite returns and food is relished and digested. However attained—if attainable at all—the first thing to be done is to check the night-sweats; and the hot vinegar with cayenne pepper is useful in very obstinate cases.

Attention to the stomach and bowels, or, as our predecessors used to say, *primæ viæ*, is essential and scarcely of secondary importance to the treatment of night-sweats. It may be heterodox to say this in the present worship of physical signs, but it may be said truthfully enough—that with phthisical patients it is more important to study the tongue than to go over the chest with the stethoscope. The latter may doubtless tell the extent of the disease, and so demonstrate the physician's skill in diagnosis: but the other affects the patient; and attention to it may save a life, and neglect of it lose one. When the tongue is covered with a thick fur, it is useless, or nearly so, to give iron and cod-liver oil; for the tongue is the indicator of the state of the intestinal canal, and absorption through the thick layer of dead epithelium cells is well-nigh impossible. It is well here to give a compound calomel and colocynth pill every second night, and to prescribe a mixture of nitro-hydrochloric acid, or phosphoric acid with infusion of cinchona, three times a day, till the tongue cleans. Or at other times the tongue is raw, bare, and denuded of epithelium: Here it is of cardinal importance to put the patient on a mixture of bismuth with an alkali, and a milk dietary. Often milk and seltzer-water will agree where milk alone is too heavy and too constipating. As long as the tongue is

raw it is necessary to fight the case on this line; attending to the night-sweats of course, but not attempting to give hæmatics or oil.

Then comes the matter of attention to all drains, such as diarrhœa. The phthisical are readily depressed by diarrhœa, and it should always be attended to energetically. Of course in the later stages, where the intestines are the seat of tuberculous ulceration, the diarrhœa is very intractable, requiring the free exhibition of bismuth and opium, and even of ipecacuanha, which seems to be of service in such cases. But in the early stages it will yield to a pill of sulphate of copper (half a grain) and extract of opium (one grain). Rice-water as a beverage is indicated where there is a tendency to diarrhœa, and beef-tea should be avoided. Beef-tea often sets up or keeps up a loose action of the bowels. Still more important is it to attend to all drains when the patient is a woman. The neglect of this matter is simply appalling. I have known a woman kept in our most famous hospital for six weeks for a trifling piece of mischief at the tip of one lung, and an attack of hæmoptysis of no great severity, while she was profusely unwell seven out of fourteen days; but it had never struck the physician to inquire into that form of hemorrhage. The woman was drained by menorrhagia and leucorrhœa, but these had never even been asked after. Another patient was some months in the Brompton Hospital for pleural thickening of the left apex, where a similar state of matters existed with ovarian congestion. It is needless to say that in neither case did any improvement result from the stay in hospital. Three years ago, when going over the National Hospital for Consumption at Ventnor, I asked as to how far any systematic inquiry was made into the drains of female patients, and found that no such inquiry was then practised. In ordinary hospitals no arrangements are made, or place provided where women may retire for the purpose of practising vaginal injections or the use of the bidet; to my mind a very reprehensible omission. In many menorrhagic women it is more successful practice to limit the loss of blood at the catamenial period than it is to build up the blood during the intermenstrual interval. As to leucorrhœa, it is a dead loss to the system from every point of view, especially mischievous in the phthisical.

As to diet. It must be nutritious, and easily assimilable. It should consist of meat-juice in any form, milk and farinaceous foods, and especially the different foods prepared for infants, which are mainly starch partially digested. If solid food can be taken well, very good, and a certain amount may be taken daily. Londoners seem to think that mutton is the food for all invalids, from the phthisical to the dyspeptic. Where there is a tendency to diarrhœa it is well to avoid beef-tea, and to resort to a milk dietary.

Where the digestive powers are low, meat-juice or raw meat pounded may be digested where starchy foods are not assimilated.

But my own opinion is that farinaceous foods are not so objectionable as some would make out, if proper care be taken to see that they are taken as they should be. Thus beef-tea, which alone is scarcely a food, becomes nutritious if biscuit-powder, fine oatmeal, or baked flour under any name, be added to it. This is better than thickening with isinglass, or gelatine. Then if there be diarrhœa, it is well to make rice-water and use it to dilute the preserved milk, instead of plain hot water. Attention to these trifles may constitute the turning-point of a case. Then milk puddings, stewed fruit and cream, especially where there is any tendency to constipation—or those cakes of oatmeal and treacle sold by Scotch bakers and confectioners, which are a very pleasant laxative food, may be eaten with advantage. It is well that the patient should sleep after the noontide meal; this aids digestion and cuts the weary day in two—no slight matter, especially when the days are long. Then when the digestive powers are feeble, and the patient cannot fast long, it is well to have a glass of milk through the night; or a glass of that excellent old-fashioned remedy, rum and milk, early in the morning; this breaks the fast, and often procures the patient some refreshing sleep ere getting-up time comes. With many, the glass of rum and milk enables them to relish the breakfast when it arrives, where otherwise the long fast would do away with all appetite. The breakfast should consist of coffee, or cocoa, with some good milk, an egg, or a little bacon; and the bread should be cut thin, and the butter rubbed well in. It is well to finish the breakfast with fruit, an omission in English practice that should not exist. A glass of milk, or a biscuit betwixt breakfast and lunch or early dinner, is indicated in some cases, where the patient cannot go long without food; but the too common practice of having a glass of wine at eleven o'clock has no vindication in most cases. Alcohol may be taken with food to aid the digestion, and a glass of sound wine or good malt liquor, at lunch and at supper, is often of service; but the constant sipping of alcohol is bad, and the port wine treatment of phthisis is unjustifiable, where it is not a hollow mockery and the wine a vile adulteration. A glass of really good port wine at meals suits some invalids better than any other sort of alcohol. Alcohol should be taken as an adjunct to other food—not as a substitute for it. Of course in the final stages alcohol is sometimes the only food that the patient can take; but it is a well-known fact they do not live long on it.

Such are the lines to be pursued in the treatment of early phthisis. Some intercurrent matters and side issues may now be briefly consider-

ed. The first is cough. Where a patient is one of several in a hospital ward it may be necessary for the sake of the others to give the patient a quiet night, as well as desirable for him, or herself. But opiates have drawbacks, and should be combined with other agents, as stated in the commencement of this article. The question of the use of an opiate linctus, "to be taken when the cough is troublesome," is one on which opinions may differ. My own opinion is dead against it: I have seen the most disastrous consequences follow—loss of appetite, constipation, further loss of flesh, &c. To my patients the advice given is—that it is better to put up with cough; that the "something for the cough" will do more harm than good, and that they are better without it. Some take the advice; others transfer their professional confidence to some physician who holds a different opinion about "cough-medicines"; anyhow I do not see much of the slow poisoning (often not so very slow) of phthisical patients by opiate linctus now, having seen quite enough of it. Then there are those abominations called "cough lozenges," which are just as bad as the linctus. I do not dogmatically assert that these things never do good; but the harm done to most cases far counterbalances the good done to the few. If a medical man is called in to see a perfect stranger suffering from a racking cough, he is probably justified in prescribing a sedative cough mixture at first to give relief, and so gain the patient's confidence; but the systematic use of such medicine is too frequently immoral and unjustifiable. As to the use of "cough lozenges" Dr. Mitchell Bruce's view is a sound one; he gives the morphia and ipecacuan lozenge, finding from experience that the ipecacuan generally nauseates the patient before enough of morphia has been taken to do much harm. Where the cough is very troublesome, bromide of potassium may be given as affecting reflex action favorably with a minimum of bad after-effects. The most pleasant means of relieving cough, that is useless and harassing, is hydrobromic acid, with spirits of chloroform three or four times a day; it is effective as well as palatable. Chloral is not a drug to be advocated in cough.—*Practitioner, Sept. and Oct., 1878, pp. 184, 241.*

BRAVE MEDICAL OFFICERS.

The medical officers, both in Afghanistan and at the Cape of Good Hope, although reckoned as non-combatants, have in several instances been compelled to combine active fighting with their professional duties. Surgeon-major Shepherd, according to the hurried accounts which have up to this time reached us, may be said to have sacrificed his life in endeavoring to attend to a wound-

ed trooper stricken down in his attempt to escape. But for this effort to do his duty he might probably have got clear away, as he was reported to be quite well mounted. Surgeon Reynolds again, who was in charge of the temporary hospital at Rorke's Drift, is stated to have passed the long night with Lieutenants Chard and Bromhead, in alternate efforts to defend the hardly-pressed position and to administer to the wants of the wounded garrison. And in Afghanistan, Surgeon Burroughs is returned as wounded in the recent attack made upon General Biddulph's rear-guard. When peace is once more proclaimed, and honors are bestowed with no sparing hand upon the survivors of these two campaigns, it is to be hoped that the members of the medical department will not, as is too often the case, be forgotten, since in many instances they will be able to claim to have been actual combatants.—*Med. Times and Gazette.*

HYPODERMIC MEDICATION.

The hypodermic syringe, to him who knows how to use it, is an invaluable companion. It is indifferent whether the patient can swallow or not; the agents are the simplest; a sufficient medicine chest can be carried in the vest-pocket; there is no nauseous dosing, and the effects are prompt and certain. Would we relieve pain, we inject morphia; would we produce vomiting, apomorphia or emetina; would we lessen fever, quinia; would we excite the cutaneous and salivary secretions, pilocarpin; would we check hemorrhage, ergotin; would we evacuate the bowels, aloin; would we check night sweats, atropia; would we relieve paralysis, strychnine; would we cure syphilis, mercurials, etc. Surely the advantages of this method are immense.—*Med. and Surg. Reporter.*

ABORTIVE TREATMENT OF BUBO.

Dr. Waller, of Columbus, Texas, in *New Orleans Medical and Surgical Journal*, confirms the statement of Dr. Taylor, U.S.A., made before the Texas Medical Association last spring as to the efficacy of injecting carbolic acid with a hypodermic syringe into the centre of the bubo. He dissolves ten grains of carbolic acid in two of glycerine and six of water, and injects twenty-five minims of this. One injection is usually sufficient. The severe pain subsides within a few hours.

CURE FOR OBSTINATE VOMITING.

The *Practitioner* says that the spirit of walnut (*spiritus nucis juglandis*), given in drachm doses three times daily, has checked vomiting after other remedies had failed.

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We thank those subscribers who so kindly and so promptly attended to the accounts which were enclosed in the last number of the RECORD. Those who have not done so will oblige by re-mitting some time during July.

LUNATICS IN THE PROVINCE OF QUEBEC.

What a pity it is that in this nineteenth century, and in the Province of Quebec, party strife runs so high that poor helpless human beings should on the eve of several elections be put into the scales, and amid much contention made to do duty for either side. Let us write more plainly. About the middle of June, a few days previous to two or three political contests one of our Montreal morning papers produced a long article, stating that, with a view of apparent economy, a large number of uncured lunatics and utterly helpless imbeciles from the Longue Pointe Asylum were to be at once, and without preparation, let loose upon society by order of the Quebec Government. The tale as told was quite sufficient to make one's blood stand still, and compel even the boldest to look well to his bolts and bars before retiring. But the next day the medical Superintendent of the asylum, Dr. Henry Howard, announced in a letter that this statement was *untrue*; that since last winter he had under authority prepared monthly statements for the Government of those in a fit condition to be discharged, and that the lunatics about to be sent away were only those whom he had recommended for discharge. Still further examination revealed the fact that the Lady Superior and Dr. Howard have not been upon good terms for some time, and that she rather helped to stir the fire for this kettle, if indeed she did not apply the match which started it. We presume there will be an investigation, and that all the papers will be produced. In the meantime there can be no question as to which side an intelligent public should take, in spite of the absurd political tall writing of either side. Dr. Henry Howard is a gentleman who stands well with the entire profes-

sion—he is an able and a devoted student of his specialty, which has occupied his entire attention for the past twenty years, and upon his opinion we ought to rely, no matter what non-professional opinion may say to the contrary. Incidentally we may remark that the system of farming out lunatics, as adopted in this Province, is simply disgraceful. Our sister Provinces are far ahead of us in these matters. We may add that, to our knowledge, till last winter, when authority was given to Dr. Howard to report to Government those fit to be discharged, beyond visiting and prescribing for the patients he had absolutely no authority. Perhaps the present breeze may be productive of good. In the meantime we feel sure the profession will sustain Dr. Howard in the stand he has taken.

SURGEON-MAJORS.

“Why is it that the M.D.'s of the Canadian Militia cannot rise to the rank of Surgeon-Major? There is a manifest injustice in preventing a medical man from attaining the rank which is open to any other man in the service. Promotion is open to all men up to the rank of Lieut-Colonel, except for the doctors. They get as high as Surgeon—which gives them the rank of Major—and there they stick. This is not fair. Medical men should have no special impediments thrown in their way. After a certain number of years service the rank of Surgeon-Major should be granted to all doctors in the Canadian Militia. If this is not done the doctors will think themselves snubbed, and we know that doctors are touchy on questions of that kind. There is some excuse for not allowing Volunteer officers to attain a higher rank than Lieut.-Colonel. They are not professional soldiers, and cannot be expected to know as much of wars and rumors of wars as men who live by the profession of arms. They are not supposed to be able to place their squadrons in the field with the same military order and tactical safeguards as the more experienced professional soldiers. With doctors, however, it is different, and a medical man in civil life is just as able to amputate a limb as a doctor of military service. He requires no special training, for he can take his place beside the ablest army surgeon and do his work just as successfully. His qualification being admitted, what is the reason he is denied the rank? We see none, unless we come to the

conclusion that the doctors are not treated as they deserve to be.

We copy the above from the Montreal Daily Post of the 21st of June, and we need hardly say that we endorse every word which the article contains. It is now twenty-four years since the Militia Act was passed, which called into existence the Volunteer force, of which Canada is now so proud; so that, throughout the Dominion, there are several Surgeons who have served over twenty years with their respective corps. During that period these officers have seen a variety of active service. Twice they have passed from two to four weeks on the frontier during the time of the Fenian troubles, while during the interval they have frequently been with their corps, when called out in aid of the civil power not only at their headquarters, but several times they have gone with them to considerable distances. Upon such occasions the Medical officers of the Canadian Volunteer Militia have proved that their services were of very great value, and that, in the discharge of their duties, they were as enthusiastic and as unselfish as any officer in the force. Although, fortunately for the country as well perhaps as for themselves, they have not had to face bullets, they have several times had to endure showers of stones and other missiles, so galling to a soldier's patience. If the history of the various periods when the Volunteer Militia has been called out were minutely written, we speak knowingly when we say that the services of the Volunteer Medical officers on these occasions would prove them entitled to some recognition at the hands of the Government. At present a Surgeon, when he receives his appointment, at once takes his rank as Major, but here he remains, no matter how long or how valuable his service may be. This is not just, and we earnestly recommend the Government to remove the obstruction, and to give all Surgeons who have served fifteen years the rank of Surgeon-Major—equal to that of Lieut.-Colonel. The establishment of this position would be an incentive for the Medical officers to remain in the force, and, moreover, promotion to it under the specified time might be made for special and valuable service. We believe the matter has already been brought before the notice of the Militia authorities, and we hope ere long to be able to announce that the proper action has been taken in the matter.

MEDICAL DEPARTMENT, VOLUNTEER MILITIA.

At the review of Volunteers which took place in Montreal on the 24th of May last (Queen's Birthday) there was, we believe, attempted for the first time the organization of an efficient medical department. The force assembled was over four thousand strong, and as all the movements incident to a battle were to be gone through with, it was felt by the Medical officers belonging to the Montreal force that the occasion was one calling for some preparation in the form of organization, instead of leaving, as on previous occasions, the Surgeons of each corps to attend to any case which might require their assistance as best they could. They accordingly went to work, and being assisted by a small grant of money from the Executive Committee for the celebration of the day, they were enabled to arrange the Medical department, if not as complete as they desired, yet sufficiently so as to prove of the most signal service during the engagement. A large hospital marquee was erected on the field, in front of which floated a flag bearing the Geneva Cross. In this tent was collected a small assortment of medical comforts, surgical appliances, mattresses, rubber sheets, and two stretchers, while several surgeons were detailed to take charge of it, assisted by the hospital sergeant of each battalion. Outside was held in readiness a field ambulance. Attached to each regiment or corps were two men detailed as stretcher bearers, who were distinguished by wearing the Geneva cross on the arm, and whose duty was to remove at once to the hospital tent any soldier receiving injury or requiring medical treatment. During the manœuvres these men were of very great use, and their passing across the field several times bearing disabled men gave an appearance of reality to the whole affair which can only be realized by those who witnessed it. During the day some nine men were received and relieved. The most serious case was that of Lieut.-Colonel Montizambert, who, falling from his horse under the effects of the heat, was received at the hospital tent in an insensible condition. The field ambulance was subsequently useful in his removal to his hotel, which in an ordinary carriage would have been a matter of very great difficulty, if not impossibility. When it is considered that all these arrangements entailed no small amount of labor, we

confess to some little surprise at there not being a single reference to them in the general order, which was issued by Gen'l. Smythc after the review. There were many difficulties experienced in carrying out the above arrangements, which proves that so important a department as that of the Medical Department of the Volunteer Militia should have a permanent head. This should be a Medical man of some Military experience and administrative ability, to whom the Medical officers could look for guidance, advice and assistance. He would be able to keep in store what is required to be used when any portion of the force is called out for service. This is a matter of really very great importance, and one to which we would draw the attention of the Government. Every year the necessity for such an officer is most evident. On the 12th of July last, when a large force was assembled in Montreal to perform what was believed to be a very serious and a very dangerous duty, the Medical and Surgical stores issued were in so dilapidated condition that, had the riot ensued which was anticipated, they would have been utterly insufficient. Knowing this, the Medical officers of the Montreal force purchased many things at their own expense. If we had a Medical director this would not be. The wants of the Medical Department are peculiar, and it is utterly impossible for any one but a Medical man to appreciate and provide for them.

MONTREAL, June 9th, 1879.

F. W. CAMPBELL, ESQ., M.D.,

Editor Canada Medical Record.

SIR,—In your last month's edition you say that a child died in consequence of having taken an overdose of "Dr. Coderre's Infant Syrup." This may occur with any medicine. You add: "We do not propose to criticise the action of "Dr. Coderre in introducing his nostrum for "general sale to the public, simply because it is "beneath criticism. The act carries with it its "own condemnation." So you fancy my conduct is not worth the trouble of being criticised, that it condemns itself (referring to the death of the child of Mrs. Bourdeau, keeper of the toll-gate at Lower Lachine). Without any examination of the facts connected with this death, you condemn one of my preparations, asserting that it is a quack remedy, and highly dangerous, and

that such is also the opinion of the "great bulk of the profession in this city." There is nothing astonishing in you and your friends so judging my preparations, which can be obtained without your prescription, and without the chemist being obliged to give you a commission on the sale, as the greater number of your friends exact, or have exacted, for each prescription sent to certain chemists. The same feeling of delicacy which impelled you to require this commission must have actuated you and your friends in your appreciation of my preparations. How can you condemn the "Infants' Syrup" as "highly dangerous" if you are ignorant of its composition? Is not your journal filled with advertisements recommending preparations which do not, perhaps, offer the security mine do? and yet you patronise them! If you wished to judge impartially of the "Infants' Syrup" you should, in the first place, have required from me its composition, and I would have given it to you as I have given it to such of my confrères as signed the certificate attesting that the preparation is composed of substances employed in the treatment of the complaints for which it is recommended, not as curing the sickness, but as being safe to administer with the greatest confidence.

See how far your judgment goes! You say, in alluding to my "Tonic Elixir": "any remedy recommended to cure so many diseases as is "Dr. Coderre's Tonic Elixir" is certainly a quack remedy. My "Tonic Elixir" has never been given as curing the ills to which you allude. Look at the directions and you will find that they merely say: "this Elixir has been successfully administered for over twenty years," &c. I could publish more certificates than would fill the columns of your journal, were it necessary, to attest the efficacy of this preparation. Suffice it to say that my "Tonic Elixir" has for its base *Liq. of Iod. Quin. (iodurée)* which I have prepared myself for over thirty years. This has been given to students in my lectures on *Materia Medica*. The prescription has also been given to the Hotel-Dieu as well as to the Reverend Sisters de la Providence, who published it in their treatise on *Materia Medica* in 1869.

Now, can you consider yourself justified in having qualified this preparation as you have done in your article? Surely not. Your esti-

mate is an unfortunate mistake on your part, and most injurious to me.

I venture to hope that you will hasten to rectify your error, otherwise I will be compelled to justify myself by a recourse to the same means employed against the *Post*. This would be disagreeable to both parties, but I shall not shrink from any sacrifice in order to obtain redress.

I remain, Sir,

Yours, &c.,

(Signed,) J. EMERY CODERRE.

Dr. Coderre is wrong in inferring that our condemnation of his action in introducing his nostrums for general sale had anything to do with the death of the child of Mrs. Bourdeau. We condemned him because, being a regularly qualified physician, and occupying a position of honor and respectability in one of the Medical Institutions of the country, he has seen fit to introduce and advertise for sale among the public three remedies, viz.: "*An Infants' Soothing Syrup*," "*A Tonic Elixir*" and an "*Expectorating Syrup*." This act is one which is totally at variance with the Code of Ethics adopted in England, the United States and Canada. Such conduct in any other city but our own would have at once brought the offender before some competent Medical tribunal. Even here we hesitate not to say that the great majority of the profession condemn in most unmeasured terms Dr. Coderre's action in this matter. If Dr. Coderre prefers to maintain his right to advertise these medicines, no medical man will deny it to him, but at the same time the profession can and will claim the right to say that he has exceeded the bounds which medical etiquette allows him, and that in the interest of the profession he should not continue to hold the medical appointments which he does. We expressed the opinion that his Soothing Syrup was dangerous. Will he deny it? Are not all soothing syrups dangerous? Have they not all at some time or other caused death? If so, is this not proof that they are dangerous? Are not all medicines which contain narcotics, dangerous? Do they not always require caution in their administration? Is it not a fact (we believe, it is) that the public will give with greater carelessness a remedy purchased at a drug store, in the form of a patent or proprietary medicine, than one in prescription form the hands of a medical man?

As regard the *Tonic Elixir*, Dr. Coderre is angry because we call it a quack remedy. He says, "My '*Tonic Elixir*' has never been given as curing the

ills to which you allude. Look at the directions, and you will find that they merely say 'This Elixir has been successfully administered for over twenty years.'" Dr. Coderre adds, "I could publish more certificates than would fill the columns of your journal, were it necessary to attest the efficacy of this preparation." We confess that Dr. Coderre's logic, as quoted above, is not to our mind sound. "It has never been given as curing," he says, and yet almost without another dip of ink he adds: "It has been successfully administered;" and again, that he "could publish more certificates," etc.; etc. If it has not been "given as curing," what was it given for? If it has not "cured," how has it been "successfully administered?" or what were the certificates he possesses in such large numbers given for? We called the remedy a quack one, because it is a proprietary medicine, sold indiscriminately over the counter to whoever asks for it, the sales in most cases being due to advertisements in the public newspapers, which state that it has been successfully used in a large number of named diseases. This class of remedies are usually called "quack medicines," even although the appellation of "quack" cannot sometimes be applied to their inventor, as is the case in the present instance. Dr. Coderre infers that we and our friends judge harshly of his preparations because they can be bought from the chemists without an order, and consequently without our friends and ourself getting what he calls the usual commission. Dr. Coderre makes here, as he supposes, a strong point against physicians' percentages. We think, however, that it is a poor rule that won't work both ways, and, as Dr. Coderre undoubtedly takes his commission from the indiscriminate sale of his medicine, we fail to see how he can make a point against anyone who may receive a percentage from his regular prescriptions. At the same time we desire to say that we do not do business in the way he indicates. As to our friends—well, we are pleased to say they are so well known that they can be fully trusted, and we have yet to hear of their doing anything to stain their professional standing. In the exercise of our function as a professional journalist we have felt it our duty to write as we have done. It has not been a pleasant task, but the action of Dr. Coderre in advertising these remedies has placed him, in the opinion of many of his professional brethren, in such a position that they believe he should either withdraw his advertisements or resign the various medical appointments which he now fills.—[*Ed. Canada Medical Record.*]

REVIEWS.

Man's Moral Nature. By R. M. BUCKE, M.D., Medical Superintendent of the Asylum for the Insane, London, Ontario. New York, G. P. Putnam's Sons; Toronto, Willing & Williamson; London, England, Trubuer & Co. Cloth, \$1.50.

In poetry, literature, history and science, Canada has produced her several authors in some of whom our young country has an honest and well deserved pride, but never before has any of her sons ventured upon the domain of speculative and practical philosophy. When John Locke wrote his "Essay on the Human Understanding" there was something singularly appropriate in the selection of his subject by the frail Doctor, and it has ever seemed to us that, whenever a scientific consideration of man's moral or intellectual nature is desired, the physician who has so intimately acquainted himself with the physical system should be well qualified to speak with accuracy. The work before us amply sustains this belief, for in it the relation of the emotions to the intellect which has so long baffled non-professional metaphysicians is by this medical author put so clearly that the every-day reader can easily understand it. To our medical readers the work would commend itself were there no other attractions than the original observations on the function of the Great Sympathetic. Dr. Bucke proves, by well grounded and logical argument, that the moral nature of man has its seat in the Great Sympathetic, as certainly as the intellectual has its home in the cerebro-spinal nervous system, and we have no doubt from the clearness of his proof that our leading physiologists will, in their next editions, incorporate his concise views in their text books, and our professors in our schools of medicine will now no longer have to say to their classes that very little or nothing is known of the function of this great nervous system.

The author's style is decidedly laconic, and with the wide range of thought and comprehensive consideration of the conditions of our existence, it is impossible to give a just and intelligent summary of his work; only a transcription of the text *in extenso* would comprise an adequate review. A few points may, however, be hinted at by the reviewer, but the allusion

to them must of necessity be so vague that the reader cannot readily grasp the line of argument. The three natures of man, namely, the active, intellectual, and moral, are duly considered, and their separate and conjoined relationships to the external world and to each other, with the changes which are ever resulting from the principles of evolution, form the groundwork of the book. The characteristics of mankind are traced from the "infant" to the last stage, "second childishness and mere oblivion," and the time and manner of the development of the various emotions are plainly set forth. The author shows that the social relationships of our race are calculated to improve its members—men are gradually growing better—that the good live longer than the bad—the married longer than the single—the fat longer than the lean—and the wise longer than the foolish.

An important section of the book is devoted to the reconciliation of apparently conflicting religious beliefs, and the author's analysis of the phenomena attending religious conversions is the most complete and reasonable we have seen. On page 138 he says:—"Every new religion derives its authority from, and establishes its hold upon man by the fact that it represents a moral advance, that it is a projection into the unknown of a superior and more assured hope; * * * * for no people or nation having attained a certain degree of assurance as to the friendliness to mankind of the governing power of the universe will follow the man who tells them that it is less friendly than they thought it." Again on page 146:—"From this time (11th century B.C.) to the era of the foundation of Christianity a more or less steady elevation of the moral nature of the Jews took place, an elevation evidenced by the sublime compositions of the prophets, until the last great step made by this people was taken by Jesus, and men were made to feel, and through their feelings to see, that the old awful Jehovah, that jealous God who visited the sins of the fathers upon the children unto the third and fourth generation, was in reality 'our Father who art in Heaven.'"

The formation and growth of what is called by the world "conscience" is shown while tracing the early moral impressions of the child and their later development. Also the influence and spread of moral contagion, either good or evil,

believed by many to take place, is discovered and explained.

The motto of the last chapter strikes the key-note to the reason of the general progressive advancement of man's moral nature, and the words are Walt. Whitman's, to whom the volume is dedicated :

"I swear the earth shall surely be complete to him or her who shall be complete.

I swear the earth remains jagged and broken only to him or her who remains jagged and broken."

The whole argument culminates in the last few pages, where the reader is led to see that the essential fact of the universe has justified the physical advantages gained by man through his active nature over the physical forces of the world; that the intellectual nature has been subject to the like progressive development, and that the moral nature has advanced commensurate with the active and intellectual natures; that love and faith have been encroaching upon and will eventually displace hate and fear, and that the duty, wisdom and happiness of man may be realized in loving all things.

Hearing and How to Keep it. By CHARLES H. BURNETT, M.D. Philadelphia: Lindsay & Blakiston; Montreal: Dawson Brothers.

This is the first of the edition of American Health Primers, noticed in our April issue. It is very neatly gotten up, and is as plain and intelligible to the general reader as it is possible to make so difficult a subject.

Ophthalmic Out-patient Practice. By CHARLES HIGGINS, F.R.C.S., Ophthalmic Assistant Surgeon to Grey Hospital. Philadelphia; Lindsay & Blakiston; Montreal: Dawson Brothers.

This is an admirable little work of about 120 pages, embracing most excellent descriptions of the most common form of eye disease, met with in office practice. The treatment is up to date. It is one of the most complete little works upon eye affections which has ever come before our notice.

Mothers and Daughters. Practical studies for the conservation of the health of girls. By

TULLIO SUZZARA VERDI, A.M., M.D., author of "Maternity"; "A Treatise for Young Wives and Mothers", and President of the Board of Health, Washington. New York, J. B. Ford & Co., 27 Park Place. Price, \$1.50.

This is one of those books which, while it is intended more for the guidance and education of the public, can yet be glanced at with profit by the physician. We are not of those who would withhold from the world a knowledge of the composition of the human body, and of the wondrous functions which it has to perform. We are of opinion that if the functions of the body were better understood, the machine itself would not so often be out of order. This book is intended to supply this information, more especially the functions pertaining to the female sex, and it does so in language so chaste and so delicate that it makes it a delightful volume to read. As a profession we are often asked for such a volume, and although similar ones are in existence, with a full knowledge of them all we candidly confess we would recommend this one.

PERSONAL.

Dr. Rottot has resigned his chair in the Montreal School of Medicine and Surgery affiliated with Victoria College.

Dr. D'Orsonnens, of Montreal, has gone to Europe.

Dr. R. Maurice Bucke (M.D., McGill College, 1862) has just published his work on "Man's Moral Nature."

Dr. William Sutherland (M.D., McGill College, 1879) has commenced practice in Montreal.

Dr. Brousseau has resigned his professorship of surgery in the L'Ecole de Médecine et Chirurgie de Montréal (Victoria Medical Faculty).

Dr. Imrie (M.D., McGill College, 1871) has been appointed Assistant House Surgeon of the Montreal General Hospital.

Drs. Cameron and Shepherd have been added to the staff of out-door Physicians of the Montreal General Hospital.

Dr. H. R. Storer, the well-known gynecologist, who formerly resided in Boston, but who now lives at Newport, Rhode Island, was on the 8th of June baptized by Father Clinton into the Roman Catholic Church.

Dr. Reed (M.D., McGill College, 1864) has been appointed Apothecary to the Montreal General Hospital. This office has been made a permanent one. It is not now, however, a step towards the House Surgeoncy, the person who fills it holding it during the pleasure of the Hospital authorities. It has a fair salary attached.

Dr. Drake has resigned the position of Surgeon of the 5th Royal Fusiliers, Montreal, and Dr. W. B. Burland, the Assistant Surgeon, has got the promotion. Dr. Burland deserves this step, as previous to entering the profession he had been an officer of the Volunteer force for several years. He served as such in the 1st Battalion (Prince of Wales Rifles) during the Fenian raid of 1866.

MEDICO-CHIRURGICAL SOCIETY.

MONTREAL, May 16th, 1879.

A regular meeting of the above Society was held this evening. The President, Dr. Henry Howard, occupied the chair.

There were present: Drs. Henry Howard, Proudfoot, Kennedy, MacDonald, Kerry, F. W. Campbell, Reddy, Ross, McDonnell, Osler, Trenholme, Guerin, Armstrong, Smith, Stevenson, Roddick, Blackader, Bell, Hingston, Rodger, Buller, and Edwards.

Dr. OSLER exhibited the following pathological specimens: amyloid degeneration of the kidney along with syphilitic disease of the rectum, taken from a patient under the care of Dr. Reddy in the Montreal General Hospital. The chief symptoms during life were albuminuria and profound anemia with slight œdema of the ankles. On post mortem examination the kidneys were found enlarged and in a condition of advanced amyloid degeneration. The liver was in a similar condition, but neither the liver nor spleen were enlarged. No deposits of pus seen in any of these organs. The uterus, vagina and bladder were healthy. The rectum, however, had the characteristic appearances of syphilis, there was great thickening of the lower third, it was stenosed, and the mucous membrane for three inches from the anus was gone and replaced by firm fibroid tissue. Extending from the posterior wall were several sinuses passing into pockets of pus. The only other evidence of syphilis was a suspicious

ulceration of the throat. The majority of these cases occur in women.

Dr. A. LAPHORN SMITH then read a paper on "chorea," giving a detailed account of several cases, and expressing his belief that this disease is due to a defective nutrition of the motor-ganglia of the brain. (This paper was published in our last issue.

Dr. F. W. CAMPBELL mentioned that three years ago he had a case in a child so severe in its character that it was necessary to keep the child for a whole week under the influence of chloral. The treatment was iron before meals and arsenic after.

Dr. RODDICK said that he had attended a lady in February for pneumonia, and on visiting her to-day decided choreaic movements on the left side were noticed. He ordered in this case twenty minim doses of dialysed iron three times a day.

Dr. HENRY HOWARD looked on chorea as a functional and not an organic disease. When hemiplegia was present he should not consider it a case of chorea. He stated that it was common to find before regular hemiplegia spasms of the side about to be affected. His treatment for chorea was arsenic and nux vomica, and all his cases had yielded to this treatment. He remarked that much discrimination was necessary in these cases as many patients for some motive were in the habit of simulating chorea.

A vote of thanks to Dr. Smith was moved by Dr. RODDICK, seconded by Dr. HINGSTON, and carried.

Dr. HINGSTON exhibited to the Society a penholder which he had extracted from the urethra of a young man, it having unintentionally got lodged there. Dr. Hingston used Luër's urethral forceps, and stated they were so constructed as to remarkably facilitate such an operation.

Dr. F. W. CAMPBELL saw a case some years ago in the General Hospital, under the care of Dr. Jones, in which a pencil was passed into the urethra and bladder. An operation similar to Lithotomy was performed in order to remove it. He also related the facts of a second case, where through envy an individual was forcibly held while two shawl pins were inserted and pushed down his urethra. Finding it impossible to withdraw them as the points became in every effort caught in the urethral

walls, the points were pressed forward and cut down on and extracted through the wound. He was assisted by Dr. Drake in this case.

An additional case of interest was mentioned by Dr. F. W. Campbell, being that of a woman suffering from what was considered in the opinion of Drs. Campbell, Kennedy and Roddick, cancer of the bladder. When first seen she complained of great irritability of the bladder and was put on alkalies and buchu, and at first improved. She afterwards caught cold and the disease returned; the same treatment was used, but no benefit derived. The bladder was next washed out with various solutions. On one occasion Dr. Campbell used a solution of nitrate of silver, ten grains to the oz.; this was followed by the passage of a pint of pure blood, and dragging sensations were complained of. By digital examination a tumor was felt in the bladder. Dr. Roddick expressed his conviction that this was a genuine case of cancer of the bladder. He went prepared to dilate the urethra, but found it so capacious that dilatation was unnecessary. He favored the use of Molesworth's dilator which he considered far superior to Barnes's.

Dr. HINGSTON mentioned a case of atresia of the vagina in which he had dilated and subsequently directed a medical man to continue the dilatation. At his next visit (the patient residing some distance away from the city) he found that the urethra had been dilated instead of the partially closed vagina.

The meeting then adjourned.

OLIVER C. EDWARDS, M.D.,

Secretary.

MONTREAL, May 30th, 1879.

A regular meeting of the above Society was held this evening. The President, Dr. Henry Howard, in the chair.

There were present: Drs. Henry Howard, Fenwick, Schmidt, Rodger, Trenholme, Ross, Smith, Kennedy, F. W. Campbell, Bell, Ritchie, Richard MacDonnell, Baynes, Leprohon, Guerin, Osler, Roddick, Buller, Hingston, Armstrong and Edwards.

The minutes of last regular meeting were read and approved.

The following gentlemen were proposed as members:

Dr. Spencer, by Dr. Osler, seconded by Dr. Campbell; Dr. Jenkins, by Dr. Campbell, seconded by Dr. Kennedy; Dr. Imrie, by Dr. Bell, seconded by Dr. Ross; Dr. Sutherland, by Dr. Ross, seconded by Dr. Fenwick.

Dr. OSLER exhibited two pathological specimens. The first a monstrosity. It was a founding brought into the Grey Nunnery and lived three days after admission. It is devoid of cerebellum and cerebrum. Projecting from the top of the head are some peculiar convolutions. The frontal and parietal bones are wanting, the occipital is flattened. The head is buried in the shoulders, and there is a peculiar idiotic appearance.

Dr. Fenwick asked if the child fed and swallowed.

Dr. Schmidt replied that it swallowed very well, and was fed from a spoon.

Dr. Smith asked if the child could move its limbs freely.

Dr. Schmidt replied that it did not move its left arm.

Dr. Osler further added that an interesting fact in these cases is that the cranial nerves develop and are perfect.

Dr. Fenwick asked if the nerves were in connection with the medulla.

Dr. Osler had not examined that.

Dr. Smith asked if there was any trace of an optic thalamus.

Dr. Osler answered there appears to be none.

The second specimen was one of post partum endometritis. Death had occurred on the ninth day, preceded by symptoms of septic poisoning. There is a coating like a diphtheritic membrane over about one-third of the uterus. The uterine veins are not filled with thrombi. The right ovarian vein is large, firm, hard, and filled with a thrombus. This is traced up to the inferior vena cava, and where it enters the cava it is of a natural size, and through this opening the thrombus extended and was attached to the wall of the cava. There is diphtheritic endometritis. According to some writers, there is a difference between this and true diphtheria. Herschfeld says that if this be inoculated on the throat of a rabbit it will not induce diphtheria.

Dr. Ross remarked that it would be interesting to know if diphtheria had been communicated by septic matter to the part.

Dr. RODGER then read a paper on a case of "Softening of the Brain." Some discussion followed.

A vote of thanks was moved by Dr. KENNEDY, seconded by Dr. Ross, and carried.

Under the head of "Cases in Practice" Dr. HINGSTON mentioned that, on Sunday last, a child was brought to him, suffering very great pain in the rectum. On passing his finger into the rectum he found a needle, which he removed. The child had swallowed it.

Dr. Ross asked what was the experience of members of this Society, in regard to ague occurring within the city of Montreal. He said he knew of it occurring in the neighborhood of the city, but he had never seen a case originating in the city. He had lately under treatment a case from Hochelaga, and had seen two cases in the General Hospital, the disease having attacked these men while working in the Lachine canal.

Dr. FENWICK said he had seen several cases originating in the city, especially on Ontario street. Dr. ARMSTRONG had also seen a case. Dr. RODGER had seen two cases at the Point.

Dr. F. W. CAMPBELL stated that some four years ago he had reported to the Society two cases of ague originating in Montreal.

The meeting then adjourned.

OLIVER C. EDWARDS, M.D.,
Secretary.

We beg to draw attention to a Practice for sale in Montreal, to be found in advertising columns. An excellent opportunity is here offered. Several transferable appointments.

DEDICATION OF THE McDOWELL MONUMENT.

On the 14th of May a monument, erected by the profession of Kentucky to the memory of Dr. Ephraim McDowell, the father of ovariectomy, was dedicated at Danville, Kentucky. Exercises of the most impressive character were held in the presence of an immense concourse of people assembled from all sections of the country. The oration, delivered by Dr. Gross, consumed an hour and a quarter, and was listened to with profound attention. After Dr. Gross had finished his address, Dr. L. A. Sayre, of New York, was called on, as the newly elected President of the American Medical Association. Dr. Sayre delivered a handsome and appropriate address.

Dr. McDowell, whose fame is so honorably commemorated by the profession of Kentucky, was born in Virginia, in 1771. The first actual case of ovariectomy of which there is any authentic account was performed by Dr. McDowell in 1809, and to him alone is due the credit of having devised and first successfully executed the operation.

Reared and educated in a back-woods village, remote from the centres of learning and civilization, too much can scarcely be said of the heroism and genius of the man who dared to perform an operation never before attempted in the history of the world.

It has been estimated that in the practice of Mr. T. Spencer Wells, over 19,000 years have been added to the lives of the patients upon whom ovariectomy was performed by this eminent surgeon. In a recent letter to Prof. Gross, Mr. Wells says:—"I began the year 1878 with the 888th case, by adopting the antiseptic system of Lister, and have kept it up ever since, the result of forty-five cases being forty recoveries and five deaths.

Too much honor cannot be paid to the memory of the man who has paved the way to such grand results.

PRECAUTIONS IN ANÆSTHESIA.

Dr. Chisholm, of Baltimore, has administered chloroform in more than ten thousand cases, without a single serious accident. He always gives a full dose of whisky before the anæsthetic. Another point he insists on is that, in suspending the patient by the feet, we have the very best means of exciting and sustaining the vital organs by sending blood, the natural stimulus, to the important nerve centres; and that what would be otherwise very alarming symptoms during anæsthesia, well calculated to frighten terribly the inexperienced, soon disappear when the patient is placed in an inverted position. His hospital assistants are so familiar with these death-like appearances, and their simple means of correction, that, instead of rushing about wildly for fans, hypodermics, batteries, and what not, they quietly elevate the feet, hanging the head downward, with the chin pushed back, and confidently await restoration; invariably, one or two minutes produces the desired effect, and the operation can be proceeded with.

BIRTHS.

In Brantford, Ont., on the 12th of June, the wife of James F. T. Jenkins, C.M., M.D., of a son.

MARRIED.

At Wyoming, Ont., on the 28th May, Dr. N. H. Beemer, of the London Asylum for the Insane, to Mary A. W., eldest daughter of Mr. Alexander Laing.

Pharmaceutical Department.

A. H. KOLLMYER, M.A., M.D., Editor.

THE PHARMACEUTICAL ASSOCIATION.

*A Word to the Licentiates—the Late Mr. Hawkes
—New Members of the Council.*

The annual meeting of the Pharmaceutical Association of the Province of Quebec was held in the lecture rooms, No. 628 Lagachetière street, Tuesday evening, at 8 o'clock, Mr. Manson, 1st Vice-President, in the chair. The chairman announced at the opening of the meeting that he had received a letter from Mr. Edmond Giroux, of Quebec, the President, expressing his regret that business of great importance prevented his being present.

The minutes of the last annual meeting having been read and confirmed, the Secretary read the annual report of the Council and Treasurer's statement. Mr. Mercer, in moving the adoption of the report, spoke of the singular want of interest in the working of the Association taken by the Licentiates in Pharmacy; however, in Montreal it was not confined to pharmacists, for in the working of most colleges and societies the responsibility and labor was generally thrown upon a few. This was not what it should be, and pharmacists should meet together at their annual meeting and examine and criticise the acts of their council; at all events it would not be much inconvenience to them to attend one general annual meeting, if it were for no other purpose than to thank the members of council for their onerous and gratuitous services during the year. The usual motions having been passed, a vote of condolence with the family of the late Mr. Hawkes was proposed by Mr. Kerry and seconded by Mr. Dyer.

Mr. Manson, 1st Vice-President, delivered an interesting address, congratulating the Association on its flourishing financial condition, and giving a *resumé* of the work of the Examining Board; how it had gradually raised the standard of the examinations to its present satisfactory position. The Association might well feel proud of its licentiates, and he was quite confident that they would compare favorably with those of any pharmaceutical body in America. He announced that the next examination would be held in Laval University, Quebec, on the 19th and 20th inst., and concluded by proposing a vote of thanks to the rector of Laval for his courtesy in annually permitting the use of the magnificent halls of that institution by the Board of Examiners.

The election of eight new members of council to replace the eight retiring members then took place, with the following result: Henry R. Gray, J. D. L. Ambrosse, Nathan Mercer, Alex. Manson, H. F. Jackson, Edmond Giroux, Roderick McLeod and E. Muir—which with the following who remain in office form the council for the coming year: John Kerry, W. E. Brunet, T. J. Tuck and Henry Lyman. Mr. David Watson and Mr. C. M. DesIslets were elected auditors.

The newly-elected board met on the 15th June, when the following officers and Board of Examiners were elected for the ensuing year: Alex. Manson, President; H. F. Jackson, 1st Vice-President; Roderick McLeod (Quebec) 2nd Vice-President; John Kerry, Treasurer; E. Muir, Registrar and Secretary.

Board of Examiners, J. B. Martel, Roderick McLeod, Quebec, Alex. Manson, H. F. Jackson, J. D. L. Ambrosse, H. R. Gray, N. Mercer.

PHARMACEUTICAL ASSOCIATION OF THE PROVINCE OF QUEBEC.

The Board of Examiners of this Association sat, at Quebec on the 19th and 20th of June, 1879, in Laval University which, by the courtesy of the respected Rector, had been placed at the disposal of the Board, the members of the Board present being Messrs. N. Mercer, H. R. Gray, J. D. L. Ambrosse, A. Manson, J. B. Martel and R. McLeod. The examinations were written and oral, with practical dispensing at the counter. The candidates were put through a very rigid examination, and the majority of those passing did so very creditably. We give below the names of the successful candidates in their order of merit, namely:

W. J. B. Brunet as Licentiate in Pharmacy, Henry Vernier, L. R. Renaud, A. P. Papin, J. O. Bennett, jun., and J. C. Dorion, as certified clerks; and George Triggett, Léon Gingras and Joseph E. Giroux, as certified apprentices. These gentlemen having successfully passed their several examinations, the Registrar was authorized to place their names on the register of the Association.

The Board, after concluding their labours, conveyed to the Rev. Mr. Hamel, Rector of Laval, their thanks for the use of the rooms.

GURJUN BALSAM IN GONORRHOEA.—*Journal de Médecine, December, 1877.*—M. Vidal is the first in France who has studied the applications of this new remedy, whose remarkable properties will certainly bring it into use speedily. It is obtained from several resinous trees in the Indian Archipelago, is very abundant, and the price is moderate.

Gurjun balsam has been successfully employed for leprosy by several English physicians in India, and Vidal has also had good results from its use in the Hôpital Saint Louis. But it is especially in gonorrhœa that it renders the greatest service. M. Deval, a student of Vidal, gives ten cases as proof of its value, and his testimony is corroborated by Maurice and others. The duration of treatment varied from ten to twenty days, the duration being shorter in proportion as the patient had passed the inflammatory stage. Vidal's formula is:

Gurjun balsam (wood oil),
Acacia, aa 4 grammes.
Infusion of anise seed, 40 “

To be taken before meals. It was not necessary to

increase the dose, which is perfectly well tolerated, the only effect being to cause one or two stools, two hours after the meal. When the dose was increased no more than eight grammes were given. Sometimes at first a little nausea was produced, but this speedily disappeared. Vidal gives a little wine after the potion, which makes it better tolerated. No change in diet is necessary. Besides the potion, a liniment of equal parts of the balsam and limewater, applied by means of tampons, was used in women with vaginitis; the tampons were left in the vagina twenty-four hours. A cure was always rapid in women. Its advantages over copaiba are its more rapid and certain action; it does not produce erythema, and it does not give to the breath the tell-tale odor of copaiba. Its local action in vaginitis and balanitis is also excellent.

LEAD POISONING.—An interesting case of lead poisoning through criminal negligence is reported from Mosback. The patient began to suffer some years before 1876, and consulted several physicians in vain until Dr. Witmer made a correct diagnosis, and after a treatment of over three-quarters of a year entirely cured him. The poisoning was caused by imperfectly-tinned lead snuff boxes, in which a particular brand of snuff was packed, which the patient was in the habit of buying from one and the same manufacturer, and which became contaminated with lead. A suit against the tobacco dealer was filed, who was convicted and sentenced to incarceration for eight days and payment of costs.—*American Journ. Pharmacy.*

THE ACTION OF TOAD POISON ON THE HUMAN BODY.—A child of six years old followed a large toad on a hot summer's day, throwing stones at it. Suddenly he felt that the animal had spurted some moisture into his eye. There suddenly set in a slight pain and spasmodic twitching of the slightly-injected eye, but two hours after coma, jumping sight, desire to bite, a dread of food and drink, constipation, abundant urine, great agitation manifested themselves, followed on the sixth day by sickness, apathy, and a kind of stupor, but with a regular pulse. Some days later, having become comparatively quiet, the boy left his bed; his eyes are injected, the skin dry, the pulse free from fever. He howls and behaves himself like a madman, sinks into imbecility and speechlessness, from which condition he never rallies.—*Chemist and Druggist.*

OINTMENT IN GONORRHEAL ORCHITIS.—Dr. Alvarez recommends the following pomade: Finely powdered iodoform, one to two parts; lard, thirty parts. In the course of an hour or two, he says, the pain is relieved. It has also the advantage over the mercurial ointment of not affecting the gums. By its well-known resolvent action the iodoform diminishes the duration of the orchitis, and prevents subsequent induration of the affected organ. It must be used more or less strong, according to the degree of inflammation of the epididymis existing.—*Union Med.*

QUACK MEDICINES.—At a recent convention of pharmacists in England was urged the importance of fixing some legal limits to the wholesale poisoning of the public by patent medicines. It was proposed that even if it be impossible altogether to suppress the reaction of dishonest quackery upon vulgar superstition, the venders of nostrums be compelled to divulge the composition of their wares, and prevented from publishing mischievous and mendacious advertisements concerning them. Among the examples cited, including sundry "hair restorers," which, in direct contradiction to their advertised pretensions, contain poisonous quantities of lead, the most glaring one is a largely certificated "Sure Cure for the Opium Habit," which is found on analysis to give two grains of morphine to the dose, recommended to be taken thrice a day. It is scarcely to be expected that American apothecaries, most of whom derive the larger part of their income from the sale of these secret nostrums, will join in the crusade preached by their British cousins; but it would be well if the American public were taught that ninety-nine hundredths of the proprietary medicines which flood the market are the products of uneducated impostors, either wholly inert or positively deleterious.

HOW TO BLEACH SPONGES.—The following minute directions are given for bleaching sponges to any shade from a delicate straw color to a snowy white. It is said that the texture of the sponge is not impaired by its use, unless it is allowed to remain in the solution too long a time:—

Having made the sponges free from sand and calcareous matter by gently beating them, wash them in water, squeeze as dry as possible, and then place a few at a time in a solution of *permanganate of potassa*, made by dissolving 180 grains of the salt in five pints of water, and pouring a portion of the solution into a suitable glazed vessel. Let them remain a few moments until they have acquired a dark mahogany-brown color, when they are to be squeezed by hand to free them from the solution. They are then dropped, a few at a time, into a bleaching solution made as follows.

Hyposulphite of soda, 10 ounces; water, 68 ounces. When dissolved add muriatic acid, 5 ounces.

This solution should be made a day or more before being wanted for use, in order that the sulphur, which is precipitated by the addition of the acid, may be easily separated. This solution is poured off from the sulphur, and, if necessary, strained through a piece of muslin into a glazed vessel. [This portion of the process should be done in the open air or under a hood, where the offensive vapors of sulphurous acid are removed.] The sponges are allowed to remain in this solution for a few moments, occasionally squeezing them with the hand in order to allow the fluid to thoroughly permeate them, then squeezed out and washed in several waters to rid them of the sulphurous odors. After several washings they may, if necessary, be completely decolorized by a *very weak* solution of bicar-

bonate of soda (say 100 grains in five pints of water), and then washed through two or three more waters to free it from traces of alkali. [Much caution should be used in using this alkaline solution lest it neutralize the bleaching effect of the previous solutions.] When the sponges are nearly dry immerse them in a solution of glycerine in water, of the strength of a half ounce of glycerine in the pint; squeeze them by hand and let them dry in the air, but not exposed to *direct* sunlight. This will leave them beautifully white and soft to the touch.—*Druggists' Circular*.

PHYSIOLOGICAL EFFECTS OF SALICYLATE OF SODA.—Under this heading Dr. Feltz (*La France Méd.*) describes a case of poisoning by this drug, taken without any medical man's orders. The case shows emphatically the culminative action of the salicylate, of which two hundred grammes were taken during a month, for the first six days four grammes daily, the next seven days, six grammes a day, and for the last seventeen days, eight grammes daily in three doses, equal to about twenty-five grains of salicylic acid three times a day. There were frequent vomiting, complete anorexia, and a coated tongue. The chief symptom was constant severe headache, with violent attacks of severity, making the patient scream out so as to be heard at a distance. It appeared, as the patient said, as if his head were being struck with a hammer. The pain was chiefly on the summit of the head. Each crisis was preceded by a redness of the neck mounting rapidly to the head. The pupils were contracted. The symptoms continued with great severity for ten days after the drug was stopped, and continued with less severity for seven days more. Traces of salicylic acid were found in the urine up to the sixteenth day.—*The Doctor*.

HYOSCYAMINE IN THE TREATMENT OF THE INSANE.—Dr. Robert Lawson (*West Riding Lunatic Asylum Medical Reports*) gives the following estimate of hyoscyamine: It possesses great value in the treatment of cases in which aggressive and destructive excitement is the leading symptom of insanity, in cases of chronic mania with special delusions of suspicion, mania of a subacute or recurrent form and simple mania characterized from the first more by agitation than excitement, and due to the existence of obscure delusions and hallucinations. In the treatment of the excitement of general paralysis, in the epileptiform seizures of the same disease and in the epileptic status, it is also of use where chloral, as rarely happens, is found to fail. But, perhaps, the most striking results, from the use of the drug, occur in the treatment of such patients as willfully or impulsively destroy large quantities of clothes and bedding. In willful destructiveness three-quarters of a grain at a single dose reduces the patient to reason, and, for a time at least, puts an end to his expensive habits.

BENZOIC ACID.—Rump has stated that all the German "sublimed" benzoic acid is made by subliming the artificial acid made from urine with a

little benzoïn. This is denied by Gehe & Co. in their last report. The Australian gum-acroides is now used to a considerable extent for making this acid.

BROWN-SEQUARD'S PRESCRIPTION FOR THE TREATMENT OF EPILEPSY:

℞ Sodii Bromidi,
Potassii Bromidi,
Ammonii Bromidi.....aa 3 iiii
Potassii Iodidi,
Ammonii Iodidi.....aa 3 iss
Ammonia Sesquicarb..... 3 i
Tinct. Columbæ..... 3 iss
Aquæ destilatæ.....ad ʒ viii

Full dose, one and one-half drachms before each meal and three drachms at bed time.—(*Boston Medical Journal*).

ZINC PERMANGANATE.—A. Kupffer states that the commercial solution of zinc permanganate contains only 10, instead of 25, per cent. as stated. It is also contaminated with chlorids. It should be made by Gustavsen's method—viz., by decomposing barium manganate with carbonic or dilute sulphuric acid, and adding to the solution of barium permanganate thus produced an equivalent quantity of zinc sulphate. The strength of the solution should not exceed 48 grains to the ounce.

PARACOTOIN.—Professor Baelz, of Tokio, Japan, has had striking success in the cure of malignant cholera by means of paracotoïn. He administered, by hypodermic injection, 2 gramme suspended in equal parts of glycerine and water. In the only five cases in which he employed it the cure was prompt and thorough. The Japanese Government has taken measures to provide a supply of the drug for use in any fresh outbreak.

VANILLIN SAID TO BE USELESS AS A FLAVOURING AGENT.—The discovery of a process for producing vanillin artificially was of great chemical interest, but it appears from a circular issued by Messrs. Haas & Rosenfeld, of Gay, Moravia, that the product, though valuable for perfumery, does not possess the flavouring properties of vanilla. The same is true of vanillin obtained from the plant itself.

THE ALLEGED ANTAGONISTIC ACTION OF ATROPIN AND MORPHIN.—Dr. Knapstein, of Bonn, in an article in the *Berlin Klin. Wochenschrift*, No. 47 (quoted in Hager's *Pharmaceutical Centralhalle*), reports a series of experiments undertaken to test the power alleged to be possessed by morphin and atropin to mutually neutralise the effects the one of the other. These experiments show that a simultaneous administration of morphin with atropin or *vice versa* did not allow larger doses of either poison to be administered to dogs than they could support if given singly. It is possible that in cases where such immunity would seem to have been observed comparatively inert atropin may have been employed.

ADULTERATION OF KAMALA.—Kremel mentions in the *Zeitschrift der Ost. Apoth. Vereine*, 16-33, two cases of the adulteration of kamala. One sample contained so much red bole that its ash amounted to 79.5 per cent. Another specimen was mixed with the powdered flowers of carthamus tinctorius or safflower.

IRIDESCENT GLASS.—Glass is made iridescent by exposing it at a high temperature to the fumes of stannic chloride, to which barium or strontium nitrate is added, when deep colours are required.

EXCIPIENT.—A formula for what can be called a universal excipient. My experience for many years with this preparation has convinced me that it is superior to any and all other articles whatsoever for this purpose, whether simple or compound, and that nothing else is needed. It keeps of a firm but soft consistence, is exceedingly adhesive, and converts the most intractable substance for pill purposes, such as sulph. iron, resin guaiac, iod. potass., etc., into elegant, pliant masses, and with a very small quantity of the excipient; of course the pills so made will be always soft, and readily dissolve, or disintegrate, according to their composition. I will state, for the benefit of readers of limited experience, that it is important, when making pills, that the dry ingredients should be in a *very fine* powder. The following is the formula:

Dextrine.....	30 grains.
Powd. tragacanth.....	30 grains.
Glycerine.....	1 drachm.
Water.....	2 drachms.

—*Phila. Chemist.*

CASE OF CHRONIC BROMINE POISONING.—A. M., a man of large frame, fifty-four years of age, and of good constitution, had worked in the manufacture of bromide of potassium for ten years; the bromine gas, he avers, was at times so strong as to cause him to spit blood. The first symptoms that he noticed occurred more than a year ago, and were alternate diarrhoea and constipation; then followed vertigo and photopsia, together with some loss of co-ordination and anæsthesia of the lower extremities, but these symptoms were not severe enough to prevent his working, which he continued till August. The derangement of vision increased, but in December he could still read; about this time the photopsia gave way to amaurosis, which progressed, within a year from the first symptoms, to almost total blindness. There was great constipation, with enlargement and hardness of abdomen; dysuria and retention of urine, with vesical pain, were also prominent symptoms. The heart was irritable. The olfactory and gustatory functions were unimpaired, and there was no loss of memory.

While under Dr. Cohen's care, in the German Hospital, there was some improvement in the co-ordination.

Dr. Charles S. Turnbull, at whose instance the case was admitted, had diagnosed the following conditions; incipient atrophy of both optic nerves; the vision had diminished one half, the disks were white,

the arteries small and thready, and the retina anæmic, while there was loss of color perception and mydriasis. He also examined the urine, in which he discovered some traces of bromine.

Prof. DaCosta, who saw the case at the clinic, and to whom I gave notes, considered that there was also sclerosis of the anterior columns of the cord.

There are but few reported cases of chronic bromine gas poisoning, which renders the above of some interest.

DRUG AND CHEMICAL REPORT.

During early part of month a very fair amount of business was transacted, and the general feeling is that trade will continue active and healthy throughout the season, although in volume it will be less than before the depression. There have not been many changes in prices to note since our last report, and we do not look for any very marked change in any direction except, perhaps, in *Opium* and its preparations, and *Peruvian Bark* and its preparations. Recent reports from Smyrna respecting the former convey the information that the crop this year will not exceed 4,000 baskets, this being considerably under the average. The fears of a short supply have already brought speculators to the front, and prices have advanced in England about 1s. per lb. and in New York about 25 cents, with prospects of a still further advance in the near future.

The stock of *Peruvian Bark* in the market is likely to be affected by the present hostilities between Peru and Chili, and although quinine recently declined in price, any large orders would immediately cause an advance.

Salicine, which advanced steadily for the past two months, has now, that fresh Willow Bark can be obtained, begun to decline again, and will soon be in its normal condition.

Camphor in the American market experienced a firm advance last month, merely on account of the refiners not being able to meet the demand, but the demand having subsided somewhat, and the supply of crude being plentiful, the price has declined again.

Oil Peppermint, on account of short crop, has advanced rapidly to the extent of fully 25 per cent., and will likely be still higher.

Oil Wintergreen has also advanced, but merely on account of temporary shortness of stock. As soon as the new crop is ripe, there will be a plentiful supply.

Vanilla Beans are much higher, the crop this year not being up to half the usual quantity. The price will therefore be at least from \$3.00 to \$5.00 per lb. higher.

Cubels, in consequence of the extra demand for asthmatic smoking, has continued to rule high.

Castor Oil has declined somewhat, the crop in the East being much heavier than the previous year, and it is thought the price will be still lower than it is at present.