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THE

CANADA MEDICAL RECORD:

A Monthly Journal of Medicine and Surgery.

EDITOR:

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

Consulting Physician to Montreal Dispensary, and Attending Physician Women's Hospital.

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LIST OF CONTRIBUTORS:

VOL. V.

ALLOWAY T. J., M.D., L.R.C.S., Edin., Montreal.

BROWN O. C., M.D., Acton Vale, Quebec.

CAMPBELL F. W., M.A., M.D., L.R.C.P., London, Montreal.

FULLER WM., M.D., Montreal.

GILBERT E. D., M.D., Sherbrooke, Que.

HENDERSON A. A., M.D., Ottawa.

NELSON WOLFRED, C. M., M.D., Montreal.

PERRIGO JAMES, M.A., M.D., M.R.C.S., Eng., Montreal.

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

WOOD CASEY A., C.M., M.D., Ottawa.

Montreal:

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Original Communications.

Remarks on Two Cases of Dropsy and their Treatment, by CASEY A. WOOD of Ottawa.

It is customary, in speaking of dropsy, to insist that it is more the symptom of a disease than a disease in itself, and that it is much more scientific to treat the original trouble than the mere symptom; but it often happens that it is difficult or impossible to ascertain during the life of the patient where the primary disease is, or even, in some cases, the post mortem examination does not give any satisfactory clue to its real seat. "Practically speaking, in such cases," observes Dr. Watson, "the dropsy is the disease and the sole object of treatment."

Furthermore, the liquid collections constituting dropsy may prove to be the most troublesome and distressing part of renal, cardiac or hepatic disease, and it may, by its presence, cause all the patient's suffering, as well as most of the danger to his life. In removing the dropsy we get rid, for a longer or shorter period, of a dangerous symptom, make him comfortable, and bring him to what is, as far as his feelings are concerned, a complete state of health.

It not unfrequently happens that anasarca is secondary to causes totally unconnected with organic disease of the heart or kidneys, as we see in the sudden stoppage of perspiration more or less profuse. When a laboring man, for instance, through continued bodily exertion, has brought himself into a copious perspiration, and while in this state gets chilled or wet through, the exhalation of watery vapor from the cutaneous surface is suddenly checked, and in a very short time the man may find himself everywhere anasarca.

So also in debilitated persons and those suffering from anæmia and chlorosis, in whom the heart's action is weak and unable to propel with sufficient force the necessary quantum of blood, general dropsy may supervene. Here, of course, the organ is merely functionally deranged.

In the first of these cases the anasarca is the chief thing to be treated, and, when that is got rid of, the patient may be said to be cured. In the latter case constitutional treatment with iron and other tonics is, of course, called for, but the first thing and, for a time the chief thing, to be removed is the dropsical effusion.

While all this is unquestionably true, it would, of course, be unwise to do nothing for the primary trouble, the cause of the dropsy. While getting rid

of its most troublesome and uncomfortable symptom no one could call in question the advisability of treating the real disease, and yet how seldom it is that any treatment avails for serious lesions of the kidney or right heart, or how often it is that nothing can be done for organic liver disease and other obstructions to the portal circuit—the most fertile causes of ascites? The one thing to be pursued is that of palliation, and usually the only symptom that requires looking after is—dropsy. It was for the purpose of introducing what has proved a most effectual mode of quickly removing the fluid accumulations of anasarca and ascites that the following notes were prepared. In the cases themselves there is nothing peculiar.

In the first one anasarca came on as the result of overwork and careless exposure, aggravated by kidney disease. The second case was one of ascites, which came on gradually and was traceable to derangement of the liver. The reports are incomplete, as it was not intended to enter into their pathology, diagnosis, etc., but only with the intention of considering the effect of a certain plan of treatment on them. The mode employed is not a new one altogether, but its employment has not been urged, by writers on the subject, with that positiveness which the results obtainable by its use certainly call for.

The first case, to be briefly mentioned, was that of a man J. F., æt. 44, an axeman in one of the shanties. In March, 1875, he noticed that his feet began to swell slightly, and, although he had no pain in the ankle, he applied to and received medicine from a neighboring physician for rheumatism. He grew rapidly worse, so bad at last that he had to leave his work in the shanty and take a long cold journey to the city. When he reached this place the swelling had extended until his face and neck were painfully bloated, and the function of respiration so interfered with that the only position he could get any ease in was by leaning over a desk or high table. He went under the care of a physician who gave him some remedies that nauseated him very much, and yet caused very little diaphoretic effect. Seemingly disheartened at the small effect his course of treatment had upon the case the physician advised him to go home at once, and assured him that he could not live more than four or five days. This same advice was given him a second time by another medical gentleman he applied to, and had there not been something effectual done a short time afterwards their prognostications would have been veri-

fied, because, when he came under my observation a few days after, he was completely anasarcaous, and so exceedingly distended was his skin in some parts that it hardly pitted on pressure; his legs seemed like huge bags of water; his whole body was bloated in the extreme; his breathing short and hurried; his lips were blue and his face wore an anxious look, in fact, the man was slowly dying of suffocation. His skin was harsh and dry, and he himself said that he had not perspired for a considerable time.

He was ordered at once to take a Juniper vapor bath, made as follows:—a large iron pot is filled with the small branches and berries of the evergreen Juniper (*J. communis* vel *depressa*, found growing wild in many of our meadows); cold water is poured in until the pot is full, the whole being heated on a stove until the water boils. It is then allowed to boil ten minutes—not longer, because the volatile oil upon which the virtues of the plant depend, would be dispelled by the heat and lost. The pot is now put underneath a cane bottomed chair on which the patient is seated and completely covered with heavy flannel blankets that are made to fall over his feet to the floor.

The blankets should be securely pinned around his neck above, so that the steam laden with the volatile principles of the plant is nowhere allowed to escape. By means of a stick the pot may be occasionally stirred, so as to send up fresh supplies of the heated vapor. The effects of the bath are increased by keeping the room at a temperature of 80° or 90° F. The patient should remain in this position for the first two or three baths, from one-half to three quarters of an hour, according to his ability to stand it, and after this until copious perspiration is induced. During the steaming process he should be given every ten minutes a table-spoonful of gin, with the double purpose of getting the diuretic effects of the oil of Juniper contained in the liquor, and of keeping up the patient's strength by the stimulant, as, of course, the process is likely to cause faintness. It will be of the greatest utility to have him take at the same time some warm drink, as thin gruel, or if he prefer it, hot weak tea. This will not only increase the diaphoresis but will allay thirst.

When the bath is over the patient should at once retire to bed and cover himself up with bed-clothes, when he will probably continue to perspire for some time. Some disappointment may be encountered the first time the vapor bath is tried; for although the

patient may be well covered up, may drink of warm aliments, and the pot placed under him be large and well-filled with the hottest of Juniper water, little or no perspiration may appear on the sufferer's skin. This is not to be wondered at when one considers how dry, harsh and unperspiring the skin of a dropsical person is. Still it is wonderful how soon it recovers its lost function, for after the second or third trial the skin becomes somewhat moist and loses its dryness and harshness. Each succeeding bath causes more profuse sweating than its predecessor until at last the water rolls off the person's face, body and legs in a perfect stream and soon shows its power of reducing the quantity of water wherever it is abnormally deposited in dropsy. Its effect on the patient in question was perfectly surprising. After using the baths every day for a week he was reduced to almost his natural size, the dyspnoea had entirely disappeared, the anxious look had gone from his face, his lips were of natural color, his breathing was normal, and he looked and felt in every way better. He was now told to use the baths a week longer, every other day, and to take the following:—

℞. Tinct. Juniperi (but made with berries
and gin.) ʒ ij.
Potass. bitart. ʒ ij.
Aquæ ad. ʒ viij.

M. Sig. A dessertspoonful three times a day.

Neither a very nice looking nor a very scientific prescription but a very *effectual* one. At the end of three weeks he went home perfectly recovered. He was seen three months after, when he felt all right with the exception of occasional pain across the small of his back. He was on his way to the shanties for the winter, when he may again expose himself to a return of the dropsy, or it may be that from exposure to cold and wet he may aggravate his almost quiescent renal disease, and so induce another attack.

However that may be, there is no doubt but that the course of vapor baths with Juniper effectually and promptly relieved him from a situation which would have soon culminated in death.

The second case was that of a man, H. H., aged 49. In the early part of the year he had noticed that his abdomen was slowly enlarging, and as he was naturally inclined to be corpulent he thought it was due to his getting fatter. However, as time went by, he saw that he could not walk far without experiencing great shortness of breath. The prominence of his abdomen increased, he felt pain in his stomach after eating and drinking, and when he

could not walk any distance or exert himself without distress he concluded it was time to apply for medical treatment.

When first seen one could easily recognize a very fair case of ascites; the pressure of the pent-up liquid in his stomach after a meal caused a certain amount of pain and uneasiness and the resistance offered to the diaphragm in its downward movement hindered his breathing. His skin felt quite dry, and he said he had not perspired freely for a long time.

For the first ten days he was ordered to take the vapor baths and was given a diuretic mixture. The dropsical effusion gradually went away, and with it disappeared all his other complaints and he left cured. He was given the following, and advised to take, at home, an occasional vapor bath :

R̄. Magnesia Sulph.	̄vij.
Acid, Sulphuric	̄j.
Aquæ pur.	̄xvj.

M. Sig. A tablespoonful in a tumbler of water before breakfast every morning.

When last heard from (two months after treatment) he expressed himself as perfectly well and with no sign of dropsy.

The vapor bath in this case did not act as promptly as in the first, and it will always be more likely to remove the fluid accumulations of anasarca than of ascites, probably because in the first disease the eliminating glands are situated close by (almost in contact with) the effused fluid, and the depleted vessels take up the water only to pour it out at once on the surface of the body, while in ascites this is done indirectly, and if any obstruction be offered to the flow, through the veins of water-charged blood from the peritoneum to the skin (and in ascites there nearly always is) one can readily perceive how tedious the process may become if not assisted by diuretics or mild watery cathartics. Yet, for reasons to be afterwards considered, this mode may be found preferable, as a rule, to some other plans of treatment.

In treating dropsy the greatest reliance seems to be placed on some one of the following remedies:—diuretics, hydrogogue cathartics, bleeding, in ascites paracentesis abdominis and in anasarca acupuncture.

Sudorifics, like the Juniper bath described before, may always compare favorably with them, and in many cases be preferable, because (1) of the whole amount of water taken into the body, at least 26 per cent. is eliminated by the skin; hence it is easy to see

what a large quantity of fluid may be got rid of through its agency, if it be incited to vigorous action.

(2) In anasarca the watery deposits are immediately under the skin, and consequently near the capillary network that surrounds the extremities of each sweat gland. These cutaneous capillaries, once depleted by the flow of perspiration, eagerly drink up the nearest water—which is that of the dropsy. This argument would not hold good in the case of ascites, and would even seem to indicate diuretics, but here a third proposition ought to be considered :

(3) The kidneys are vital organs, necessary to life, and it is of the greatest importance that their functions should not be impaired, nor their structure injured. When, however, powerful diuretics are constantly given, and they have to bear all the burden of elimination, they must suffer. Not so with the skin; its functions may be stimulated and it may even be overworked without injury to the vital powers.

(4) In the use of diuretics, for anasarca especially, it should be remembered that even when the dropsy is plainly dependant upon disease of the heart, renal complications almost always exist, and to stimulate the kidneys by the continual use of powerful remedies would surely increase the kidney disease, which is to be avoided.

(5) The action of hydrogogue cathartics, though usually effectual, is harsh in the extreme and quickly exhaustive, while the gradual depletion of the blood vessels in sweating is attended by nothing unpleasant, by nothing, at least, that cannot be guarded against.

(6) Bleeding acts by emptying the blood vessels and thus facilitating the re-absorption of the effused liquid, but in this case the nutritive properties of the vital fluid are removed with the water, thus weakening the already debilitated patient and robbing him of what he can least afford to lose. The action of the skin is to remove only the watery parts of the blood, leaving behind the necessary fibrin and red particles.

(7) In abdominal dropsy nothing is so directly effectual as tapping, as also in anasarca acupuncture is not unfrequently used in much the same way. The vapor bath will be found to be quicker and safer (gangrene has followed these holes when made in dropsical limbs) than the needle in anasarca, and as far as the patient's feelings are concerned will compete quite successfully with the trocar in ascites.

(8) The employment of these baths not only

enables us to use as *adjuncts*, diuretics and hydrogogue cathartics, but gives us the privilege of discontinuing the former if renal disease is suspected, and the latter if intestinal lesions contra-indicate them.

OTTAWA, September 16th, 1876.

Progress of Medical Science.

IDIOPATHIC PYROSIS.

A Lecture delivered in Hôpital de la Pitié by Professor Laségue. From the *Allgemeine Wiener Medizinische Zeitung*, July 18, 1876.

Pyrosis is a trivial affection of the stomach which generally lasts but a short time and rarely necessitates hospital treatment. Nevertheless, as it is quite frequently met with in ordinary practice it should receive our careful attention and study.

As a text for my remarks I present to you, to-day, a laborer, 38 years of age, otherwise in excellent health, who for about ten years has had very painful attacks of a peculiar gastric neuralgia, which last on an average 10-12 days and recur three or four times a year. The pain does not radiate toward the spine as in simple ulcer of the stomach; it is not a cutting or piercing, but a burning pain, a feeling of internal heat, and at times of an unbearable fire within. When it spreads at all it is upward, following the course of the œsophagus.

The pain is often accompanied by sour vomiting and sometimes, when the attack is particularly severe, the patient vomits ropy mucus similar to that of drunkards, but never vomits blood or food. Another resemblance between this vomiting and that of the inebriate is that it always occurs in the morning before the introduction into the stomach of food, and not immediately after eating or an hour or two after, as in round gastric ulcer or in carcinoma of the stomach.

This man never indulged to excess in spirituous liquors, but inclined to the opposite extreme. Of late the disease has made him almost a hypochondriac. He is afraid of everything which he thinks might produce an attack or increase the severity of his disease, and, knowing that the abuse of alcoholic stimulants often injures the health, he is quite rigorous with himself in this regard. Therefore drunkenness cannot be the cause, although his case seems to have a good deal in common with alcoholic gastritis.

The man's tongue is coated, his appetite is diminished, and he is somewhat inclined to constipation,—symptoms quite common among tipplers; he has never, however, presented any symptoms referable to the brain or sensory nerves. During the attacks he sleeps but little, but his sleep is not disturbed by frightful dreams, nor has he any of the hallucinations common to drinkers.

This idiopathic pyrosis disappears regularly within a few days. Can we attribute this to a rational mode of treatment?

In similar cases we usually begin with the administration of mild laxatives, magnesia, for example, continue it for four or five days, then substitute the alkaline carbonates. Finally we order tonics to arouse the lost appetite.

This medication is, perhaps, rational, but is it effective and useful? This we think we have good reason to doubt.

Although the magnesia and the alkalies would probably tend to neutralize the increased acidity of the gastric fluids, and although under their administration we see recovery follow in numerous cases, it is none the less true that very often this is not the case and that the pyrosis continues for weeks and months during the administration of these remedies. We are, therefore, justified in asking the question to what extent the duration of the neuralgia can be cut short in this or that individual by the exhibition of the above mentioned agents.

Finally, it must be remembered, that when a pyrosis passes off with or without rational treatment, we do not cure the affection but simply hasten the crisis.

A symptomatic pyrosis, distinct from the affection of this individual, is often observed in men who produce an irritability of the stomach by the continued use of certain articles of diet or certain medicaments. Some of the "imitation" wines, made by the addition of acids, produce a pyrosis, by which several persons of one family are frequently attacked. On changing the wine, the neuralgia passes off in a few days and does not return so long as the wine taken by the patients is good. Every one is aware that the salts of quinine very frequently produce neuralgias of the stomach, as do also various chalybeate preparations and a few other medicines. Such pyrosis is not, however, idiopathic as in the case I have presented to you to-day.

THE BISULPHIDE OF CARBON IN THE TREATMENT OF CANCER OF THE STOMACH.

In a paper read by Dr. James T. Whittaker before a Cincinnati society (*The Clinic*) he spoke of the singular efficacy of bisulphide of carbon in the treatment of carcinoma of various organs, especially of the stomach. "Whatever theory may be entertained regarding its nature, the fact remains that cancer is a disease characterized by a too rapid proliferation of the tissues, epithelial, connective, etc., which form its seat, and I have cherished the belief that any agent which would check this proliferation would attack the chief result, if not the actual cause, of the disease. Why should there not be found anyhow a remedy as efficacious for cancer as the iodide of potassium for syphilis?"

"We can arrest the progress of putrefaction and fermentation, or even prevent the development of these processes by certain agents which have the power of preventing the development of, limiting the growth of, or destroying the fully-matured vegetable and animal germs upon which these processes depend. Salicylic and carbolic acids are agents of

well-known powers against putrefaction; and the hyposulphites, especially that of soda, are equally effective against fermentation. Each of these processes consists, in essence, of swift multiplication of peculiar cells."

Two cases are reported by Dr. Whittaker: one, a woman having secondary cancerous tumors in various parts of the body, who had two months before suffered amputation of the breast for the same disease, and who had cancerous cachexia, cancerous deposits in the stomach, and probably in the liver also. Any kind of food was vomited, and prostration was complete. The patient was kept alive and free from pain by the use of 6 grains of morphia daily, $1\frac{1}{2}$ grains being the smallest dose that would give her temporary relief from the indescribable distress.

"I gave her," to quote his words, "at first two drops of the bisulphide of carbon in a teaspoonful of alcohol three times a day. This dose I afterwards increased to four drops in almond oil. From almost the first dose, in virtue of the anæsthetic action of the drug, a change in her symptoms began to be observed. There was complete relief of the vomiting at the time, and there have been but three attacks since. The appetite toned up to become almost insatiable, though but little food can be taken at a time, on account of a feeling of distention. The return of strength was gradual but marked. Last week the patient spent the day out among some friends, and this week she spends entire in Avondale. It was found impossible to do without the morphia altogether, but the quantity has been gradually reduced from six to little over one grain per day. The local masses have not changed to any great extent. No new ones have developed, but several of the old ones have flattened somewhat. None of them are painful."

* A second case is reported of a woman having what was diagnosticated to be cancerous stricture of the pylorus, in which vomiting was a prominent symptom, and was quieted only by morphia. She was also given two drops of bisulphide of carbon three times daily. "On the evening of the following day she had another attack of pain and vomiting, which was checked by morphia given subcutaneously. Since that time" (two weeks to the date of the report), "she has taken the remedy regularly. During this time no other medicine has been given *per os* or subcutaneously. All this time she has taken egg-nog, milk, wine, and beef-tea, and has never vomited any of them. She relishes her food, but still experiences some uneasiness after eating. She has gained both appetite and strength and is now able to walk about the house. The sallow skin, the dilated stomach, and the tumor still remain. I do not by any means consider my patient cured of her disease, but it is unquestionably better held in check by the bisulphide of carbon than by any remedy hitherto employed."

"It was the knowledge of the great solvent properties of this agent which first led me to give it a

trial. I am sure I am very far from vaunting it as a specific for carcinoma. I am not certain that its virtues are not dependent upon its well-known anæsthetic properties (I am informed by ship surgeons that it is the best known remedy for seasickness), but even if this be true—which I very much doubt, because its efficacy is so long continued—it is a remedy of the greatest value in the relief of symptoms as distressing and painful as exist in any disease in our nosology."

TO DESTROY WARTS.

Mr. Frank Parker, of Mineral Springs, Ark., says that a drachm of nitrate of silver dissolved in an ounce of nitromuriatic acid makes a solution which, applied to warts with a fine brush, will permanently cure them in four days.

TO CLEANSE THE OS UTERI.

Every gynecologist, says Prof. Paget, knows how difficult it often is to cleanse the uterine orifice of the viscid mucus which is characteristic of certain forms of catarrh. After trying a variety of chemicals, in order to discover a satisfactory detergent, the simplest substance suggested itself the last, and was found all that can be desired. This is the yolk of egg. Dip a piece of charpie or cotton in the yolk of a fresh egg, apply it to the orifice, throw some water into the speculum, continuing to mix the yolk and the mucus, then let the water escape, dry the os, and it will be found perfectly clean.

THE RELIEF OF PRICKLY HEAT,

Many persons are very subject to this annoying affection. They will be glad to learn that Surgeon-Major Dr. J. G. French, of the Indian medical service, in a contribution to the *Indian Medical Gazette*, says that we can cure prickly heat in three or four days by the application of a solution of sulphate of copper. This should be of the strength of about ten grains to the ounce of water, and the solution should be applied daily, or oftener, by means of a camel-hair brush, or bit of sponge tied on the end of a stick. It is best applied after the morning bath, when the skin has been well rubbed with the towel, and it must be allowed to dry on the skin before dressing. Dr. French states that he has used this application for over thirteen years, and, when regularly and properly applied, he has never known it to fail.

ON WRY-NECK.

On the occasional forms of his trouble, Dr. A. J. Steele writes, in the *Transactions of the Missouri State Medical Society*, 1876:—An adult exposed to a cold draft of air, as from an open window, falling especially upon the neck, may have an attack of cervicodinia, a painful affection of the muscles of one side of the neck, to relax which the patient holds his head awry. This so-called muscular rheumatism is usually a transient affair, but may become chronic,

and thus occasion permanent deformity, designated *torticollis rheumatica*. In the acute stage, the treatment should be, internally, salines and possibly quinia; externally, hot anodyne fomentations, the continuous galvanic current and hypodermic injections of atropia. In the chronic form, guaiacum internally, and friction and galvanism locally, will relieve the stiffness of the muscles and allow the head to assume its more normal position. Assistance can further be gained by faradizing the lengthened muscles, thereby increasing their contractile power.

There is another adult affection to which this region is subject, termed *torticollis spasmodica*, in which, when fully developed, the head is subject to constant twitchings, being drawn to the side of the disturbed muscles. For a time the muscles of the sound side resist, and restraighten the head, but, as weeks or months go on, this contest is seen to be unequal, and the healthy tissues become permanently relaxed, not even replying to the strongest will effort, and the wry-neck becomes fixed. During sleep, or lying down with the head supported, or under anaesthesia, the jerking ceases; while on the other hand, whatever disturbs the general health, or causes emotional excitement, increases it, as also does physical exertion. The contractions are often accompanied by pain. This condition may be but one aspect of a more general nervous affection in which the muscles of the face, or of the shoulder, or of the arm, or of deglutition, or of the leg, are involved, but it is the rule that the muscles of the neck only are affected. No constant or general exciting cause can be given for this spasmodic condition, nor are we familiar with its primary cause.

Electricity exerts a decided influence on the parts, and has been employed with marked temporary benefit. Its rule of application is this: To the contracted muscles the continuous current, inducing relaxation; to the elongated muscles, the faradic, or interrupted galvanic current, causing powerful contraction. Subcutaneous injections, both of morphia and atropia, afford temporary relief; the latter, conjoined with the internal administration of bromide of zinc, has effected cures. The wearing of an apparatus is judicious, in that it gives surcease to the twitchings for a time. Neurotomy, though occasionally successful temporarily, has not furnished the good results that might be expected.

PLEURAL EFFUSIONS AND THEIR TREATMENT.

Dr. Ringer, of the University Hospital, as reported by the *British Medical Journal*, says:—

As to tapping, it was formerly reserved for extreme conditions, but now we aspirate, either to assist absorption, or to save the lung. Hence it may be done early, say when the chest is half full of fluid. The febrile state may last twenty-five or thirty days, we need not wait till it is over. The effusion contains so much albumen as to be practically a bleeding, and should be stopped as soon as possible. After an early tapping, I have known fever to continue a fortnight without fresh effusion. We may classify cases

into those with simple serous effusion and simple purulent effusion; either may be *with* fever or *without*, and all will probably do well with aspiration. Then there are cases where the pus is fetid; if there be no high fever, give these a chance with simple aspiration; and even if there be fever, though the case then is very grave, one trial should be given to the same plan before an incision is made, for I look upon the free opening of the chest as a very serious and risky affair. The case before us has done well with a single aspiration. Examining for the results, and judging of the amount of expansion of lung, beside auscultating, etc., we look at the angle formed by the costal arch in front; in health the angle should be obtuse, and nearly equal on both sides, perhaps more obtuse on the right, owing to the liver, whilst, if the lungs have not expanded, the arch will have sunk in somewhat, and the angle be more acute; the shoulder at the affected side will be lowered, and the spine, whilst often curved with convexity toward the same side during the stage of effusion, will have an opposite direction when the effusion has disappeared." Another case of pleuritis, in which five pints of serum had been removed by aspiration, was somewhat unusual, as being secondary to Bright's disease. In this form of malady the progress is usually insidious, and yet the effusion rapid. We know, from the effect of blisters in such patients, how quickly effusion may be poured out in any part. Dr. Ringer does not think it necessary to stop the withdrawal at any definite quantity, nor does he consider cough an indication for withdrawing the needle, only if much pain be complained of or if blood begin to come.

The *Centralblatt* states that from a series of observations made during fifteen years in Frerich's wards with special reference to operative interference, C. A. Ewald arrives at the following conclusions:—

1. In cases of serous effusion in the pleura, puncture should be performed before the third week, only if life be in danger.
2. If puncture be made under exclusion of air and with previous disinfection of the instrument, no serous exudation becomes purulent.
3. The only means of determining with certainty whether a pleural effusion is serous or purulent is an exploratory puncture.
4. Incision, with puncture, should be made as early as possible into purulent exudations.
5. The mortality after incision into purulent effusions is from 50 to 60 per cent. when they are treated according to the present plan (incision in the sixth intercostal space between the nipple and the anterior axillary line, washing out with disinfectants once or twice daily, a catheter being retained in the wound, or one or more ribs resected).
6. Sanguineous effusion (in which blood becomes mixed with the exudation in consequence of the dilatation of vessels, leading to their rupture) is always the result of malignant growths of the pleura.
7. Serous exudations do not exclude the presence of tuberculosis and cancer of the pleura.

ON THE TREATMENT OF CHOREA.

L. Farry relates in the *Bulletin de Thérapeutique* (quoted in *Paris Medical*, March 9, 1876)

some observations carried out in the service of Dr. Perroud, of Lyons, on the treatment of chorea by ether-spray. This therapeutic agent, employed for the first time in 1866 by Lubetski, has given good results in Dr. Perroud's hands.

Applications of ether-spray are made along the spine by some spray-producing apparatus, such as those of Richardson or Marinier. Each application lasts from four to eight minutes. At the commencement of the treatment applications should be made three times a day; afterwards the number may be reduced to two.

Ice produces the same effect as ether-spray; a piece of ice may be passed along the length of the vertebral column for five minutes at a time.

These two means have effect by their refrigerant revulsive action on the excito-motor point of the nervous centres.—*Lond. Med. Record*, May 15, 1876.

stating the height and weight. Mistakes might cause the rejection by the Home Office of a good risk, or the acceptance of a bad one.

SALICYLIC ACID FOR OFFENSIVENESS OF BREATH AND EXPECTORATION.

Dr. Da Costa, *Medical and Surgical Reporter*, prescribes salicylic acid, five grains, dissolved by means of a drachm of glycerine in a half-ounce of water, taken three times a day, in cases where the breath or expectoration are offensive. If internal administration does not accomplish the desired result, it can be used with the atomizer in a solution of similar strength.—*American Practitioner*.

The London correspondent of the *Philadelphia Medical Times*, writing early in August last, says: "Mr. Spencer Wells recently removed at the Samaritan Hospital a large spleen, which had been diagnosed as an ovarian tumor. On tapping it its nature became apparent, and nothing was left but to give the patient a chance for her life by its removal. It weighed eleven pounds. The vessels were all carefully secured, but the patient sank in a few hours. This is a very rare form of diagnostic error, and there must have been a very close resemblance to an ovarian tumor, for Marion Sims was present at the time, and these two masters of the subject are not likely to have been readily deceived."

IMPORTANT TO EXAMINERS OF LIFE INSURANCE.

DR. THEODORE PARKER'S

Limit Table of Weights and Measurements.

Limit of underweight, 25 per. cent. Limit of overweight, 45 per. cent.

Height.	Chest.	Standard weight.	25 pr. ct. Under weight.	45 pr. ct. Over weight.
5 ft.	33½ in.	115 lbs.	92 lbs.	167 lbs.
5 "	1 in 34 "	120 "	96 "	174 "
5 "	2 " 35 "	125 "	100 "	181½ "
5 "	3 " 36 "	130 "	104 "	188½ "
5 "	4 " 36½ "	135 "	108 "	195 "
5 "	5 " 37 "	140 "	112 "	202 "
5 "	6 " 37½ "	143 "	114 "	207 "
5 "	7 " 38 "	145 "	116 "	210 "
5 "	8 " 38½ "	148 "	119 "	215 "
5 "	9 " 39 "	155 "	124 "	224½ "
5 "	10 " 39½ "	160 "	128 "	232 "
5 "	11 " 40½ "	165 "	132 "	239 "
6 "	41 "	170 "	136 "	246 "
6 "	1 41½ "	175 "	140 "	254 "

TREATMENT OF EXCORIATIONS OF THE OS UTERI.

In the *Dublin Journal of Medical Science*, Dr. Halton gives a number of cases, and says, on their therapeutics:—

The treatment adopted was that which has had its origin in the Dublin School,* and which has, notwithstanding considerable opposition from other quarters—opposition which, it may be remarked, sometimes overstepped the boundary of politeness or even of pathological good sense—gradually obtained the approval of the majority of the profession. It consisted in reducing local congestion by local means and touching the excoriated surface with the strong nitric acid. This was always carried into the cervix when that appeared diseased, and the acid brought in contact with the whole surface of the canal, and even to the fundus if necessary.† It never gave rise to the slightest symptom of danger or distress, and in the vast majority of instances was altogether unfeared. When pain did occur, its amount was so trifling as to attract little notice from either the patient or physician. Astringent injections were found to be of little use, and whether this was from the patient's awkwardness in managing them or not, they have been latterly dispensed with altogether, and their place supplied by the tannin pessary, or bougie,

* Ringland.—Kidd. *Dub. Journ. Med. Science*, Feb. 1869.

† It is by no means necessary in all cases to dilate the os before touching the interior of the uterus with nitric acid. In many cases where this becomes necessary, the canal of the cervix is sufficiently patulous to admit the silette covered with cottonwool soaked in this agent.

The Doctor says this table was constructed by him seven years ago, as a guide in his company, the *Globe Mutual Life*, of this city, and experience has confirmed its value, as a rule that applicants 25 per cent. under standard weight and 45 per cent. over are not safe cases for insurance at regular rates.

As a limit, therefore, of under and over-weight, it will aid the examiner in forming an opinion of the safety of the risk for his company. Twenty-five per cent. *under-weight* is the loss of one-fourth of the man, and calls for the most searching investigation on the part of the examiner. These light weight cases may be the result of chronic dyspepsia, diarrhoea or dysentery, marasmus, scrofula, hemorrhoids, (bleeding), hypertrophy of the heart, with excessive impulse, albuminuria, Bright's disease. In addition to these in the case of females, some chronic uterine disease may be suspected. The exceptions are few in which it is safe to disregard these limits, and in every such case of under-weight tests for Bright's disease and other obscure organic mischief are imperatively indicated. In this connection will be seen the importance of being accurate in

placed in contact with the os or introduced into the canal. The skin of the abdomen has been leeches or blistered, as seemed most suitable, over the tender spot in the region of the ovary, with very marked benefit. When much leucorrhœa was present, small blisters to the sacrum were found serviceable, while ergot and Indian hemp were useful internally, particularly when hemorrhage was present, but, undoubtedly, the most generally effective drugs were strychnine, in small doses, in combination with dilute nitric acid. To these was added some form of tonic, and, if local treatment was from any cause inadmissible, this mixture, I think, would afford the best chance of relief. The following is the formula used:—

R. Liquor of strychnine, ʒ iss
 Dilute nitric acid, ʒ ij
 Tincture of gentian, ʒ ss
 Hoffman's liquor, ʒ iij
 Aqua, q. s. ʒ viij. M.

The dose is one tablespoonful thrice daily, before meals. If pyrosis is present, which it sometimes is, even in our tea drinking peasantry, a drachm and a half of sedative liquor of opium added to the above for a week or two, taking care to regulate the bowels with suitable aperients, will be found serviceable. In the directions it was not considered advisable to interfere with marital relations, except in case of serious hemorrhage, and, while the value of exercise and fresh air was sufficiently impressed, they were enjoined to avoid standing or kneeling as much as possible.

YELLOW-COVERED HAMS.

Professor Bouchardat, one of the members of the Parisian Council of Hygiene and Salubrity, has recently called public attention to some of the foreign preserved meats imported into France as being unfit for human food, and in many cases positively dangerous. He refers especially to a kind of ham imported from Cincinnati, which is usually enveloped in a cloth saturated with a yellow substance, which, on examination, proved to be chromate of lead—a ready poison. Professor Bouchardat suggests that, if the American purveyors prefer to have a yellow envelope around the alimentary substances they export, the chromate of lead may be substituted by any other yellow substance—turmeric, for instance, which is known to be entirely harmless.

LOTIONS FOR THE REMOVAL OF FRECKLES.

The editor of *New Remedies* gives, in answer to a correspondent, the following recipes for the removal of freckles.

The spots on the skin called freckles are probably of two kinds: one, occurring in persons of light complexion, from exposure to the sun, is caused by a deposit of pigment or melanin in the rete Malpighii and is of the nature of chloasma (or "moth"), melasma, the areola of the breast in pregnancy, etc.; while the other variety is more deeply seated, and, like the pigment of the colored races, dark moles,

etc., is deposited in the corium. The former variety is comparatively transient, and is said to be as successfully treated by spirituous lotions and weak mineral acids, applied several times during the day, as by any other method. At one time and another, however, a large number of cosmetics have been recommended, of which the following represent some of the more recent:

R. Zinci sulphocarb. 2 parts.
 Glycerine..... 25 "
 Aq. Rosæ..... 25 "
 Spiritus vini rect..... 5 "

Dissolve and mix. The freckled skin is to be anointed with this twice daily—the ointment being allowed to stay on from one-half to one hour, and then washed off with cold water. Anæmic persons should also take a mild ferruginous tonic. In the sunlight a dark veil should be worn.

Another formula containing the sulphocarbolate of zinc is quoted from the *Bulletin Gen. de Thérap.* as follows:

A solution of corrosive sublimate either pure or mixed with cyanide of mercury is commonly employed for the removal of freckles; but a collodion containing ten per cent. of its weight of sulphocarbolate of zinc has given excellent results without being accompanied by any of the dangers attending the use of the mercurial solution.

The following formula is an excellent one:

R. Sulphocarbolate of zinc 1 part.
 Collodion 45 parts.
 Oil of lemon..... 1 part.
 Absolute alcohol 5 parts.

The sulphocarbolate of zinc should be reduced to an extremely fine powder, and should then be thoroughly incorporated with the fluid mixture.

R. Pulv. sinapis alb..... ʒ iij.
 Olei amygdal..... ʒ ss.
 Succu limonum, enough to make a thick paste.
 Mix. To be applied as an ointment.

R. Hydrarg. perchlor..... gr. v.
 Acid hydrochlor..... gtt. xxx.
 Sacch. alb..... ʒ i.
 Spt. vin. rect..... ʒ ij.
 Aquæ rosæ..... ʒ viij.

To be used as a lotion.

It is also stated that powdered nitre, moistened with water, applied to the face night and morning, will soon remove all traces of freckles.

Our grandmothers used to have a remedy in buttermilk, with which, in our youthful days, our faces used to be scrubbed on Saturday nights, to clear them of sunburn and freckles for Sunday morning.

THE MANAGEMENT OF ALBUMINURIA.

In an article in the *London Medical Times and Gazette*, Dr. W. H. Dickinson, of London, writes:—

To give rest, as far as may be, to an inflamed structure, is an old and sound maxim; and it is not less obvious, in regard to the system at

large, that if a great channel of exit be obstructed, the materials which therefore tend to accumulate should be sparingly introduced. The diet with albuminuria, save with that of lardaceous origin, in which the secreting power is until late little interfered with, while an exhausting discharge may have to be obviated, should be below the custom of health in its nitrogenous components. It may abound in milk and farinaceous matter, while fish may often take the place of flesh. The increase of albumen in the urine, upon a too early resort to a meat diet, is a common experience. With regard to liquids, it cannot be too strongly insisted upon that the functional strain upon the kidney is not to be measured by the quantity of water which filters through it, but by the quantity of refuse, mainly nitrogenous, which it has to convert and eliminate. Water, which probably transudes almost as through dead membranes, probably makes little demand upon the real secretive function. The worst kidneys, indeed the most hopelessly incapable of their special work, will often discharge most of it; and it is easy to see that its passage, not to be regarded as the result of glandular effort, is salutary, both in the dilution of scanty and irritating urine, and also in washing out the solid products which, under the inflammatory process, collect mischievously in the tubes. A further use is to be discerned in this law. The solids of the urine vary with its water. With given kidneys, the solid excreta wax and wane with the bulk of the urine. Any means, therefore—mere aqueous filtration as safely as any—which increase this will also magnify the components of the secretions which are essential to life. With tubal nephritis, therefore, and scanty urine, an aqueous dietary, even with the addition of distilled water, or the element in some slightly sophisticated shape, will prove in every sense beneficial. In many, perhaps in most, cases of nephritis of tubal origin these remedies of patriarchal simplicity, "spare diet and spring water clear" are all that are needed to guide the disorder to its natural cure. To this surest and safest of diuretics others must often be added, both to lessen dropsy and to avert the dangers of uræmia. The old rule is that, in recent cases, digitalis should be used; it seldom fails to increase the flow of urine, but I am not sure that it does not sometimes do so with some exasperation of the inflammatory action. The bitartrate and acetate of potash, which have a purgative as well as a diuretic action, may probably be safely resorted to; and in chronic cases as much as may be done harmlessly by diuretics may be accomplished by means of scopolarium, nitre, and juniper. Cantharides and the more irritating agents of this class are generally distinctly injurious. Perhaps, next to a regulation of the diet, it is most important to secure a daily and somewhat loose

action of the bowels. Purgatives lessen the vascular tension, which, in both acute and chronic cases, is a measure of their danger; and while it is not advisable too largely to divert the urinary fluids by severe catharsis, increased hardness of the pulse, and other more obvious aggravations of the general state, seldom fail to cause upon constipation. When cerebral uræmia is threatening, hard purging by elaterium or otherwise is essential. As a habitual laxative, a drug less used than it deserves to be—sulphate of potash—given two or three times a day in doses of from ten to twenty grains, is sometimes invaluable. It may be aided, if necessary, by Epsom salts or cream of tartar.

SOME POINTS IN THE PATHOLOGY AND TREATMENT OF CHOLERA INFANTUM.*

By Edward Walde Emerson, M. D., Concord.

* Read before the Massachusetts Medical Society, June 13, 1876.

If, during the last year, out of every twelve deaths in Boston one had been from yellow fever, Asiatic cholera, or plague, every one would be alarmed; the legislature, city government, and medical societies, would bestir themselves. But that was the actual proportion of the deaths reported from cholera infantum to the whole number of deaths of persons of all ages, and but little comment was excited. Yet the mortality, from either of the dreaded diseases first mentioned, should they get a foothold in Boston, probably would never approach that from this common affection. We have got so accustomed to it that it is regarded as a necessary evil. But the advance of sanitary science and physiology may make it worth while to consider carefully, from time to time, our every day diseases, and see if we are not better prepared to prevent or to fight them with the new tactics and weapons drawn from these sources, instead of using the consolations of philosophy for the annual loss under the old traditional methods.

With regard to this disease there is an opinion fast gaining ground that much if not all of it is due to causes largely within our power to prevent. As I do not propose to go into this branch of the subject, which is happily beginning to excite much attention here and abroad, I will quote but one passage from the excellent little book of Dr. John Simon, the chief medical officer or the Privy Council of Great Britain, on Filth Diseases, which was republished by the State Board of Health. He says: "In all filthy districts one particular class of diseases seems specially apt to stand in relief—the diseases, namely, which in respect of their leading symptom may be generalized as diarrhoeal. * * The mucous membrane of the intestinal canal seems peculiarly to bear the stress of all accidental putridities which enter the blood. Whether they have been breathed, or drunk, or eaten, or sucked up into the blood-vessels from the sur-

face of foul sores, or directly injected into the blood-vessels by the physiological experimenter, *there* peculiarly the effect may be looked for; just as wine, however administered, would 'get into the head,' so the septic ferment, whence-soever it may have entered the blood, is apt to find its way thence to the bowels, and there, as universal result, to produce diarrhoea."

In view of the great prevalence and fatality of this disease which the next month brings with it, under our present sanitary conditions, as surely as it does the white azalea or the water lilies, I have thought it might not be uninteresting to consider briefly in this paper its *pathology* and *treatment* to see if these fields may afford anything new and profitable. Many of the standard books are somewhat disappointing in their chapters on cholera infantum. The pathology is not often very definitely stated. Were this done, perhaps modes of treatment more in accordance with the physiological indications thence deducible, and offering better prospect of success, would supersede the more or less blind and unsatisfactory methods often recommended.

Pathology.—The name cholera infantum is often loosely applied to various summer diarrhoeas, but should be confined to that violent choleric form, gastro-intestinal catarrh of young children of which Leube says, in his article on the subject in Ziemssen's Cyclopædia, that "its symptoms so closely resemble those of Indian cholera that if one were confined to the observation of the individual case he could not say which it was." However the irritants or occasioning causes may differ, the weight of testimony of the best modern authors is so great for the entire identity of the symptoms and of the post-mortem appearances in a severe case of this disease and of cholera morbus with those in Asiatic cholera, that I may safely treat of the pathology of the choleric state in general, drawing my instances from cases of epidemic cholera also.

This condition becomes all too familiar to the physician during the weeks when the thermometer reaches 90° Fahr., when he may see a rosy, well-nourished, active child, with perhaps no warning beyond a very short stage of indigestion, suddenly seized with violent and profuse watery discharges, and soon after with vomiting of quantities of clear or slightly tinged liquid. There is coldness, pallor, pinched appearance, and even cyanosis of the surface, beginning at the extremities, but rapidly spreading to the trunk and head, which was at first remarkably warm, and the abdomen is a little distended. Notwithstanding the great apparent cooling, the deep rectal temperature rises to normal or above, according to the best authorities. The pulse is rapid, and becomes momentarily more difficult to feel. The thirst is great, the drink vomited. At the end of two days, or

in extreme cases even of twelve hours, the child may be hardly recognizable as it lies faintly fretful or drowsy, the fontanelles sunken, the lids half shut over rolled-up eyes, pulseless, pale, and cyanotic, with sharp features and cold, clammy, and apparently wasted limbs, the abdomen relaxed, the skin wrinkled and inelastic, the urine suppressed, the upward and downward discharges less frequent or stopped, the respiration shallow, the breath cold, and perhaps alarming little premonitory twitchings of the limbs. In old times, when they used to bleed, it was found that only a drop or two of thick, dark-red blood would flow.

When matters have reached this state, the child will almost surely die, either by increasing sopor or by convulsions. Or, under favorable circumstances, before extreme algidity and coma are reached, reaction may set in. In fact, one striking point about the state is that it seems to be self-limited if the patient can survive until the turning-point comes, which is usually not more than two and a half days at farthest from the onset. Then the patient usually begins to recover with great rapidity, unless a relapse occur or entero-colitis or other complication arises. The vomiting ceases, the pulse returns, the stools are less frequent and contain more fecal matter, the pinched and wasted appearance of face, body, and limbs disappears, with the return of warmth, color, and natural perspiration. Urine reappears, the rectal temperature falls to normal, or a little below, as the surface temperature rises. After death in the extreme algid state the surface temperature may slowly rise to normal or above, the body cools off very slowly, and rigor mortis comes on late and persists long.

The post-mortem appearances show no structural changes except a swollen condition of the solitary follicles, and Peyer's patches. Sometimes thickening of the blood and occasional slight ecchymoses under the serous membranes are found. The intestinal walls are injected. The large abdominal veins, the right side of the heart, and the pulmonary arteries are found distended with dark blood. The kidneys are congested, and sometimes the tubules are full of epithelium. The left side of the heart and the arteries are very empty, the membranes of the brain a little injected, the brain itself bloodless and sometimes cedematous. The lungs seem empty and dry, and collapse greatly. The intestine is full of clear or slightly turbid fluid like the discharges, consisting mainly of water and chlorides, with a little albuminous flocculent matter, showing under the microscope swollen epithelium and granular matter.

What, then, is the pathological condition that occurs? The collective symptoms of paleness, coldness, cyanosis of all the surface, and probably too of the lungs, together with the internal objective and subjective heat and the

immense activity of movement and transudation in the bowel, the suddenness of the collapse and apparent emaciation, and the equal suddenness of the recovery and the reappearance of heat and *turgor vitalis* would alone demonstrate, as plainly as any clinical phenomena could, that the main pathological condition was an entire change of the equilibrium of the circulation, namely, the engorgement of the abdominal at the expense of the peripheral and respiratory organs. The post mortem appearances put the matter beyond all doubt. In fact, it is a condition in many respects analogous to two other circulatory disturbances, syncope and shock, the pathology of which states are set forth at length in an interesting article in the *Practitioner* for October, 1873, by T. Lauder Brunton. Just how this disturbance of circulation is wrought is not certain, but a physiological explanation may be hazarded. To do this more clearly I will venture very briefly to state the received theories as to the innervation of the intestines.

A. Local ganglia have been demonstrated in the intestinal walls.

B. The vagi and the splanchnic nerves jointly preside over the stomach and intestines.

C. The vagi (sensory in their function) are the accelerating nerves of the intestinal tract. Their irritation produces increased movement of the intestines and also heightened secretion, and after their section, as demonstrated by Brodie and lately more completely by H. F. Wood, of Philadelphia, even the most irritant cathartics fail to act.

D. The splanchnic nerves are the restraining nerves of the stomach and intestines. They are so, probably, through their being also the vaso-motor nerves of the intestinal tract. Their section, as the experiments of Moreau proved, causes increased secretion and movement; in other words, corresponds nearly in effects to the irritation of the vagi.

Would not the following theory, then meet the exigencies of the case, namely:—

That the cholera poison or irritant acts with special force on the places where it is most concentrated, namely, the gastric and intestinal mucous membrane; that there its first action would probably be on the local ganglia, producing, we may suppose (since the existence of vaso-dilators is not yet proved) a local vascular spasm, which soon exhausts itself, and is succeeded by relaxation of the walls of the vessels, through temporary paralysis of the splanchnic nerve, resulting in strong congestion. This would cause greatly increased transudation into the alimentary canal and heightened peristaltic action. Moreover, the vagus, which, as above said, represents the sensory nerve of the stomach and bowels, would undoubtedly be irritated, hence causing increased movement of the bowels. The possibility of

the phenomena of irritation of the vagi and splanchnic paralysis occurring at once from the same cause can be imagined when one considers how much sooner the contractility of small muscles of the vessels innervated by the splanchnic would probably be exhausted than that of the larger constrictor muscles of the bowels. The poison, if absorbed to some degree into the circulation, could cause directly (or, if not absorbed, by reflex action) spasm of vessels remote from the seat of its extreme and paralyzing action, namely, the peripheral and pulmonary vessels. The blood, then, almost stagnating in the large central vessels and driven from the systemic arteries and left heart by their continued contraction, would accumulate in the right heart and pulmonary arteries. Hence the carbonic acid would increase and the oxygen diminish in the blood, and both of these circumstances have been found by experiment to increase peristaltic action. Finally, from prolonged irritation the vagus becomes paralyzed, and the stomach and bowels cease to act, and the left heart, not having blood enough to contract upon, and suffering also in its nutrition from the condition of the coronary arteries becomes paralyzed, or else the brain becomes cedematous, and convulsions occur. In cases that recover we may suppose that much of the poison having been eliminated, or having worn out its effects, or lost its activity, relaxation succeeds the spasm in the exhausted muscular walls of the peripheral and pulmonary vessels, while those of the abdomen, after long dilatation, relieved of their load by the equalization of the circulation, gradually recover their tone. So much for hypothesis as to the method of production of this pathological disturbance of equilibrium occasioning the alarming symptoms; of the fact we may feel reasonably sure.

Treatment.—The most ardent advocate of expectancy would admit that were it possible to remove the condition upon which all these phenomena depend, instead of trying to repress them individually, the former course would be as much more wise and desirable than the latter as the mending a leak in a roof would be than the constant renewal of the rain-spoiled wall-paper, plaster, and carpets.

I think it is not too much to say that we know enough of the main pathological condition to justify us in attempting to treat it directly, and that the newer treatments that have aimed at this object seem to have had success enough to justify a continuance of them. Certainly no patient looks a more unpromising subject for treatment than a child in advanced collapse from cholera infantum, and yet the change from all but death to life that may occur in a few hours, should reaction be brought about, is a fact as encouraging as it is surprising.

Steiner, in his excellent little hand-book of children's diseases, says of this disease, "Let

the physician treat early and actively; inactive expectancy is nowhere more punished than here."

Prevailing Treatments.—Before speaking of the modes of treatment that seem most indicated by the known and suspected pathological conditions and to have stood the test of experience, I will briefly allude to those more in vogue, purposely omitting prophylactic treatment as a branch which opens too wide a field for the limits of this paper. In what follows, for reasons before mentioned, I shall speak of the choleraic condition, whether from sporadic or epidemic causes, as essentially the same state, and remedies effective in the worse form would probably, *a fortiori*, promise even more in the milder form.

Too many of the treatments proposed are symptomatic in the narrowest sense of the word. This is not true, however, with regard to the old *eliminative* treatment, which was at one time popular on theoretical grounds in the evacuant stage. Dewees is dissentingly quoted by Churchill as recommending "warm water to encourage the puking and enemata of warm water to clear the bowels," and even at present Goldbaum, a German writer, goes so far as to maintain that transudation is a favorable occurrence, and not to be interfered with. It is difficult to see, with the now commonly accepted theories of the emetocatharsis being due to an irritant, organic, or inorganic, working specially on the intestinal tract, why this is not a conservative process by which the body endeavours to rid itself of the offending presence. It is not improbable that it is so to a certain extent, but clinical experience shows that this process may continue until it becomes the main source of danger.

Energetic diaphoresis is frequently recommended at the very beginning of the attack.

Either at the outset or after one artificially produced catharsis, almost all writers recommend opiates to check the discharges, some combining them with astringents, and some with chalk or lime-water, on a theory that an injurious acidity prevails in the alimentary canal. These are continued, even in large quantities, into the stage of collapse.

Calomel was until very lately almost universally given in the first stage, with a view that it either was, or ought to be, beneficial in some way. The medical adviser, like Holme's Rip Van Winkle, finished his directions thus:—

"Last with a dose of cleansing calomel,
Unload the portal system,—that sounds well!"

Niemeyer, who considers it a sheet-anchor in cholera infantum, thinks that its good effect is only to be explained by its power to arrest decomposition and hasten the removal of irritating ingesta. Leube, in Ziemssen's Cyclopædia, recommends it as an efficient cathartic. Meigs and Pepper hold that it acts in the large doses

commonly given as a powerful sedative, too powerful, they urge, for a depressing disease.

Subnitrate of bismuth in large doses is much recommended to allay irritation by its mildly astringent and sedative action. Small doses of nitrate of silver are tried with similar object.

Hydrochloric and sulphuric acids, the latter combined with ether as the elixir Halleri, carbonic acid, and benzoin are all recommended on antiseptic grounds.

Chloral hydrate has been given by subcutaneous injection for its sedative effect. Of its good results more will be said later.

Now all writers recognize the importance of water, but many fear to give it in any other form than ice pills.

Spice poultices or sinapisms to the abdomen are recommended to check vomiting, and Niemeyer urges the application of frozen compresses to the belly.

In the stage of collapse most authors advise alcoholic stimulants, usually the most rapidly diffusible ones, to be given frequently, in small doses, together with opiates, if the discharges persist.

Warm or hot baths have been recommended in this stage, sometimes with the addition of mustard. Intra-venous injection of water, or salt and water, or of milk, have been resorted to in the worst cases, and even transfusion of blood.

Finally, the bad percentage of recovery when marked collapse has been reached, either in the sporadic or in the epidemic form, under almost all treatments, has led some writers to believe that the patient has the best chance of recovery who is let alone to wait for the natural turn of the disease, should his strength hold out, and only given a little ice, with perhaps mild opiates, and very thin, bland nourishment.

In the third, or reactionary stage, great care is advised in the administration of nourishment and stimulants, for fear of occasioning relapse or favoring secondary inflammations of the bowels or other organs.

No writer of any merit on cholera infantum fails to notice the main importance of dietetic treatment, but ideas on this subject differ widely. Niemeyer urges, as of primary importance, the necessity of absolute withdrawal of nourishment for a time, urging that whatever is given before the irritant has left the stomach will surely undergo abnormal decomposition and increase the mischief. Few others dwell on this point, but, if the child is being brought up by hand, recommend either barley-water or some similar mild farinaceous nourishment, or else beet-juice, chicken-water, or finally raw beef, scraped and perhaps moistened with red wine. Others recommend artificial foods made with reference to the deficient power of a child's digestive fluids to convert starch into dextrine, in which that transformation has been outside the body.

Treatment Recommended.—Now if the views set forth in the earlier part of this paper fairly represent the pathological facts, what would be a rational treatment of the choleraic state?

Waiving the question of prophylaxis and its corollary, the question how to directly destroy or neutralize the organic irritant (if such exist) after its introduction into the body, the first indication is to correct the dangerous and unfair distribution of the blood in the body, to which the purging, vomiting, cramps, and coldness, seem to be directly due, and later the greater danger of coma, convulsions, or paralysis of the heart.

Second. If we fail in the first attempt, or do not succeed until late, we should supply the water and perhaps also the salts drained from the blood, as the thickening of the blood would prevent the good effects of the natural turn of the disease, should we have to wait for that, and perhaps dispose to various organic lesions.

Third. We should attend to the general hygiene, diet, etc., of the patients.

As to the first indication, the problem is how to cause dilatation of the peripheral vessels and contraction of the overloaded abdominal ones. If we had any means of getting directly at the splanchnic nerves, we could probably by galvanization of them directly cause the contraction of the mesenteric vessels. Ludwig and Thiry found that after section of the spinal cord in the neck, whereby dilatation of the mesenteric vessels was caused, galvanization of the lower segment would cause extreme contraction of them. Possibly galvanization applied over the middle dorsal region of a patient might produce the same effect. Chapman maintains that he can occasion it by ice-bags applied to the spine, which he uses to check diarrhœas and reflex vomiting.

Brückner, a German writer, claims that cold sand-bags of moderate weight laid on the abdomen of cholera patients, mechanically check the access of blood to the abdominal vessels and favor its escape. Transudation is thus hindered, and perhaps absorption is favored; moreover, the peristaltic movements of the bowels are not so free. These sand-bags might be used carefully, with hot applications to the extremities.

We have a much better chance of success, however, if we try to unload the abdominal vessels by relaxing the peripheral ones by means of strong derivatives applied to the surface. Steiner strongly urges baths of from 99° to 104° Fahr. in the algid stage, combined with stimulants internally, and Leube, in Ziemssen's Cyclopædia, recommends the same. The distinction, too often neglected, between a warm bath and a hot bath is of vital importance here. No bath of less than 99° would be desirable. A writer in an English journal within a year or two, whose name I have lost, mentions his very gratifying success in treating the algid stage of

Asiatic cholera by prolonged hot mustard packs. In accordance with this plan I treated three cholera infantum patients last summer, who were rapidly cooling off and assuming the characteristic pinched appearances of collapse, by suddenly wrapping them to the chin in cloths wrung out in hot water and mustard, with a blanket outside, and while thus mummied, feeding them with plenty of ice-water and a little brandy. The pack was kept up half an hour or more, and during that time the change in the child's appearance was remarkable; the color and warmth returned to the surface, the tissues filled out, the features lost their pinched and old look, a natural perspiration broke out, the vomiting ceased, and the discharges grew less frequent. The mustard sheet was then withdrawn, but the child left enveloped closely in the warm, moist blanket. The pack in one instance had to be renewed at intervals, as a tendency to relapse manifested itself after some hours, but the condition of all mended in marked manner after the first application, and all made a good recovery.

With regard to medication, if the choleraic state last any length of time, the blood must necessarily be altered by its drain of water and salts. Water, then, is the first medicine indicated, and should be constantly given in the form of ice-pills or spoonfuls of ice-water. Small enemata of slightly salt water immediately after a dejection might help to supply the lost fluid. Should vomiting and purging go far enough to cause a fear that the blood was becoming too much thickened, intra-venous injections of water should be tried, and if it were thrown in at a temperature of 100° the heat might help relax the surface vessels. Milk and blood have also been used, but water seems more indicated, as in this disease the blood loses little albumen and no corpuscles.

As to the administration of drugs by the mouth, the fact of the probable very slight power of absorption at that time is usually overlooked. It is found that belladonna introduced into the stomach in large doses will not dilate the pupils. The medicines, stimulants, and food, then, can have little power in the present condition, nor yet help to bring on reaction, and if often repeated they may, when reaction sets in, be all greedily absorbed at once, and so do great harm, a fact to which Meigs and Pepper very properly call attention with regard to pouring in opium and alcohol in the algid stage. Internal administration of antiseptics has not so far seemed to fulfil the expectations of its advocates. As for calomel, it seems hardly indicated in the pure choleraic stage, unless there is the best reason to believe that some crude ingesta still present in the intestine demand a cathartic.

In the *Practitioner* of July, 1875, was a very striking article on the use of subcutaneous

injections of chloral in the evacuant or algid stage of cholera, by Surgeon A. R. Hall, with accounts of cases treated by him and Mr. Higginson, another English army surgeon. The number of cases treated by these two gentlemen was large, and the onset severe and alarming, but they lost hardly a case. They injected two-grain doses of chloral, diluted with ten times as much water, into the arms and legs of patients, some in extreme collapse, and in almost every case good and speedy recovery ensued. Few patients had more than eight to ten grains in all. Mr. Hall's theory was that the vascular condition was due to extreme vasomotor irritation, and that the usual stimulant treatment only heightened the difficulty, as was shown by its small percentage of recoveries, sometimes only eighteen per cent. So he looked about for a sedative to relax the general spasm, and tried chloral with the brilliant results above mentioned. It is interesting to know that the government in India have taken pains to publish and circulate Mr. Hall's happy experience in the treatment of cholera collapse. His method seems to be well vouched for, and I see no reason why it should not be applicable to the choleraic state in children, if the injections were given progressively and carefully watched.

One word, in conclusion, as to babies' food, though that subject has been so well treated at recent meetings of the society that it is almost superfluous to say a word more. There is a point which I wish to allude to, namely, the great popularity among the rich and poor of the *nursing bottle with the flexible tube*. It is an invention of which Herod might have been proud. It is always in the baby wagon or the crib, in hot sun or close air. The child falls asleep with its nipple in his mouth. The mouth is usually never washed; the bottle and tube are, "with scalding water and with soda," so the mother says if you ask. Smell it, and see what you think. Take a parallel case. What prospect could a man have of immediate and satisfactory recovery from cholera morbus, or even dyspepsia, who should eat soup, freshly made perhaps, but out of a tureen which had been standing half a day with the remains of yesterday's soup in it, in a close room with a temperature of 90°; who, moreover, should never rinse out his mouth nor allow time for digestion, but should go to sleep with a piece of bread soaked in soup in his mouth, and, if colic or oppression caused him to complain on waking, should at once take more soup out of the unscalded tureen? This is not an agreeable picture, but it is a fair analogy. Is a teething baby's stomach stronger than a man's, that the doctor should tolerate the form of nursing bottle which encourages and contemplates a management of his diet exactly parallel to that in the unattractive picture I have just drawn?—*Boston Medical and Surgical Journal*.

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MONTREAL, OCTOBER, 1876.

TO CORRESPONDENTS AND EXCHANGES.

The new Post Office in Montreal being now in use, the number of our Box is 356, instead of Drawer 56, as it was in the old Post Office. Will correspondents and exchanges kindly make a note of this?

TO OUR SUBSCRIBERS.

We have been somewhat delayed in the issue of this number, waiting for paper. As our readers will notice, we now cut and trim the *Record*, which, in our opinion, gives it a neater appearance, and will doubtless be found convenient as well. This change, necessitated the manufacture of a paper specially for us, and a delay in its receipts has compelled us to postpone our issue a few days. In our September number we enclosed accounts to all our country subscribers, and we are gratified to be able to say that quite a number forwarded the amount promptly. To them we return our thanks, and we believe they will receive the *Record* with a clearer conscience, now that they have squared their accounts with us. Some, however, have neglected to respond to our appeal. To them, we again enclose a gentle reminder, and we earnestly ask them to remit at once. We have payments to make, and, as the amount owing by each is small, we again remind them to do by us as they would wish to have done to them,—*remit at once*, and return the account, so as it can be receipted.

MONTREAL MEDICAL SCHOOLS.

The Medical Faculty of McGill University opened on the 2nd of October, by an introductory lecture from Professor Ross. The attendance of students is about the same as last year, in the neighborhood of one hundred and twenty. Bishop's University Medical Faculty opened their Sixth Session on the 4th of October, with an introductory lecture from Professor Leprohon. The attendance of students

is in excess of last year, about forty being in attendance. The supply of anatomical material is said to be good, although the inspector of anatomy is almost a myth, and *does not do his duty.*

The Victoria Medical School opened on the 2nd of October, with an Introductory Lecture by Professor Peltier.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

On the 13th of October, the Annual Meeting of this Society was held, when Dr. Godfrey, the retiring President, delivered his valedictory address. The following were elected officers for the ensuing year: President—Dr. George E. Fenwick. First Vice-President—Dr. Francis W. Campbell. Second Vice-President—Dr. Angus McDonnell. Secretary—Dr. Arthur A. Browne. Treasurer—Dr. Alexander Proudfoot. Council—Dr. S. B. Schmidt, Dr. R. A. Kennedy, and Dr. George Ross.

HYPODERMIC INJECTIONS OF COLD WATER.

Some time ago M. Lélut sent a communication to *L'Union Médicale* on the relief of pain by hypodermic injections of cold water. Lately Dr. Dessau, of New York, has been giving a trial to this simple remedy to seven cases that came under his care. They were nearly all cases of articular rheumatism. In all, the pain appeared to be almost instantaneously relieved by the injection, and in several instances it did not return. Dr. Dessau, thinking that the relief obtained may have arisen from the mere puncture of the skin, as in acupuncture, inserted the needle in the manner adopted in that operation, but the effect was nothing to be compared with that experienced after the injection of cold water. In one case Dr. Dessau injected as much as ten syringefuls of water at one visit, so that there is no danger from the quantity employed; and he thinks this will be found a valuable and ready means of relieving pain, especially when it is not desirable to resort to the use of morphia and other narcotics.

It is very probable that this plan of treatment will often be found efficacious in the relief of that pain which is so characteristic of neuralgia and various forms of rheumatism. And we base this presumption not so much upon the result of Dr. Dessau's experiments, which are not sufficiently numerous to enable us to form a correct opinion, but upon the *a priori* consideration that the sudden

applications of intense cold, such as that afforded by snow, ice, and freezing mixtures, has often given speedy and permanent relief in cases of neuralgia that have resisted all ordinary kinds of treatment."

HOW TO MAKE LEECHES BITE.

Every practitioner must have found how difficult it is at times to make leeches bite, and perhaps the following method, which we take from a recent number of *Le Progrès Médical*, may interest our readers:—

"In order to make leeches 'take' immediately we should put them into a glass half filled with cold water. We should next carefully bathe with warm water the part to which we wish to apply the leeches, and then quickly apply the glass to the skin. By this means the leeches will attach themselves to the skin with surprising rapidity, the patient merely feeling one simple bite. When all the leeches have taken, the glass should be moved in such a manner as not to wet the patient. To accomplish this it will be sufficient to receive the water at the most depending part into a sponge. If we wish to apply the leeches to only a very limited surface, all we need do is to place on the glass previously to its application a sheet of strong paper with a hole cut in it of the required size."

MILK OF MAGNESIA.

We have received from Messrs. Devins & Bolton, of Apothecaries Hall, next to the Court House, Montreal, a sample of "Milk of Magnesia," for which they have been appointed agents for the Dominion.

It is the only perfect hydrate, or complete combination of Magnesia and water, *by a new and improved process*, and is not, as many suppose, calcined Magnesia triturated and suspended by a mucilaginous or other auxiliary body. Microscopic examination of it, when mixed with distilled water, discloses a uniform cloudiness, but no separate particles of the alkali. Being a hydrate, it is far more efficacious than the calcined and carbonated preparations of Magnesia, which are insoluble, since the hydrate form is that in which combinations are most readily effected in the stomach. In illustration, take the action of the Hydrated Sesqui-Oxide of iron, the antidote to Arsenic, which it decomposes and then unites with, as Arseniate of Iron. The Lactate of Lime, the Phosphates and other hydrates, exemplify the above fact. It is claimed that the Milk of Magnesia combines with and

neutralizes the Lactic, Lithic, and Uric Acids, which are generally admitted to be the exciting causes of Gout, Rheumatism and Gravel. It is, moreover, susceptible of the most perfect homœopathic distribution, since a single drop amalgamates completely with a tumblerful or more of water.

The use of Milk of Magnesia is free from the risk attending that of the undissolved Magnesias, which form hurtful concretions in the stomach and bowels—a fact which renders them peculiarly unsuitable to the delicate infant organism. The perfect smoothness and milk-like taste of this Magnesia, on the contrary, make it the best of all Antacids, and whether used for children or adults, physicians who test it will find that this hydrate possesses all the medicinal properties of Magnesia in a much higher degree than the calcined and carbonated preparations of that important alkali, without any of the above objections.

In calling the attention of the profession to the Milk of Magnesia, the proprietor claims to present it with an entirely new therapeutical agent, which both Physicians and Pharmacists will readily appreciate.

Milk of Magnesia is sold in 8 and 20 ounce bottles; the latter size will be found very convenient for dispensing. It is compatible with all compounds and preparations in which the ordinary Magnesias have hitherto been used.

PERSONAL.

Dr. Lawrence (M.D., Bishops College,) 1873, has removed from Marbleton, Que., to Robinson, Bury, Que.

Dr. Gardner, Professor of Medical Jurisprudence McGill University, returned from his European trip by the Allan mail steamship "Sardinian," on the 23rd of October. Dr. Gardner was absent six months.

Dr. Sheridan, (M.D., Bishops College, 1876,) has gone to Gaspé Basin to settle.

Dr. Molson, M.D., McGill College, 1875, has commenced practice at No. 10 Phillips square, Montreal.

Dr. Costigan (M.D., Bishops College, 1874,) has, owing to ill health, been obliged to desist from practice at Indianapolis, Indiana, and has proceeded to Colorado, where he intends passing the winter.

Dr. Marston, (M.D., McGill College, 1874,) has accepted a position as Surgeon, on the Allan Mail line.

Professor Lister, of Edinburgh, passed through Montreal and visited Quebec and the Saguenay, previous to attending the International Medical Congress. He intended going over the Pacific Railway to San Francisco, before returning home. Dr. Hare, of London, passed through Montreal, after the Congress was over; as did Dr. Barnes, of London, and Mr. Joliffe Tuffnell. Dr. Barnes remained one day in Montreal, Mr. Tuffnell remained two.

The Model City of Health, proposed by Dr. Richardson, of London, is about to be tried practically. A site has been secured on the coast of Sussex, England, where the city will be laid out.

THE CENTENNIAL MEDICAL CONGRESS.

This Congress, looked forward to with the most anxious feelings, not only by the medical profession of the City of Philadelphia, but of the United States, opened at Philadelphia, on Monday, the 4th of September last. The beautiful, although somewhat sombre chapel of the University of Pennsylvania, at the hour of noon on that day, presented a scene which those whose privilege it was to be present will not soon forget. It was filled to overflowing by an audience, which was in every respect a representative one, for there were in attendance medical men from almost every quarter of the globe. After prayer by the Right Reverend the Bishop of Pennsylvania, the venerable Professor Gross rose, and delivered the following address of welcome:—

My colleagues have confided to me, as the President of the Centennial Medical Commission, the agreeable and honorable duty of opening this International Medical Congress, so long the object of their solicitude and earnest labour. In their name, then, as well as my own and that of the entire medical profession, whose great heart this day throbs in unison with ours, I extend to you our right hand, and bid you a thrice cordial welcome to the City of Brotherly Love. The occasion which has brought us together this morning is one of no ordinary kind; it is one also which has been long and, I may say, anxiously anticipated. It might, perhaps, seem ungracious if I were to tell you how much time and labour have been bestowed by the Commission through its Committee of Arrangements upon the organization of the Congress; how often they met to devise plans and to interchange views; how earnestly and thoughtfully they performed their works: in a word, how faithfully and conscientiously they

discharged the great trust confided to them by the different medical bodies of the City and County of Philadelphia, in which the Congress originated nearly two years ago. * * *

It is at all times a source of gratification to welcome friends, especially when they are united by the bonds of a common brotherhood, or an identity of interest; but on this occasion, so pregnant with important events, the feeling is vastly heightened by the fact that we have assembled around us brethren not only from every section of this great continent, but from various foreign climes—from Europe, the far East, from Japan and China, the Islands of the Pacific, South America, Mexico, the West Indies, and I had almost said, from every country in the world. * * * * *

Men laying aside for a while their ordinary pursuits, crossing vast continents and perilous seas, congregating to unite with us in celebrating our first Medical Centennial, in interchanging cordial salutations, in deliberating upon the best means of promoting the holiest and dearest interests of our profession, and in laying their contributions, the accumulations of years of study and observation, upon a common altar for the common good! In its wide range, the present Congress is without a parallel. Similar bodies have repeatedly met, but none on so grand a scale or with such a cosmopolitan outlook. * * * * *

We are upon the threshold of a new century. One hundred years have passed away since the grand old bell upon Independence Hall announced to the world the birth of a new nation, and liberty not only to our own citizens but to all peoples of the earth. The century that has just elapsed was the most wonderful in all that pertains to human progress, to discovery, to invention, to improvement, to refinement, and to intellectual culture; in a word, to all that ennobles and exalts human nature in its various aspects and phases, that has been vouchsafed to man since God said, "Let there be light." The science of medicine has been completely revolutionized within our own days. The saying, "Old things have passed away, behold all things are new," has literally been fulfilled. The microscope, chemical analysis, clinical observation, and experiments upon the inferior animals, are leading on the medical mind with wondrous velocity in the pursuit of knowledge, and adding daily new facts to our stock of information far beyond what the wildest fancy could have conceived of even a third of a century ago. Dogmatism, once so dominant in the schools, has ceased to exist, and no unacknowledged theories are any longer received by the scientist. Facts, resting upon the broad basis of observation and experiment, repeated and varied in a thousand ways, alone are relied upon as worthy of acceptance and as safe guides in practice. Hippocratic medicine is the order of the

day. Everything bows before its divine behests.

In every corner of the habitable globe penetrated by the light of civilization, busy, active minds, endowed with high culture, and actuated by the noblest resolves, are at work, exploring the mysteries of disease, and devising means or methods of treatment for the relief of suffering and the prolongation of life. The busy bee was never more industriously engaged in gathering honey from the flower of the field than the modern physician is in gathering knowledge at the bedside of the sick, and garnering it for future use. Much of what is considered by many as established must be reviewed in the light of modern science; new avenues must be opened, and the ball, composed of myriads of threads more delicately formed than any ever spun by Penelope, must be pushed onward and upward by the united efforts of the medical profession in all parts of the world. How far the Centennial International Congress shall promote these desirable objects time alone can determine. It may safely be predicted that, if it do not fulfil all the promises of hope that have been formed of it, it will accomplish a vast deal of useful work, and thus afford the world an earnest of its interest in the advancement of scientific medicine and in international unity. Science can have no higher mission than that of strengthening the bonds and securing the co-operation of its votaries in various parts of the globe, assembled to deliberate upon everything calculated to promote its holiest interests.

And now that the labour of the Centennial Medical Commission is completed, it only remains for the Congress, which I now declare open, to perfect its organization by the election of its own officers.

A Committee of thirteen delegates was appointed to nominate officers for the Congress. They made the following report, which was unanimously adopted:—

President, Dr. S. D. Gross, Philadelphia.

Vice-Presidents, Dr. Paul F. Eve, Tennessee; Dr. Jolliffe Tuffnell, Dublin; Dr. W. L. Atlee, Philadelphia; Dr. C. Large, Copenhagen; Dr. J. B. Johnson, St. Louis; Dr. T. Semeleder, Vienna; Dr. Hunter McGuire, Virginia; Dr. Johan Hjort, Christiania; Dr. T. G. Richardson, New Orleans; Dr. William H. Hingston, Montreal; Dr. J. P. White, New York; Dr. H. Miyake, Japan; Professor N. R. Smith, Baltimore; Professor Rudner, St. Petersburg; Dr. J. M. Toner, Washington, D. C.; Professor Hueter, Griefswald; Dr. G. L. Collins, Rhode Island; Dr. R. F. Hudson, Australia; Dr. H. Gibbons, California; Dr. P. D. Basioux, Belgium; Dr. N. S. Davis, Chicago; William Adams. Esq., London, England; Dr. L. A. Dugas, Georgia; Professor Simpson, Edinburgh; Dr. J. K. Bartlett, Wisconsin.

Honorary Vice-Presidents, Surgeon-General Barnes, U.S.A., Surgeon-General Beale, U.S.N.

Secretary-General, Dr. I. Minis Hays.

Assistant-Secretaries, Dr. William B. Atkinson, Dr. R. J. Dunglison, Dr. R. A. Cleeman, Dr. W. W. Keen, Dr. Bertolet.

Section of Medicine, Chairman, Professor A. Stillé; Secretary, Dr. J. Ewing Mears.

Biology, Chairman, Professor J. C. Dalton, of New York; Secretary, Dr. J. Tyson.

Surgery, Chairman, Professor Joseph Lister, of Edinburgh; Secretary, Dr. J. H. Packard.

Dermatology and Syphilology, Chairman, Dr. J. C. White, of Buffalo, N.Y.; Secretary, Dr. A. Van Harlingen.

Obstetrics, Chairman, Professor Barnes, of England; Secretary, Dr. William Goodell.

Ophthalmology, Chairman, Dr. R. Brudenell Carter, of England; Secretary, Dr. J. Green.

Otology, Chairman, Dr. L. Turnbull; Secretary, Dr. C. H. Barnett.

Sanitary Science, Chairman, Dr. Stephen Smith; Secretary, Dr. E. M. Hunt.

Mental Diseases, Chairman, Dr. J. P. Gray; Secretary, Dr. W. Kempster.

On the following day an additional report was received from this Committee, completing their list of nominations.

Committee on Publication (with power to choose its chairman and an editor), Dr. J. Ashhurst, jun., Dr. R. J. Dunglison, Dr. William Goodell, Dr. J. H. Hutchinson, Dr. Caspar Wister.

Treasurer, Dr. Caspar Wister.

Vice-Presidents of the Sections: Medicine, Dr. R. P. Howard, Canada; Dr. J. J. Woodward, U.S.A. *Biology*, Dr. A. Flint, jr., New York; Dr. F. W. Campbell, Canada. *Surgery*, Dr. J. A. Grant, Canada; Dr. J. Ashhurst, jun., Philadelphia. *Dermatology and Syphilology*, Dr. S. Englested, Copenhagen; Dr. E. Shippen, U. S. Navy. *Obstetrics*, Dr. A. Simpson, Edinburgh; Dr. W. H. Byford, Illinois. *Ophthalmology*, Dr. William Thomson, Philadelphia; Dr. W. H. William, Texas. *Otology*, Dr. A. Buck, New York; Dr. C. J. Blake, Boston. *Sanitary Science*, Dr. J. S. Billings, U.S.A.; Dr. H. B. Baker, Michigan. *Mental Diseases*, Dr. J. Ray, Philadelphia; Dr. E. Grissom, New Orleans.

It will be noticed that in the above reports Canada was specially honored. Dr. Hingston, our worthy Mayor, was chosen one of the Vice-Presidents of the Congress, while Dr. R. Palmer Howard, of Montreal, Professor of the Theory and Practice of Medicine in McGill University, was elected one of the Vice-Presidents of the

Section of Medicine. Dr. James A. Grant, M.P., of Ottawa, was elected one of the Vice-Presidents of the Section of Surgery, and Dr. Francis W. Campbell, Professor of Physiology in Bishop's University, was elected one of the Vice-Presidents of the Physiological Section.

The Congress being thus fairly inaugurated, adjourned to meet in sections, and it was here that the real work was done. The plan daily adopted was the following: The Congress met at ten a.m., and received reports from the Sections. Then there was read at each of these sessions a paper on various medical topics. Such as an address on Medicine from Dr. Flint, sen., of New York; one on Hygiene from Dr. Bowditch, of Boston; an Address on Surgery, by Professor Paul E. Eve, of the University of Nashville, &c. &c. At one o'clock the Congress adjourned to take lunch, which was daily served in a large room in the basement of the University. At two o'clock the Sections met and usually continued in session till six o'clock, and sometimes this hour was exceeded. The Sections which attracted the largest attention were the surgical, the obstetrical, and the medical. All of these had constantly large audiences. In the Surgical Section, Professor Lister, its Chairman, was the observed of all observers, and received a most cordial reception. On the second day he illustrated his method of antiseptic dressing and explained most fully the basis as well as the superstructure of his germ theory. From the opening of the section, at two o'clock, till its close, past six—with but a short interval of less than an hour, which was taken up by a few other speakers—Professor Lister occupied the time of the Section. No greater compliment could Professor Lister have received than was accorded by the close attention which was given him during his three hours of speaking. In the discussion of the system of antiseptic surgery, there was an evident wandering on the part of many, if not most, of the speakers, and it devolved upon a distinguished Canadian, Professor Canniff, of Toronto, to more than once cause them to face about. In this Section many valuable papers were read, and the discussions were intensely interesting. Professor Lister made an excellent Chairman. He has aged somewhat since we attended his classes at the University of Glasgow, in 1861, but he is still fresh and hearty, and will, we hope, be long spared to

battle for his favorite theory. In the Obstetrical Section, Dr. Barnes, of London, England, occupied the chair. He is a thorough Englishman in appearance—rather under-sized, with an open, pleasant face, and is a plain, pointed and honest speaker. More than once he saved his Section from committing serious blunders—of endorsing too dogmatically conclusions arrived at by the readers of papers. His opinions carried, as a rule, the Section with him. This Section, perhaps, embraced as many, if not more, able men than any other Section—here was constantly to be seen and heard such men as Professor Simpson, of Edinburgh, Dr. Dunlop of the same place, the two Atlees of Philadelphia, Hodge, Byford, and Fordyce Barker, Canada, was well represented by the venerable Dr. Hodder of Toronto, Dr. Thorburn of the same place, and by Dr. Trenholme of Montreal, the latter gentleman reading a most interesting paper. The attendance of some twenty-seven ladies, students of the Women's College of Philadelphia, in the section was a novelty which, we confess, we failed to appreciate. We gave our seat once to a lady dressed in the height of fashion, with a perfume equal to that to be found in Rimmel's store in the Strand of London, who unblushingly listened to discussions which almost made us blush for her. The Medical section we were only able to visit once, but perhaps it was, in the matter of able debaters, equal, to say the least, to any other section. Dr. R. Palmer Howard, of Montreal, was in close attendance on this section, once occupied the chair, and read a paper on Progressive Pernicious Anemia. Dr. N. S. Davis, of Chicago, took an active part in this section, and generally on the right side. There is no more active worker in the United States than Dr. Davis, who wears well, looking as viry as when we first met him eight years ago at Toronto, attending a meeting of our Canadian Association. The other sections were moderately well attended, and interesting papers were read, but as already mentioned, the interest of the Congress was centered in the surgical, medical and obstetrical. The work of the various sections closed on Friday evening, the 8th of September, and on the morning of the 9th, the Congress met in general session for the last time. It was a time of pleasant interchange of compliments, in which the

representatives from Great Britain and from Canada took a prominent part. Dr. Hare, delegate from the London Medical Society, and Dr. Brudenell Carter, ophthalmic surgeon to St. George's Hospital, London, were the spokesmen for the British representatives; Dr. Grant, M.P., of Ottawa, in a neat speech spoke upon behalf of the delegates from Canada, and presented a series of complimentary resolutions which had been adopted by the Canadians in attendance on the Congress. Shortly after noon the Congress adjourned, thus terminating what was perhaps the most remarkable gathering of medical men which has ever been held.

We have thus given an idea, we trust, of how the Congress performed its work, but as all work and no play is not a good thing, there was arranged a number of very pleasant entertainments. On the night of the first day of the Congress a reception was given the delegates by the profession of Philadelphia at the Judges' Hall on the Exhibition grounds. It was very largely attended, and was a pleasant way for the delegates to become acquainted. It was brought to a conclusion by a supper in the American Restaurant, Exhibition grounds. On Tuesday evening elegant receptions were held at the houses of Drs. Wilson and Strowbridge, and on Thursday evening the well-known publishers Henry C. Lea and J. P. Lippincott held similar entertainments. On Friday evening the grand dinner of the Congress was held, at which over two hundred were present.

Among the distinguished foreigners who were present may be mentioned:—

Mr. William Adams, President of the Medical Society of London; Dr. Robert Barnes, Obstetric Physician to St. George's Hospital, London; Dr. Gregorio Barroeta, San Luis Potosi, Mexico; Dr. T. Lauder Brunton, London, editor of *The Practitioner*; Mr. R. Brudenell Carter, Ophthalmic Surgeon to St. George's Hospital, London; Mr. Richard Davy, Hon. Sec. of Medical Society of London; Dr. Pierre Debaisieux, Prof. in University of Louvain; S. Engelsted, M.D., Physician in Chief of Copenhagen Hospital; J. A. Estlander, of Helsingfors, Finland; Dr. M. W. C. Gori, of Amsterdam; Edmund Hansen, M.D., President of Medical Society of Copenhagen; Prof. Johan Hjort, of Christiania, Norway; Dr. R. F. Hudson, of Ballarat, Australia; Prof. Hueter of Griefs-

wald; T. Ishigouro, Tokio, Japan; Dr. C. Lange, Lecturer on Pathological Anatomy in University of Copenhagen; Mr. Joseph Lister, Prof. of Surgery in Univ. of Edinburgh; Dr. Mareas de J. Melero, Havana; H. Miyake, Prof. of Pathology in Med. Col. of Tokio, Japan; S. Nagayo, Director of Med. Col. of Tokio, Japan; Dr. G. Rawson, Buenos Ayres; D. Argyll Robertson, M.D., Edinburgh; M. Rudnew, Prof. of Path. Anat. in Medico-Chirurgical Academy, St. Petersburg; Dr. Leopold Servais, Antwerp; Dr. Alex. R. Simpson, Prof. of Obstetrics in Univ. of Edinburgh; Mr. Jolliffe Tufnell, President of Royal College of Surgeons, Ireland; Dr. W. A. Koukol de Yasnopolsky, St. Petersburg.

CANADA MEDICAL ASSOCIATION AND AMERICAN MEDICAL ASSOCIATION.

A meeting of the Joint Committee of Conference appointed by these two organizations was held at the Jefferson Medical College Philadelphia on September 2nd, at 12 o'clock, noon.

Present Drs. Edward H. Trenholme, J. A. Grant, F. W. Campbell, E. Robillard, of Canada; and Drs. H. J. Bowditch, E. Andrews, Samuel D. Gross, John T. Hodgson, and William B. Atkinson, of the United States.

On motion of Professor Gross, Dr. J. A. Grant of Canada was requested to preside; and Dr. William B. Atkinson, of the United States, to act as Secretary.

By request, the Secretary read the following communication, as explanatory of the Conference:—

“Moved by Dr. Grant, seconded by Dr. Hingston—

“That, in consideration of the best interests of medical science, it is desirable that a Medical Conference should take place between the American and Canada Medical Associations, at some central point, to be determined upon, and that the American Medical Association be advised as to the desirability of thus becoming more intimately acquainted, and affording an opportunity for the discussion of medical and surgical subjects on a common basis.

Which motion was unanimously agreed to, when Dr. Hingston, seconded by Dr. Botsford, moved:—

“That, in the event of such a Conference being

determined upon, it would be desirable that the Secretary of the Canada Medical Association notify the different members, so that they may take part in a manner worthy of the occasion, and in keeping with the best interests of medical science.

“Which motion was also unanimously adopted.

“A true Copy from the Minutes.

“A. H. DAVID, M.D.,

“General Sec. Canada Medical Association.”

Dr. Grant, in an able speech, explained more fully the desires of the Canada Medical Association.

The subject was then discussed by Drs. Gross, Bowditch, Andrews, F. W. Campbell, and Trenholme.

Dr. Andrews then offered the following Resolution, which was unanimously adopted:—

Resolved, That in the opinion of this Committee, the interests of medical science will be promoted by a consolidation of the American Medical Association and the Canada Medical Association in one body.

On motion of Dr. Gross, seconded by Dr. Andrews, it was unanimously

Resolved, That the President of the American Medical Association and the President of the Canada Medical Association be requested to embody this idea properly and emphatically in their addresses before their respective Associations.

On motion, the Conference adjourned, with thanks to the President and Secretary.

CHLORAL PLASTER.

For neuralgia, rheumatic pains, etc., use the ordinary emplastrum roborans, and powder it with the chloral. Apply the plaster to the affected part and leave it from twenty-four to forty-eight hours. When taken off the skin is found studded with vesicles; these are to be pricked with a pin, followed by a dressing with simple ointment. The pain vanishes long before the vesicles are dried up.

MARRIAGES.

On the 25th October, by the Rev. A. Deschamps, Vicar of Notre Dame, of Montreal, William Henry Mondelet, Esq., M.D., second son of the Hon. Justice Mondelet, one of Her Majesty's judges for the Province of Quebec, to Eliza Ellen Hitchcock, fourth daughter of the late John Hitchcock, Esq., of Sudbury, Suffolk, England, and sister to Mrs. James Worthington, of Montreal.