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Original Communications.

OBSTETRICS AND GYNECOLOGY.

By LAPHORN SMITH, Lecturer on Gynecology Bishop's College, Montreal.

At the Brompton and Sussex Medico-Chirurgical Society, a paper was read, (*N. Y. Med. Record*, 9th June, '88) by Sir Spencer Wells, one of the greatest living abdominal surgeons, or perhaps indeed the greatest who has ever lived, on the electrical treatment of diseases of the uterus.

He stated that after visiting Apostoli's clinic, and carefully examining 60 of his cases, the conviction was irresistible that though the method might not have reached perfection, the work so far as it went was good. If the women were not radically dispossessed of their tumors they were symptomatically cured. After enumerating the various forms of uterine disease under Apostoli's care, he says: "In the treatment of these conditions, instead of scraping and cauterizing the cavity with the curette, or caustics, or fire, Apostoli does the same thing with a pole of the galvanic battery. We give ergot, or mercury, or iodine, or bromine, in the hope of altering the nutrition of the diseased mass ; he sends a disintegrating current through it. We castrate to cut short a woman's sexual existence; he seeks to quiet down neurotic sensibility, and induce regularity of ovarian function. Where we proceed to a root and branch extermination, he proposes a denutritive paralysis of the uterine substance. Time will show whether, and how far, he surpasses us in his results."

"Where the object is mainly to suppress hemorrhages," he says "electrical treatment has decided advantages over other practices. Should the tumor be growing, but not advanced beyond the limits of reasonable surgical interference, balancing the comparative risk I should be disposed to put the matter to the test ; since, in case of failure, the more hazardous operation of removal can still be done. In my opinion with the option before her, it would be neither wise nor charitable to give a patient strong advice in favor of immediate cutting operation."

My own experience fully bears out his opinion when he says: "Experience seems to show that there is a group of cases, numerous as they are troublesome, of chronic metritis with enlargement and surrounding deposits, which may be cited as pre-eminently eligible for electrical treatment; they are as regards the patient, painful and exhausting to the judicious surgeon, they are exhausting by their rebelliousness, and in some rash hands they have opened the way to practice more lamentable than the disease. It will be one of the crowning merits of electro-therapeutics, if proved to be equal to bring relief to these patients. Recent reports give good reason to hope that this end may be realized by a careful use of the positive galvano puncture."

In a late issue of this JOURNAL was published the magnificent testimony of Keith, the greatest of Scotch abdominal surgeons in favor of Apostoli's method. As I was the first in Canada to put his method into practice, this testimony of Sir Spencer Wells is especially pleasing to me. When such men as Spencer Wells and Keith believe in it, I can hardly find any room for doubt.

I have at present a number of cases under treatment of hyperplasia uteri, and of chronic metritis and endometritis, in many of which the most urgent symptoms was hemorrhage, which the positive galvano cautery has never failed to cure, on the one condition however of using it strong enough.

In obstructive dysmenorrhœa it affords a safe, easy and almost painless method of opening the stricture at the internal os. I hope shortly to publish a number of these cases in detail.

It has often been stated that the dangers of specialism are to be found in the tendency of its devotees to so concentrate their attention on the diseases of their special organ that they fail to see the general disorders of the whole system, on which very often the special disease depends. It is a healthy sign therefor of the progress of Gynecology to see in the *Centralblatt für Gynecologie*, March 31, 1888, an article by a leading writer entitled "the Cure of Prolapsus Uteri by Exercise of the Pelvic Muscles and Methodical Elevation of the Uterus." It is known as the method of Brandt of Stockholm. The movements are of three kinds, elevation of the uterus, opposed movements of the hipjoint, and percussion of the lumbar and sacral regions. The patient is placed on a couch in the lithotomy position; the operator stands at her left side facing her, and presses the palms of his hands deeply between the symphysis and the fundus uteri, while at the same time an assistant keeps the uterus anteverted by his finger introduced into the vagina. The operator grasps the uterus and draws it upwards, then allows it to sink back into its place; at the same time the finger of the assistant follows the organ upward, and by pressing on the anterior fornix, prevents it from becoming retroverted. This manoeuvre is repeated three times at each séance.

The patient being in the same position, adducts the thigh, bringing the knees and heels in close contact; the operator, sitting beside her, abducts the limb, while the patient opposes him as strongly as possible. When abduction is complete, he seeks to adduct, the patient opposing as before. The percussion movements consist in light taps given with the edge of the open palm.

A successful case is reported of a woman with complete procidentia of 31 years standing. Pessaries had been tried in vain, and the patient would not consent to an operation. From the first day on which this treatment was adopted the

uterus remained within the vagina, after three and a half months the uterus remained in its normal position, and the cure was apparently permanent. (I reported a case a month ago in *American Journal of Obstetrics*, in which the same result was obtained by putting the pelvic muscle through a course of gymnastics, by means of the faradic current of quantity.)

The writer's observations led him to the following conclusions: the opposed movements of the hip are the most important factors in promoting a cure. Elevation of the uterus tends simply to correct the retro-displacement which is always present in cases of prolapsus, and not to fix the organ in its natural plane in the pelvis. During opposed adduction there is an undoubted contraction of the muscles forming the pelvic diaphragm. This may be readily demonstrated in the case of the levator ani, especially when the patient's hips are elevated. When this muscle contracts strongly, not only is the vaginal opening in the diaphragm narrowed from behind forward, but the distance between the portio vaginalis and this opening is increased. Through the action of the levator ani the vagina is separated into an upper horizontal and a lower oblique portion; the former sustains the cervix, so that the more horizontal and elongated it becomes, the firmer is the support furnished to the cervix. In other words the contraction of the levator not only narrows the vagina, but prevents the uterus from sinking downward. If the uterus becomes retroverted, the abdominal pressure will tend to force the cervix forward until it reaches the oblique descending portion of the vagina, when any considerable increase of the *vis a tergo* will cause the uterus to become procident. When on the other hand the organ is anteverted, the abdominal pressure will simply crowd the cervix downward more firmly upon the barrier formed by the contracted levator; hence the importance of keeping the uterus anteverted while practising the opposed movements, the latter tend directly to restore the tone of the relaxed levator in cases of long standing procidentia.

Another writer in the same Journal recommends the following method of diagnosing and treating peritoneal adhesions of the displaced uterus. It may be performed at the office without an anæsthetic. The anterior lip of the cervix is seized with a volsella and is drawn downward and forward, being held in position by an assistant. The examiner can then map out the entire posterior

surface of the uterus as high as the fundus can detect any adhesion, and can tear it if it is not too strong. The uterus may then be lifted on the finger while the external hand is inserted behind the fundus, so as to draw it forward. If the organ cannot be replaced in this manner, the portio vaginalis is drawn backward and downward, and is held in this position, while the operator pushes the fundus upward with his left index finger, assisted by manipulation through the abdominal wall. It is sometimes possible to hook the tip of the fore finger over the cicatricial bands, and to draw them downward and forward so as to stretch or tear them. If this fails, the cervix is again pulled down, and the index finger is pressed against the right corner of the uterus, while the external hand pushes the fundus over to the left as far as possible reversing the manœuvre if necessary.

The following is a brief report of the cases successfully treated by the writer.

Case I. The patient, æt. twenty-three, suffered from dysmenorrhœa, vesical irritation, and dyspareunia. The uterus was retroverted; a broad band could be felt extending from the upper part of the posterior aspect of the organ to the sacrum.

After preliminary treatment with "absorbifacients," attempts were made twice weekly to replace the organ, with ultimate success, the symptoms above mentioned disappearing entirely.

Case II. A woman, æt. thirty, who had had two children by her first husband, married again, and remained sterile after four years. Her uterus was retroverted and attached by thick bands to the left sacro iliac synchondrosis. After preparatory treatment, the adhesions were torn in two attempts, and the uterus was restored to its normal position, the patient eventually became pregnant.

Case III. The patient, twenty-four years of age, had suffered with pains in the rectum and abdomen of six years standing. The uterus was adherent in a position of left retrolateral flexion. It was restored to its normal position after two applications of the treatment above described. The patient was entirely relieved, and became pregnant.

Case IV. The patient, æt. twenty-three, was married at twenty-one and had borne one child; she had septic trouble after confinement, and on convalescing developed pains in the back and abdomen, menorrhagia, and hysterical attacks before the menstrual periods, which recurred at irregular intervals. The uterus was enlarged, retroflexed, and adherent to the right border of the pelvic brim.

After repeated efforts, the adhesions were separated and the organ was brought to the median line. Hemorrhage followed the operation, but this ceased spontaneously. In the course of two weeks the uterus was in its normal position, so that a Hodge pessary could be inserted. In two weeks more the symptoms disappeared, and the pessary was eventually removed. The patient remained under observation for a year, and there was no recurrence.

In several instances adhesions were broken up at the writer's office without preparatory treatment. Ordinarily two attempts were made weekly, but if much pain resulted, only once a week. If the bands are very thick, one must be content with simply stretching them a little each time, instead of endeavouring at once to tear them. If the entire posterior surface of the uterus is adherent, or the organ is buried in a mass of adhesions, he does not try to detach it.

Progress of Science.

THE TREATMENT OF CARBUNCLE WITH CARBOLIZED SPRAY.

By PROFESSOR VERNEUIL, Paris.

For nearly forty years, during which time I have been practicing surgery, I have seen a great variety of methods employed in the treatment of carbuncle, and have observed that these methods tend to become less surgical or operative, but are no less efficacious on that account. At the beginning of my practice, like others, I treated this affection with very deep and long incisions. But I soon observed that this cruel practice was not at all necessary, that it was even dangerous sometimes, and that in the majority of cases recovery was just as rapid without this proceeding. I then recommended, some time ago at the Societie de Chirurgie, to use the knife only in cases where the pain was violent, and when the disease showed a tendency to spread rapidly, leaving to themselves those which were not very painful, or in which the affection was circumscribed.

As soon as Paquelin's thermo-cautery was introduced into practice, I substituted its use for that of knives, which often aggravates the disease by leading to septicæmia, hemorrhages, etc. I made deep and multiple openings, disposed in rings over the affected parts, plunging the cautery into the healthy parts all round. The dressing was an antiseptic, carbolized one. The objection to this method was the time required. When the lesion was extensive, as many as one hundred and fifty cauterizations were sometimes necessary, and they

took at least twenty or thirty minutes to carry out—the patient being, of course, obliged to be put under the influence of chloroform.

In 1881 I had established the following rule: "Exceptional intervention only in grave and well-marked cases; but applied with energy." I varied my *modus operandi*, however, according to circumstances; and instead of using both the cautery knife and the cautery point, I used only the latter.

Such was my practice when, in 1883, I saw a very grave case of carbuncle situated at the posterior region of the neck, in a man of strong constitution, who was suffering from well-pronounced diabetes. The carbuncle was opened at its center, and was progressing rapidly, notwithstanding numerous incisions had been made with the cautery, and the wound had a very bad color. On my first visit I decided that additional openings would be required, and that I would make them the next day. In the meanwhile I ordered the wound to be twice sprayed for one hour with two per cent. solution of carbolic acid. On the next day the wound had no odor, and considerable diminution of the redness and swelling had taken place. I then resolved to try this method further.

Since then I have used the sprays exclusively against all carbuncles—small, medium or large; diabetic or not; painful or painless; still closed, or opened naturally, or by artificial means. This very simple mode of treatment I found superior to all others, in stopping the sufferings soon and in rapidly limiting the extension of the disease.

Amongst the cases I have treated, I may cite that of a young professor of the Paris Faculty of Medicine, who died lately of diabetes complicated with albuminuria. He had a very large furuncle or boil, on his left cheek, with diffuse and deep extension and considerable surrounding œdema. The prognosis was grave, not only on account of the seat of the trouble, but also on account of the presence of sugar, 3.5 per cent. Cardiac and pulmonary lesions rendered the administration of chloroform dangerous. I resorted to the carbolized spray. After the first application the œdema disappeared, the pain diminished and disappeared entirely in forty-eight hours; and after seven or eight days, in six of which the spray was used four times, the large furuncle was reduced to a medium-sized ecthyma pustule; and it was entirely healed by the seventeenth day.

Of course this treatment will not prevent accidents, which may occur when the carbuncle has given rise to an extensive sphacelus in extremely cachetic patients. But in the majority of cases, if taken early, we have in the spray an abortive treatment for carbuncle.

The manner of using the carbolized spray is known to every surgeon. A convenient apparatus is the atomizer, which is heated by alcohol, and which will work for twenty-five minutes. Such a one is sufficient for small or medium-sized carbuncles, and for those which are already opened. For

the large tumors, where the skin is not broken, it is better to use a more powerful apparatus, which gives off a more abundant vapor and has a more considerable force of penetration. The apparatus is placed from one to two feet from the skin, regulating the spray according to the sensation of the patient. I generally place nothing between the carbolized vapor and the wound, or I place there only a single thickness of transparent gauze. Up to this date I have used only the two per cent. solution of carbolic acid. I have not tried other antiseptic solutions, being contented with the results obtained with carbolic acid, which, in my experience, has never irritated the skin nor produced any symptoms of general disturbance. The number of applications of the spray is variable. Usually three or four sittings of half an hour each, every day, are quite sufficient. Between the times of spraying, an antiseptic, carbolic dressing should be applied to the lesion. The patient might find so much relief from the spraying that the sittings could be made much more numerous—six or eight a day. The following precautions must be taken:

1. Carefully protect the normal parts surrounding the carbuncle with compresses, rolled napkins, perforated cushions, or pieces of adhesive plaster perforated at the centre, according to the region which is occupied by the lesion; at the same time protecting the patient's linen and bed-clothes from becoming wet.

2. Place the patient in an easy position, so that he shall not be tired by the spraying. When the boil or carbuncle is at the back of the neck, or on the back, the patient should be seated on a chair, so that he can rest his folded arms on the back of the chair. When the disease is situated in the perineum, or near the anus, the lithotomy position is the best; and when it is in the lateral, lumbar or gluteal regions, the patient should lie on the side with the lower limbs flexed.

The treatment by the carbolized spray is not only very simple, but also adapted to all forms or phases of the disease, being the same from the first to the last. When used at the beginning for a small carbuncle or boil, it has a good chance of aborting it entirely. Later, when the swelling is voluminous or has a tendency to increase, it will stop its progress. Later still, when mortification and perforations of the skin have begun, it limits the sphacelus, helps to the separation of the mortified tissues, disinfects the wound, keeps it clean, and by so doing reduces the temperature and symptoms of general disturbance. Its advantages are increased by the fact that its application does not demand the use of chloroform, and that there is no need to touch the tumor, or irritate it in any way. I have said, and I repeat, that the old method of incision with the lancet was far from being innocent, that these incisions produced in enfeebled patients severe hemorrhages, which were difficult to arrest, and which necessitated the use of painful hemostatics; and that they were capable of developing septicæmia, of propagating gangrene, and of favoring the absorption of putrid matter.

Many surgeons, after having opened a carbuncle, freely scrape, excise or press the spongy mass to evacuate the pus and gangrenous materials. But these proceedings are at the same time dangerous and painful, and should be absolutely avoided; for the use of carbolized spray renders them unnecessary, by disinfecting the wound.

In order to appreciate the danger of using force on a carbuncle or furuncle, one must remember that the infection is of an infectious character, and that the tumor contains pathological microbes capable of extending on the surface, or of colonizing in the interior, by auto-inoculation, or by entering the general circulation.

This last fact is not as well known as it might be, although it is known that a carbuncle, and even a boil, is capable of giving rise to fever, general symptoms, and even visceral manifestations—albuminous nephritis and deep abscesses, for example.

In conclusion, I would state the following views:

1. Furuncle and carbuncle are only different stages of one infectious disease, and are to be treated by the same therapeutical means.

2. The treatment consists in surgical interference or medical applications. The first was formerly thought to be indispensable, or at least was resorted to in a majority of cases. The second were thought to be efficacious only in mild cases, and were employed as secondary measures of relief.

3. To-day surgical intervention is becoming less and less necessary, and should be reserved for exceptional cases; on the other hand, antiseptic solutions of carbolic acid, of boric acid, etc., used in a peculiar way, and especially under the form of prolonged and repeated atomization, are remarkably efficacious, while they are at the same time very simple and free from danger.

4. Sprayings, with very few exceptions, lead to a rapid recovery from the manifestations of furuncle or of a small carbuncle, and they check the disease in graver cases. They very rapidly put an end to the pain, the fever and the general symptoms; they disinfect the purulent and gangrenous spots, and assist the cleansing of the lesion and the formation of granulation tissue.

5. Sprayings may be used in any region of the body for all forms, and in all stages of the disease. They are never dangerous, and will alone bring on a cure in the majority of cases. They would also help greatly to the success of surgical interference, if such should be deemed necessary.

6. Finally, they prevent auto-inoculations and the phenomena of general infection.—*Med. and Surg. Reporter.*

REMARKS ON ROETHELN.

By HENRY DAVIS, L. K. Q. C. P., L. R. C. S. I.,
Tuam, Ireland.

Roetheln frequently resembles ordinary measles; occasionally it still more closely resembles scarlet

fever; yet roetheln is not a hybrid. Measles alone or scarlet fever alone, or both diseases in the same subject, will not protect against it; and, on the other hand, roetheln confers no immunity, neither against measles nor against scarlet fever, nor, I am persuaded, in the least degree against a recurrence of itself. During the continuance of a lingering epidemic, I have seen every member of a large family, nine months' of perfect health intervening, twice attacked by roetheln. From what I have observed of this affection, it would surprise me little to see it seriously put forward that an attack of roetheln rather increases than diminishes the liability to recurrence and to the invasion of other diseases. I had once the opportunity of observing roetheln in a parturient woman; it was but a single instance and insufficient as an argument, still it is worthy of note that the complication in no way interfered with the normal course of labour, nor did it give rise to any unpleasantness afterward, such as would be expected to follow an attack of measles or scarlet fever.

Some years ago, in Manchester, I saw a good deal of an epidemic of roetheln. The invasion was suggestive of measles, accompanied by sneezing, lachrymation, photophobia, fever, general malaise, a slight sore throat, and cough. About the end of the second day, the eruption appeared without amelioration of the other symptoms; on the contrary, the throat was much complained of, the temperature rose often to 105°, and prostration was pronounced. The character of the eruption was not usually the same on the face and over the body. On the face, especially the prominence of the cheek, it appeared as a number of dusky, circular or oval, slightly elevated blotches grouped without regularity. Over the body and limbs it was fairly uniform, much the color of scarlatina efflorescence, with, upon close inspection, many minute elevations. The palate, fauces and tonsils were of a deep red, also presenting minute elevations; the tonsils were swollen. About the fourth day of the disease, with quickened breathing increased cough and restlessness, with accelerated pulse and burning skin, it was usual to find at one or both sides of the spine a distinct area of broncho-pneumonia. I believe it was this complication which gave to the epidemic its very serious nature. The deaths which occurred during the continuance of the primary affection were, in my experience, all to be referred to broncho-pneumonia. The eruption faded in about five days, and was followed by coarse, branny desquamation and shedding of the hair. Convalescence was slow. Dangerous sequelæ were very apt to ensue.

As a very curious coincidence, if not something more, I remarked that many of those who recovered from roetheln immediately contracted a set of symptoms exactly resembling the paroxysms of whooping cough.

This epidemic left upon my mind the impression that roetheln was a very serious malady—more serious than either measles or scarlet fever

as they are usually seen. How different the epidemic which I have now briefly to describe.

About twenty cases of sore throat, collected from the same locality, were brought under my notice. They were all very similar in appearance. They came one after another. They were communicated from one to another. Age seems to make no difference whatever in the liability. Sickness was hardly complained of, only considerable pain and difficulty of swallowing. On the throat alone was there any rash; the palate, fauces, tonsils and the root of the tongue were closely studied with minute, bright-red elevations; the tonsils were swollen.

I diagnosed epidemic herpetic sore throat, and I heard of epidemic tonsillitis in the practice of others. I watched my cases closely. The throat symptoms soon subsided. There was no suppuration. In a few instances, there remained for a long time enlargement of several small glands of the neck. In one case, the skin peeled from the index and middle fingers of both hands. Distinctly traceable to these there soon began to flow in upon me a straggling list of patients, all with sore throats showing the characteristic elevated points; some with yellow patches on the tonsils. Many of these latter complained of rheumatism, both fugitive and stationary, and in not a few swollen joints were exhibited. In several there was a distinct rash, which generally occurred as patches of a rose-red miliary eruption, especially on the fore-arms or beneath the knees. These patches might appear in the morning and be gone before the end of the day, or they might remain, undergoing little change, for several days; occasionally they faded and came out again; they seldom appeared upon the face.

In cases of this type, desquamation of the cuticle was not uncertain. It did not seem at all to depend upon the eruption. It occurred just as frequently when there was none, and the presence of an eruption was no indication that desquamation would follow. Again, the fingers alone might peel in the case where the rash had appeared only on the legs. Desquamation from the body was usually in light scales; from the hands, in entire pieces. The disease was roetheln. One of my sore-throat patients brought me to his house, where every stage of roetheln was fully developed. Subsequently I saw enough of the epidemic to enable me with confidence to enumerate the following distinctive appearances which the disease might assume:

1. Slight sore throats, without malaise, eruption, desquamation or sequele.
2. Severe sore throat, with moderate fever, rheumatic pains, sometimes desquamation of the hands and fingers, a liability to chronic glandular enlargement (frequently sub-occipital), but no eruption.
3. Symptoms similar to the last, with patches of rose-colored miliary eruption, generally on the limbs, sometimes extending over the trunk and

face, uncertain in duration; sometimes decidedly itchy and often followed by branny desquamation.

4. Considerable fever, some coryza, cough, aggravated sore throat, a general eruption scarcely to be distinguished from that of scarlatina (the tongue in many cases also becoming scarlet), often outlasting both the sore throat and malaise; desquamation, branny on the body, in whole pieces from the hands; health impaired for some time after the attack.

5. Lastly, the attack may be ushered in by severe rigors and vomiting, or even by convulsions and protracted unconsciousness. The temperature may range above 106° . The eruption may assume the appearance of purple blotches on the face and over the body. There may be a foul tongue, with red papillæ projecting; acute sore throat, with regurgitation of liquids through the nose; a distressing cough; great prostration; desquamation, both branny and in pieces; a tendency to dropsy and to chest complications.

According to my experience of this epidemic, roetheln may be followed by delicacy of the throat and chronic enlargement of the tonsils; delicacy of the eyes, chronic enlargement of many small sub-occipital and cervical glands, two or more of which may unite to form a considerable swelling; moist eruptions over the face and ears; protracted suppression of the catamenia. In one case, there was a distinct relapse, with appearance of the eruption after fourteen days. In another, the attack was followed by erythema nodosum, which, however, may have been an affection independent of the roetheln, or possibly brought on by menstrual derangement, the consequence of roetheln. In two cases, I thought I detected the characteristic eruption on the throat. I then lost sight of my patients. Subsequently I learned that they both had had rheumatic fever, and that the skin had peeled from their hands during the course of the fever.

I will conclude this sketch with a brief notice of four cases of undoubted roetheln in two adjoining rooms. The first in sequence was a little boy who lay perfectly unconscious, passing from one attack of convulsions into another; temperature, 106° ; a foul tongue; an eruption of livid, slightly elevated blotches, and a running pulse. Beside him, his sister presented almost the type of scarlet, uniform rash; scarlet tongue; swelling of the neck, and burning skin. In the next room the parents were lying almost as sick as the children, complaining bitterly of their throats; the mother, without a particle of eruption, and without any desquamation following; the father, with patches of the rose-colored rash on his arms, his chest and his legs, and subsequently, the skin peeled in large pieces from his hands.

Now, supposing that these four cases had occurred independently of one another, and unconnected with an epidemic, would they have been recognized as examples of the same disease?—*Brit. Med. Jour.*

ACNE.

Acne, or acne vulgaris, as it is sometimes called, is one of the most common of the diseases of the skin. It constitutes quite a respectable percentage of the grand total, but relief is not sought as often as its frequency would seem to indicate. It consists essentially in an inflammatory condition of the sebaceous glands, and manifests itself in the form of papules, pustules and tubercles distributed for the most part about the face, neck, back and shoulders. The most common forms are the papular and pustular, so named from the predominance of the lesions existing at the time. The forehead is perhaps the portion of the face most frequently attacked, other portions being also implicated, however, quite frequently. There are no subjective symptoms connected with this disease, unless it be a slight pain upon pressure when the disease is in its acute form. The trouble, generally, begins as a papule, varying in size from a pinhead to a split pea, and this may remain as such or become a pustule through the inflammatory action which is present. Should it remain a papule it undergoes more or less resolution, or may enlarge and become a little more indurated, and infiltrate a portion of the underlying tissues and thus become a tubercle. When a pustule forms it develops to its acme, the pus is discharged, a small crust forms, and it heals spontaneously. Successive crops are continually making their appearance, so that it may happen that the patient is never entirely free of the disease for years.

Acne occurs in both sexes about equally, and, as a rule, first makes its appearance at puberty. At this time the whole cutaneous system undergoes a greater or less disturbance, the hair in various portions of the body begins to grow, and the sebaceous glands are prepared for a greater functional activity than they have hitherto possessed.

The causes of acne are varied and numerous. Among those which hold a first place, however, may be mentioned disturbances of the gastro-intestinal tract. Constipation especially is a very fruitful cause of this disease, as also dyspepsia and allied disorders. These are conditions very often found more especially in young women.

Besides this we have uterine disorders, such as dysmenorrhœa, amenorrhœa and genito-urinary disturbances. Renal troubles act as exciting causes of acne, at times. There seems also to be a certain tendency to the disease, in certain families, so that it would almost seem as if some hereditability was attached to it. In addition to the internal causes, a few of the principal ones having only been mentioned, we have external agencies producing the so-called *acne artificialis*. Tar and similar agents are the active agents in its production, whilst the internal use of certain remedies, notably iodide of potassium, produces an artificial acne generally classified under the medicinal eruptions.

The diagnosis of acne is not very difficult. It must be distinguished from eczema, syphilis and small-pox. From the first mentioned disease it is easily distinguished by the absence of itching, and from the fact that eczema of the face is rarely papular or pustular in character. The history, moreover, would serve to distinguish the two very easily. The papular and pustular syphiloderma must be examined a little more closely, especially the acne-form syphiloderm which sometimes occurs upon the forehead as the *corona Veneris*. The history, the presence of other lesions, the tendency of syphilitic lesions to group, and the length of time the lesions exist, if carefully considered, will make the diagnosis clear. As to variola, the history would be sufficient. The chronic nature of acne, the comparatively short period of time between successive crops, the locality attacked, the age of the patient, the inflammatory nature of the lesions, the absence of subjective symptoms, and the anatomical seat of the disease (the sebaceous glands) should never be forgotten.

It is an uncommon thing to see acne in a child before puberty or in a person beyond the forty-fifth year.

The treatment of this disease should be constitutional and local. The general measures employed should be such as will tend to bring the patient to as normal a condition as is possible by therapeutic means. The condition which is most common and most constantly demands attention is the constipation which exists. To overcome this, the diet, in the first place, should be so regulated as to insure the greatest amount of nutrition with the least amount of labor on the part of the stomach, and arranged so as to preclude the condition of constipation or a tendency thereto. To make the bowels more regular, fluid extract of cascara sagrada, or the aperient mineral waters, are useful. An occasional dose of calomel will be of benefit. The following aperient mixture given by Duhring gives excellent results :

R Magnesiæ Sulphatis..... ʒ jss
 Ferri Sulphatis..... gr. xvj
 Acidi Sulphurici dil..... ʒ ij
 Aquæ..... ʒ viij

M.

Sig. Tablespoonful in a tumbler of water.

This should be taken about twenty minutes before breakfast or, if necessary, before supper also.

Besides the general remedies indicated in the case we have some which do good occasionally. Sulphide of calcium, in quarter grain doses four times a day, is sometimes indicated in suppurative form. Arsenic is useful in the indurated forms or where the papules are imperfectly developed, and may be given in two or three drop doses of Fowler's solution in wine of iron, or in one drop doses of a one per cent. alcoholic solution of bromide of arsenic, thrice daily after meals.

The local treatment is to be either soothing or stimulating, according to the indications which are present. In the greater number of cases the latter plan must be adopted. Soothing applications and lotions and bland ointments should be employed where there is a high grade of inflammation. The methods of stimulating are numerous. *Sapo viridis* pure or diluted may be applied at night, following this with a bland ointment. The pustules should be opened and their contents squeezed out. Hot water cloths applied at night, and followed in the morning with cold douches and frictions are valuable. Sulphur is a very good remedy to apply, and may be prescribed in ointments or lotions, in strength, varying from twenty grains to two drachms to the ounce.

The following lotion recommended by Bulkley is good :

R Sulphuris Loti..... ʒ j
 Ætheris..... ʒ vj
 Alcoholis ʒ ijss
 M

Sig. Apply as a lotion.

Sulphuret of potassium may be used as also Vlemminckx's lotion. Where more active stimulation is required biniodide of mercury or corrosive sublimate or protoiodide of mercury or ammoniated mercury can be used.

The surgical treatment is often of greater value, more especially in the indurated and tubercular forms, and care should be taken to cut well into these lesions, passing through the centre, and applying warm cloths so as to induce free hemorrhage. In conjunction with this, the sulphur and mercury ointment mentioned in the "Talk" on Comedo will prove serviceable.

One point which should not be forgotten is to examine male patients for urethral stricture. If such exists bougies should be introduced, or other means employed to enlarge the calibre of the urethra at the part of constriction. In a number of cases the beneficial effects of this treatment will be observed in an amelioration of the skin trouble.

The prognosis of acne depends, in a great degree, upon the cause producing it. It has a tendency to be chronic, and is generally stubborn to all treatment to a greater or less degree. There is a tendency to spontaneous recovery at about the twenty-sixth year; but if the cause of the disease be corrected and appropriate local treatment instituted, success will be pretty fair.

MIGRAINE IN CHILDREN.

At a recent meeting of the Philadelphia County Medical Society, Dr. Wharton Sinkler read a paper on Migraine in Childhood. He said "Migraine is more common in children than is generally realized. Popularly the attacks of 'sick-headache,' which many children have, are attributed to disorder of the stomach from some indiscretion

in diet, and many physicians hold the same view. The fact that migraine is a disease especially likely to begin about the time of puberty has long been recognized, and this point has been insisted upon by Anstie. Many children begin to suffer from characteristic attacks as early as 7 or 8 years of age (Eulenberg speaks of a girl who suffered from excessively severe attacks from her fourth year), and continue to have them until adult life is reached; or, indeed, the attacks may continue all through life. Still, it is most often the case that when migraine begins in early childhood, it becomes more severe at puberty, and ceases by the time full development is attained.

The influence of hereditation is often seen to a marked degree in migraine, and the affection often seems to be directly handed down from one generation to the next. It is transmitted from parent to child, and may follow either the male or female line, descending from father to son, or from mother to daughter. The children who suffer from migraine often belong to neurotic families, and it is common to find among the near relatives instances of other nervous disorders. It is, then, important for us to be on the lookout for migraine in children who belong to families of nervous tendencies. I have now under my care for sick-headache a lad of 14 years, whose mother has violent attacks of neuralgia, and one of his sisters is a well marked example of hysteria. It is a well recognized fact that children who suffer from this disease at and before the time of puberty may, in later life, become the subjects of some of the grave neuroses, such as epilepsy or insanity. The great value of early recognition and cure of the disease is, therefore, apparent.

In addition to the influence of heredity, there are many other causes which may induce migraine in children. The manner in which a child is brought up has much to do with the production of these attacks. Improper food, bad atmosphere, and, above all, an insufficient amount of sleep with overtaxing of the brain, all tend to predispose to or directly bring on migraine. When a child first begins school he often complains of more or less headache. The close air of the school-room, and too little exercise are enough to account for some of these headaches.

In other children, mere mental effort brings on attacks of pain in the head. The same thing holds good of migraine that I have observed in chorea, namely, that it is the studious, ambitious children, who stand at or near the head of their classes, who suffer from both of these affections. In many instances there are ocular defects, which cause eyestrain, and in these cases the attacks of migraine continue to become more and more frequent, in proportion as the eyes are used, until the eye-defect is corrected by glasses. It is not in all cases, however, that the headaches which follow excessive use of the eyes are due to ocular defect. Migraine from eye-strain is not uncommon in children. Dr. de Schweinitz has kindly furnished

me with a case, which is also of interest on account of the superficial optic neuritis which exists.

Migraine does not appear to affect one sex more than the other, but if any difference does exist the preponderance is in boys. Precocious sexual development in either sex often leads to this form of headache. It is astonishing at what an early age evidences of sexual irritation may appear. Bad associations and influences lead a child into thoughts and practices that are unwholesome in the extreme, and bring about disorders of the whole nervous system. Even before puberty the nervous system undergoes a preparatory change, and if there be evil conditions in the surroundings of the child to excite sexual irritation, puberty is hurried forward. Under these influences a child becomes hypochondriacal and moody, complains of various ailments—some of which are real and some fancied—and may suffer from real neuralgias. It is very seldom that we meet with migraine in robust and hearty children; but it is seen in those who do not get enough fresh air, and who are thin and pale; or in children who think and read too much, and who do not romp and play, but prefer to sit with older people and drink in conversation far beyond their years.

The symptoms of migraine in young children are not far different from those in adults. The attacks are markedly paroxysmal, occurring from two to six weeks apart, and become more or less frequent, according as the conditions for their development are favorable or otherwise. There may be only one or two attacks a year. The attacks may be preceded by premonitory symptoms, such as chilliness and a form of lassitude, and the child is dull and indisposed to play. Sometimes there are subjective ocular symptoms in the form of specks floating before the eyes, muscæ volitantes, or balls of fire, and bright zig-zags. Occasionally the child complains of hemipia. These symptoms last a half hour or more and may be followed by subjective numbness of the tongue, lips or of the entire half of the body. Putnam had a patient in whom in boyhood migraine was represented by repeated attacks of numbness and tingling of the right side of the face and right half of the body, with aphasia, and hemianopsia, followed by but trifling headache, or none at all. Later in life there were severe attacks of pain. Usually as soon as the subjective auras disappear the pain begins. At first the pain is dull, and it may be confined to one side of the head; generally, in children the pain is on both sides of the head, at least they complain of the pain as being general, and it may be either frontal or occipital; most frequently it is frontal. Anstie says this is common of all neuralgias of children—*i. e.*, to be frontal, and to affect both sides simultaneously. There is often nausea throughout the attack, or it may terminate in vomiting, or a free flow of urine, or sometimes there are two or three diarrhetic stools. After the crisis is reached the child may fall asleep, and after a nap waken

well. The attack does not always terminate in a crisis; after a gradually increasing headache for several hours it gradually subsides. The face in the beginning of an attack may be pallid, and as the pain increases the face becomes deeply flushed, and the eyes suffused.

The treatment must be preventive and curative. If a child is of a neurotic family, in which there are already instances of neuralgia and migraine, we should urge the parents to see that he has as wholesome a life as possible. Insist on ten hours' sleep at night, and keep him from too prolonged application to his books. Six or seven hours of study in the twenty-four is enough for a growing child. Encourage out-door sports of all kinds, and, if possible, keep such a child in the country for many months in the year. The diet should be abundant and nutritious, milk, eggs, soups and broths, with meat in moderation, and the various cereals, and plenty of vegetables and fruit. Such children can eat largely, and plenty of fatty articles of food is well borne and is of great advantage. There is a great tendency, in the education of both girls and boys, to over-cramming, and to over-stimulation, to reach a high educational standard; but it is encouraging to see the effort which is now being made in our schools to vary and widen the course of study. The introduction of manual art into the public schools is of inestimable value to the children, not only because it gives them dexterity and skill in the use of the hands, which becomes of practical advantage later in life, but it trains the minds in studies which are, so to speak, external in their kind. As physicians, we cannot too strongly discourage the taking of young children to the theatres, where not only the late hours and bad air are injurious, but the impressions produced by the plays must be pernicious to an extreme. One cannot go to the theatre now without seeing children of all ages looking on at every variety of performance, from the most décolleté spectacular ballet to a melodrama of the highest intensity.

If a child has already begun to have attacks of migraine, nothing is of more value than attention to the general health. Such children are often pale and thin, and have but little appetite. If change of air can be secured, it is often enough to obtain relief from the attacks. If we cannot send the patient away, we must resort to tonics and good feeding. Cod liver oil, if it can be borne by the stomach, is of the greatest possible use in such cases. If the child cannot take oil, we must introduce fat into the system in some other way. Cream and plenty of butter may be given. Devonshire clotted cream, which is now to be obtained at the Alderney dairies, is relished very much by children.

Special anti-neuralgic drugs are seldom indicated in these cases, but sometimes the bromides may be given with great advantage, especially in those children who are of a very nervous temperament, and in whom any effort at brain-work causes

headache. It should be given in small doses, and continuously for some weeks.

In many cases some ocular defect will be found which will require correction by glasses, and many cases of migraine in children have been cured by this means alone. In all cases of migraine we should look carefully into the condition of the teeth and have any unsound ones filled or removed."—*Western Medical Review, St. Louis, Mo.*

THE TREATMENT OF BRONCHITIS.

By J. MILNER FOTHERGILL, M.D.,

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Bronchitis in its varying degrees of gravity is a very common malady in general practice. In its acute form it is rarely serious with healthy adults; but when the powers are already enfeebled, and at the extremes of life, it is a malady which frequently proves fatal.

It has two distinct stages. (1) the first of dry, swollen mucous membrane, and (2) free secretion. The treatment of the first stage is widely different from that of the second stage. In the first stage our aim is to procure free secretion; in the second stage our chief object is to have the secretion coughed up. We want to follow Nature's processes and to hasten them, if possible, but not to traverse them. No ordinary malady requires this more certainly than bronchitis. In the first stage, the dry swollen, irritable bronchial lining membrane provokes a great deal of useless cough. The skin, too, is dry, though the temperature as a rule does not run high. There is often a good deal of pain down the sternum, and the patient complains of the chest "feeling raw." Say the patient is an adult, it will be well to give some Plummer's pills at bed time, with a grain of opium; and if the tongue be coated a Seiditz powder, or a black draught next morning. A good mixture will be found in.

R Vin. Antimon. Mx.

Liq. amm. acet. ʒj.—ter in die.

Steam inhaled soothes the dry bronchial membrane, and the steam can be medicated with advantage. A jug of boiling water with some terebene, or turpentine, or tincture of iodine, or Friar's balsam poured on the top, will furnish an excellent inhalant. Sometimes the first stage is prolonged; and in one case seen long ago in general practice venesection only could relieve it. This occurred several times. Counter irritation over the front of the chest affords great relief; and nothing is better than croton oil liniment, provided proper precautions are taken to see that the liniment only touches the part it is intended for and nowhere else. Many and painful are the consequences of carelessness in this matter, so much so that it is rarely prudent to let a patient apply it to himself. If the skin can be acted upon

by vapour, the natural course can be materially hastened.

Such then is the line of attack in the first stage. If a bronchitis kettle is at hand, set it agoing at once. If not, put a kettle full of water on the fire, without a lid, so that the steam can escape into the room. Where the patient is of the nervous temperament, the congested mucous membrane often starts up a certain amount of true spasmodic asthma. The fuming remedies, so good in uncomplicated asthma, rarely agree here. They irritate the dry bronchial lining, and so do more harm than good. An emetic of a quarter of a grain of tartar emetic, with fifteen grains of ipecacuanha powder, taken about seven in the morning, will often produce a beneficial change, and start bronchial secretion.

In bronchitis the danger *par excellence* is exhaustion, and inability to cough up the phlegm which accumulates in the air tubes, and if not expelled suffocates the patient. Never let that fact escape the field of vision. A time of trial and endurance has to be undergone sooner or later, if the attack be at all severe. Consequently the patient must be fed; and especially is this the case with delicate children. Milk thoroughly well boiled (half an hour) is the food for either young or old. Then it may contain some Mellin's food, a table-spoonful to the pint of milk. Beef tea or mutton broth should be prepared with some broken biscuit, or, as of old, the sole of a loaf. This makes it a food which ordinary beef-tea is not. And if a little of the stringy muscular fibre, so constantly spoken of disrespectfully as "the remains of the beef," be pounded in a mortar and returned to the beef-tea, it will be all the better. The popular impression is that beef-tea is a nourishing food. This is a mistake, and a very murderous mistake it is. In the houses of the humble, treacle and milk may be boiled together, and is well taken by infants. Probably it is in the feeding of bronchitic persons, old and young, where the cases slip through the doctor's fingers. It is all very well to generate steam, give medicine, wrap the child up in cotton wool, or a linseed poultice; but it must be fed; its powers must be conserved for the time of trial; and it is well to remember that the remedial agents indicated in the first stage are of a depressant character.

When secretion has been secured, and the phlegm begins to come up readily, the aspect of the case changes. It is like a dissolving view with the magic lantern; one is seen passing into another. The skin becomes moist, like the bronchial lining membrane. Relaxant remedies, having served their turn, give place to stimulant expectorants. The carbonate of ammonia takes the place of the acetate. The sudorific is no longer needed; but the stimulant to the respiratory centre becomes essential. Carbonate of ammonia is a respiratory stimulant. So is strychnia. These are the main constituents of a cough mixture in the second stage of bronchitis.

Senega is largely in use; but probably if medical men made a practice of tasting themselves what they prescribe for others, it would soon fall into disuse. If there be any strain on the right ventricle, and especially if there exist any old standing mitral mischief, digitalis must be added, as in the following draught which may be repeated every four hours.

℞ Am. carb. gr. iv.
Tinct. nuc. vom. Mxx.
Sp. chloroform Mxx.
Inf. cinch. flav. ʒj.

Such is an efficient combination when the bodily powers are being subjected to the strain of a severe attack of bronchitis. Then the liquid food must be accompanied by some alcohol. If the doctor be timid or the nurses negligent, death, with his scythe, will not be far distant. The medical man must stand up to the disease like a swordsman to his antagonist. If the trial be a severe one, he must rise to the occasion. Recently fifteen minims of tincture of nux vomica every four hours did me yeoman service, where the respiratory centre was getting distinctly drowsy. When the phlegm accumulates in the air tubes of the basis of the lungs, the breath becomes very short, as the breathing area of lung becomes reduced. In the case of children an emetic of ipecacuanha is indicated, and the act of vomiting gets rid of the accumulation in a very efficient way. The child looks as if it were going to die, as it fights for breath; but it does not die, and shortly falls into a calm sleep, breathing easily. The same may be done for a healthy adult; but is not safe with old persons with rotten tissues. All the time keep up the powers. Add some brandy to the milk and treacle, or milk and malt extract, but do not give it alone. The stimulant must carry with it some food, otherwise the powers are only worn out all the sooner. This is a very important matter, never to be forgotten. As the case drags on the patient becomes worn out from "lack of sleep," and begs for a narcotic. His prayer, however piteous, must fall on a deaf ear. To sleep is to die. The breathing can only be maintained by voluntary effort. Watch the patient dropping off to sleep, nodding, to awake with a start from a horrid dream. The carbonic acid gas accumulates in the imperfectly aerated blood, till the drowsy respiratory centre awakens up with a start, and throws the accessory muscles of respiration into violent action. The subjective sensations of the patient are those of suffocation, which takes the form of a horrible dream.

At last the battle is either won or lost. The amount of secretion decreases, in some portion of the lung at least, and the much-tried patient gets snatches of sleep. On awakening a "coughing bout" clears the air tubes, so that soon the patient drops off to sleep again. As soon as the fit of coughing is over, give the food, and, if the hour, the medicine also. Loose no time; it is pre-

vious. By such management the strength will be rapidly regained. And finally there is one thing which the senior student, or young practitioner, must *not* do. Very likely there is some congestion of the lung bases at the back. If the patient be found sitting up it may be well to take the opportunity to go over the back; but this must be done rapidly. To get the patient up and expose the back for the purpose of careful examination is a foolish proceeding fraught with great danger. The physician can count the respirations; the man who daily examines the backs of the lungs in a severe case of bronchitis—where the skin is bedewed with sweat, *i.e.*, the cutaneous respiration is helping out the embarrassed pulmonary respiration—is not fit to be a physician, and will be much less murderous if engaged as a dissecting-room porter. At critical times every action must be carefully thought out; when life is trembling in the balance a trifle may cast it, and regret is unavailing. Some things must be done and some must not be done. Even if the bowels are not moved for several days, do not administer a purgative. Exposure in getting up to the night-chair often entails most serious consequences. There are sins of commission as well as sins of omission, and a thoughtless practitioner is apt to commit both.—*Hospital Gazette.*

BREATHING EXERCISES IN THE PREVENTION AND TREATMENT OF LUNG DISEASES.*

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*A paper read before the Los Angeles County Medical Society 6th April, 1888.

I desire this evening to bring before the Society some considerations as to the value of systematic breathing exercises in the treatment and in the prevention of diseases of the respiratory tract.

There is no question that regular general exercise is of prime importance in maintaining the bodily organs and their functions in a state of health. This is one point upon which all physicians agree. Not only does exercise tend largely to the maintenance of health and general well-being, but it leads to that bodily vigor which resists disease. In other words, through properly regulated exercise, a reserve force is accumulated which may be drawn upon when needed.

This energy may be directed toward the development of special functions or organs, and one part or system of the body becomes conspicuously stronger or more active than the rest. It is continued exercise that produces the blacksmith's muscle, the touch of the blind, the dexterity of the juggler, the endurance of the athlete. Strong muscle, a sensitive touch, dexterity and endurance are all admirable elements, particularly in a sound

body. But it is far too often the case, that the very foundation of strength and endurance and vigor is neglected; and the lungs, which of all organs rank first in importance, whether we consider the functions of health or the danger of disease, are too apt to remain undeveloped; their fullest functional service is not carefully sought after.

There is no question that if the care that is given toward developing the muscular and nervous systems were devoted to strengthening the breathing apparatus and increasing lung capacity, an infinitely greater benefit would be obtained by the individual; a greater factor in preserving health and withstanding disease. This is especially the case with persons whose lungs are below par through weakness, either inherited or acquired.

In this connection there are three propositions, which hardly need demonstration:

1. In the ordinary individual the lungs are not fully developed; many of the air-cells have only to the slightest extent been brought into use. This fact is repeatedly illustrated in post mortem examinations of these organs.

2. Proper breathing and muscular exercises will bring these cells into use and enlarge the breathing capacity (*i. e.*, "vital capacity.") By way of proof, reference may be made to the effect of training in vocalists and athletes.

3. Individuals whose lungs are well developed are less liable to pulmonary diseases than are those whose lung capacity is less developed. In support of this proposition I may refer to the valuable paper of Dr. Balfour (*Med. Chirurgy. Trans.*, 1860, p. 263), in which he shows, from a large number of recruits for the English army, that among those whose lung capacity was below the average, there was over four times the sickness that prevailed among recruits whose capacity was above average. One of the highest authorities upon the science of life insurance (Sieveking, *Med. Adviser in Life Ins.*, p. 42) says: "Respiration and life may be regarded as synonymous, and we find that vital power may be measured by the manner in which the functions of respiration are carried on. Hence the stress that medical men, and even popular opinion, lays upon the value of a well developed chest, which affords an indication of the *vital capacity* of the lungs. In ordinary quiet respiration, the thorax is neither fully expanded nor fully emptied of the contained air. To measure its entire capacity—*i. e.*, to determine the whole amount of air which it is capable of taking in and discharging in one respiratory act—it is necessary that a forced inspiration and a forced expiration be made."

The average vital capacity is 225-250 cubic inches for a man of ordinary height at thirty years of age. The capacity increases with the individual's height; and it also increases from the age of fifteen to thirty-five. In latter life, however, it is found to decrease.

The average of expansion for the "normal" man is three inches; that is, the difference in chest cir-

cumference between the most complete expiration and the fullest inspiration. If it falls much below this figure, life companies agree that the individual is an unsafe risk for insurance, because he is not likely to live out his "expectancy."

But systematic exercise will increase the expansion considerably. I have often examined patients and applicants for insurance whose expansion was over four inches, and in a few cases the expansion has reached five inches. In most if not all cases of unusually large expansion, the individuals were either vocalists or players on wind-instruments, or they had taken special pains to develop their vital capacity. Some years ago when I first made application for life insurance, my chest expansion was four inches; and this amount was (in a few weeks) increased to five inches by careful exercises, vocal and respiratory.

But the greatest benefits to be derived from lung exercises are not in the cases of healthy individuals, but rather in those whose vital capacity is below the normal—who are hollow-chested, stooping, and feeble in their breathing. The imperfect development of their respiratory function invites disease; their lungs are vulnerable. Proper exercise will throw off this debility and render them less liable to disease. We may go even a step further and say, that in many cases where lung disease actually exists, breathing exercise is one of the most valuable elements in treatment. I have often been gratified with the way in which a consolidated lung in chronic pneumonia of long standing and slow progress would improve under proper lung exercise. Indeed, in some of these cases it has seemed that properly regulated exercises have rendered greater service than could be derived from ordinary drugs.

The exercise which I have found of most value in developing the lungs may be described as follows:

Standing as erect as possible, with shoulders, thrown back and chest forward, the arms hanging close to the body; the head up, with lips firmly closed, inhalation is to be taken as slowly as may be; at the same time the extended arms are to be gradually raised, the back of the hands upward, until they closely approach each other above the head. The movement should be so regulated that the arms will be extended directly over the head at the moment the lungs are completely filled. This position should be maintained from five to thirty seconds, before the reverse process is begun. As the arms are gradually lowered, the breath is exhaled slowly, so the lungs shall be as nearly freed from breath as possible at the time the arms again reach the first position at the side. By these movements the greatest expansion possible is reached; for, upon inspiration, the weight of the shoulders and pectoral muscles is lifted, allowing the thorax to expand fully; while upon exhalation, in lowering the arms, we utilize the additional force of this pressure upon the upper thorax to render expiration as complete as possible.

These deep respirations should be repeated five or six times; and the exercise gone through with several times a day. It is hardly necessary to remark that the clothing must in no way interfere with the exercise.

In some cases this exercise is more advantageous when taken lying flat on the back, instead of standing. In this position the inspiratory muscles become rapidly strengthened by opposing the additional pressure exerted by the abdominal organs against the expanding lungs. And on the other hand, expiration is more perfect and full on account of the pressure of these organs. This is an exercise now advocated by several leading vocal teachers of Europe.

In conclusion, I will mention the exercises proposed by Dr. Dally (Bull. Gun. de Thér., Sept. 20, 1881), for enlarging lung capacity:

"1. The first or normal is the vertical position perfectly erect, as if standing against a wall, the arms hanging by the side. This position should be taken and kept ten minutes at a time, a number of times a day.

"2. The two arms and the hands are extended horizontally forward, the palms facing. The hands are separated slowly, whilst the chest is inclined forward. Remain in this position thirty seconds, and inspire deeply by the nose. Return to the initial position and expire. Execute this movement six times.

"3. The arms hang by the side; raise them upward—the fingers well extended—above the head, the palms looking forward. Take a deep inspiration. Let fall the arms alongside the body, palms open and expire slowly.

"4. Double rotation at the side. The subject being in the normal position (first,) executes as large as possible, the arm well extended, double rotation laterally, and inclining the trunk forward each time that the arms are thrown behind, and never projecting the abdomen forward. This movement is executed entirely by the scalpo-humeral articulation.

"5. The arms are crossed horizontally, the palms looking backward. Flexion lateral, alternately, of the trunk. The flexion will then be regular, transverse, the abdomen drawn in, the legs extended apart, the pelvis fixed. The limit of the flexion is the vertical position of the elevated arm. Mild inspiration during the flexion, at its termination expiration. Execute these movements six or eight times.

"These exercises, if faithfully carried out improve the shape and capacity of the thorax and check the development of incipient phthisis.

"According to Dr. Dally, dyspnoea, polysarcar, and arthritic conditions are removed or sensibly ameliorated. Venous stases, varicose dilatations, and infarctions are, after some weeks of such movements, much improved, when the circumstances are favorable. The great obstacles to this hygienic medication in our civilization are the

habitual laziness and idleness, and the indisposition to devote time and interest to such means." *Southern California Practitioner.*

PLACENTA PREVIA.

Dr. Robert Barnes says that the conflicting ideas regarding the treatment of this dangerous condition justify him in pointing out the true theory which should govern our procedure. The methods advocated are as follows: *Accouchement forcé*, to which Spiegelberg lends his authority. "Rupture the membranes, draw down a foot and wait during extraction."—Schroeder. Bi manual version, tamponing. It has been urged that rapid and forcible delivery, while dangerous to the child, is justifiable, as the condition is so perilous that the child need not be considered. Barnes believes that it is no longer permitted, without clear necessity, to sacrifice the child, and he has found that the methods which are most successful in saving the mother are those which give the child the best chance. He bases his theory of placenta previa on a division of the uterus into three regions: The fundal, which is the typical normal attachment of the placenta; the equatorial, which is the seat of lateral attachment, and predisposes to accidental hemorrhage; the lower uterine segment. This, which was first described by the author in 1847, is divided from the equatorial zone by what is variously known as Braun's os internum, Bandl's ring, and Schroeder's contractions-ring, at a point which generally corresponds to the equator of the fetal head and frequently to the pelvic brim. When the placenta invades this lower segment, danger begins, as the part so situated is liable to premature detachment. He believes that the anatomical differences between the middle and inferior zones, which have been described by some authors, are exaggerated. The source of the hemorrhage is the uterine vessels which are torn across by the detachment of the placenta from its walls. The cause of this rupture cannot always be muscular contraction, as it sometimes takes place before any contraction has occurred. From its frequent coincidence with a menstrual period, vascular tension must be considered as a factor. The spongy cellular structure of the placenta favors accumulation of blood; from this distension there may be rupture of vessels and hemorrhage within the structure of the organ. The bulk of the distended placenta becomes greater than its area of attachment, and separation takes place, and hemorrhage persists if contraction does not set in. This condition must also be considered a factor. The form of contraction which prevails in the inferior uterine segment is retraction, longitudinal muscular fibres continued from the middle zone, pull up or retract the lower zone, thus dilating the cervix and infacilitating expulsion. When the reaction is retarded there is hemorrhage. An obstacle to this retraction is

the partial adhesion of the placenta, which, when detached, if the vital power is not too low, admits of retraction. Alteration of the structure of the placenta, as fibrinous or fatty degeneration, especially apt to occur in the previal flap, predisposes to self-detachment. The placenta may grow more rapidly than the seat of its attachment, and thus separation may take place. In the progress of many labors there is a stage when flooding is spontaneously arrested; this is due to contraction of the uterus and clot formation in the orifices of the vessels. The arrest of flooding is neither permanent nor secure until the whole of that portion of the placenta adhering to the lower zone is detached. The limit of dangerous attachment corresponds to the line before mentioned: below this the uterine segment must dilate to allow the passage of the child. Above it the uterus does not dilate. When the placenta is detached from this segment there is no physiological reason why further detachment or hemorrhage should take place until after the birth of the child. The portion which remains adherent is commonly sufficient to preserve the life of the child, and it is only in cases of central attachment or premature labor that its life is sacrificed. Adhesion over the os internum impedes the regular dilatation of the part. Injury and inflammation of the uterine structures, particularly of the cervix, are especially likely to ensue upon delivery in placenta previa. The greatest amount of hemorrhage frequently takes place at the commencement of labor, frequently before there is any clear indication of labor. The cervix is always, from its being near the seat of placental attachment, highly vascular, and is frequently very rigid; any attempt to force the hand through it, to detach the whole placenta or to deliver, must be made at the risk of injuring the womb. The dragging of the child through the cervix, even when it has not been necessary to introduce the hand into the uterus, is a proceeding of peril to both child and mother. It is desirable to expedite the stage of dilatation, avoiding violence. The arrest of flooding, and the expansion of the os may be promoted by rupturing the membranes and the use of tents. Since cross presentation or other unfavorable position of the child is apt to impede or destroy the regular contractions of the uterus which are necessary to arrest the flooding, it is mostly desirable to deliver as soon as the condition of the os will permit. In some cases rupture of the membranes and the employment of galvanism (?) may suffice to arrest the hemorrhage at the critical period when the total detachment of the placenta or forcible delivery is dangerous or impracticable, the introduction of the index finger through the os, and the forcible separation of the placenta from the dangerous zone, is a safe and practicable operation, and will convert the labor complicated by placenta previa into a normal labor. If the uterus does not assume the vigorous action neces-

sary to effect delivery, it will be necessary to dilate the cervix artificially. This can be readily done by the caoutchouc water dilator ("Barnes' bag"). Sufficient dilatation being obtained delivery may, if necessary, be accelerated by forceps turning or embryotomy, according to the special indications dictated by the condition of the child. In case of turning, he insists strenuously upon the importance of the delivery of the after-coming head by the forceps, if there be any difficulty or delay in the passage of the head under manual traction. He sums up the measures that come into successive use as follows: (1) Rupture of the membranes. (2) Apply a firm binder over the uterus. (3) A plug may be used to gain time, but it must not be trusted—watch closely. (4) Separate all the placenta that adheres within the lower zone, and observe closely. If no hemorrhage, wait awhile. The uterus may do its own work; if not dilate the cervix by the water bags. Again pause and observe. If Nature fails to deliver, resort to the forceps, which gives the best chance to the child, or turn. "In following this order of procedure, we strictly follow the law of physiology. We do not force Nature but obey her."—*British Medical Journal*, March 31, 1888.

NOTES ON THE TREATMENT OF ACUTE TONSILLITIS IN CHILDREN.

BY FRANK HAMILTON POTTER, M. D.,
Lecturer on Laryngology, Medical Department, Niagara University.

When an inflammation attacks the tonsil, it is influenced in its progress by those constitutional states that so markedly affect the natural history of disease. Hence, it is important to recognize the presence of syphilis, tuberculosis, rheumatism, etc., in the constitution of any patient we may be treating for a tonsillitis.

In children, these diseases may be latent, but none the less, they have a potent influence over the course of the malady under consideration. Therefore, we should always make ourselves familiar with the natural history of the parents, and, if any of these diseases are found, so modify our treatment as to meet and counteract whatever of baleful influence may have been transmitted to the child.

In the suggestions to follow, on the management of an acute tonsillitis in children, it must be understood that no routine practice is proposed. The plan detailed must be so modified as to meet the hereditary and acquired variations from health in the particular case under consideration.

In order to obtain a clear idea of what is required in a rational treatment of a tonsillitis, let us see how an inflammation may behave when attacking that organ. In our opinion, there has been too much refinement in this matter. Bearing in mind its anatomical structure, we observe, in the first place, that an inflammation may limit itself entirely to the tissue immediately surrounding the

tonsil, and then we have the peritonsillitis of some authors; it may express itself in the superficial parts, and become the erythematous tonsillitis of others; it may be deep seated, involving the parenchyma, and we have the parenchymatous tonsillitis, or the true quinsy of the older writers; and again, the brunt of the inflammation may be confined to the lacunæ, and then the disease is called folliculous tonsillitis. Now, in our opinion, this is the same inflammation, modified according to the constitutional state of the patient, the kind and severity of the exposure, and so on. As an illustration, it has been observed that the variety of tonsillitis called parenchymatous, occurs with great frequency in rheumatic subjects, and treatment followed in recognition of this fact—as the exhibition of the salicylates, salol, etc.,—has resulted in prompt relief. Other instances could be cited in proof of this position, but it would carry us too far from the immediate purpose of this paper. The question before us is, how to treat a case of simple tonsillitis, by which is meant, one uncomplicated by any other disease, and uninfluenced by the presence of any diathesis. Such cases are not rare, and, in our opinion, can be greatly modified in their duration and severity by proper treatment.

We have to deal with a sthenic inflammation—one that develops very rapidly, and continues at a great height for some days. The plain indication, then, is to control the production of this heat, to so influence the nerve centers as to make a high temperature impossible. This is done by the exhibition of antipyretics. So much for the general treatment. The next indication is to relieve the local distress. When the mucous membrane of the mouth and throat is inflamed, the secretion therefrom is highly acid. This acid secretion acts, in time, as an irritant, and keeps up the local disturbance. The indication is to apply alkalies to the surface of the tonsil, to neutralize the acidity of the secretions, and relieve the inflamed surface of this great source of irritation.

This is the general plan proposed; the details of its application are as follows:

The doses given are for adults, for the reason that we then have a definite standard to go by, which can be modified to meet the age of each individual case.

First, to keep down the temperature:

The various antipyretics may be used according to personal choice, but we have come to rely principally upon antifebrin. This is to be given in five grain doses every hour until the temperature falls to nearly normal, and then at intervals necessary to prevent it rising again. We have never been obliged to give more than three doses in order to accomplish the first indication, generally two doses have been sufficient. In children, the minimum dose according to age should be given, and the patient carefully watched. Occasionally, it will be found to have a depressant effect, and must be abandoned for one of the other antipyretics.

The local treatment can be applied in several ways. Bicarbonate of sodium can be dusted upon the tonsils by means of an ordinary powder-blower, or a solution, ten grains to the ounce of water, can be sprayed on the parts by means of an atomizer, or, where the patient is of sufficient age, he can be instructed to dip the finger into the powder and touch the surface of the tonsil with it, or he can hold the solution in the mouth, allowing it to bathe the parts for a few moments. This local treatment should be used frequently, say at intervals of an hour, during the day.

Our notes show that, with this plan of treatment, four cases of severe tonsillitis, seen within the last few months, were limited to two days each. On the third day, there remained simply the general malaise, which is apt to follow cases of this kind. The temperature of these cases, when first seen by the writer, ranges from 102° to 104° F.

Professional friends, to whom this treatment was suggested, have reported equally good results. It is not necessary to report these cases in detail, but we content ourselves by formulating the conclusions of this paper as follows:

I. When an inflammation attacks the tonsil, it is greatly influenced in its course by the presence of any diathesis.

II. The treatment must be so arranged as to meet and counteract the influence of this diathesis.

III. In all cases, simple as well as complicated, the general indications are to keep down the temperature and to relieve the local irritation.

IV. The first indication can be met by the exhibition of antifebrin in proper doses; the second by the frequent application of bicarbonate of sodium, either in powder or in solution, to the surface of the tonsil.

V. This plan, properly followed, will generally limit the disease from one to three days.

HYPODERMIC USE OF NITROGLYCERINE IN HEART FAILURE.

By M. HOWARD FUSSELL, M.D., Philadelphia.

The results of the hypodermic use of two drops of a one per cent. solution of nitro-glycerine, in the following cases of heart failure, were so satisfactory that it seems a matter of importance to the writer to place them on record.

Case 1.—Mrs. G., aged 63, subject to dyspnoea, palpitation and recurring oedema for several years, had a slight cerebral hemorrhage two years ago. Examination at that time showed disease of the mitral valve. Under treatment with digitalis and strophanthus, the case progressed favorably until January, 1888. Suddenly on the night of January 2, the patient, after having passed an unusually good day on the first, was seized with urgent dyspnoea, so that she was unable to lie down, and she became so sick that I was summoned about 3 o'clock in the morning. I found the patient unconscious, both her lungs full of bubbling râles,

her pulse ninety, and weak, but remarkably regular considering the patient's general condition. Her breathing was stertorous, and could be heard in the next room.

The patient having previously had cerebral hemorrhage, I at first thought this attack was a recurrence of the same trouble; but the fact that there was no recognizable paralysis caused me to doubt this diagnosis. The patient's condition was so bad, however, that I told the family she was the subject of heart failure, and in all human probability would die in a short time.

At this juncture I remembered a remark made to me by Dr. John H. Musser, of West Philadelphia, to the effect that he was certain he had in such cases saved life, at least temporarily, by hypodermic injections of amyl nitrite.

The patient had been taking nitro-glycerine before the attack, so I procured the bottle, gave a hypodermic injection of two drops, and retired from the room to await the death of the patient. In just twenty minutes from the time of the injection the attendants called out that our patient was dying. I went into the room, and instead of finding her dead, saw that she had raised herself in the chair in which she was propped, and was evidently conscious. I spoke to her, and received an intelligent answer. Her pulse had become still more regular than it had been before, and her breathing less labored. I immediately repeated the injection of nitro-glycerine, and in the course of an hour had the satisfaction of seeing my patient's condition so much improved that she was able to talk, and could lie down without trouble, while the râles had disappeared from all parts of her chest, except the extreme bases of the lungs. In a few days the condition of the woman was quite as good as it was before the attack, and she was able to go about the house comfortably.

Case 2 was one of typhoid fever. The patient, a man 45 years old, had had a remarkably light attack of the fever, his temperature never rising above 102° , and by the end of the second week it had reached the normal point.

On the sixteenth day of the disease the patient awoke in the morning, saying he felt better than he had felt on any previous day. Notwithstanding the repeated warnings he had received not to make any undue exertion, he arose suddenly from his bed, reached under it for the commode, and immediately fell back in a faint. I was sent for, and on my coming found the patient in a deplorable condition. His pulse exceedingly irregular and weak, and so rapid that it could not be accurately counted; his face cyanosed; his hands and feet cold; his lungs full of râles. I immediately administered two drops of nitro-glycerine hypodermically, and applied heat externally. In a few minutes I had the satisfaction of seeing my patient's condition begin to improve. His pulse became more regular, though still exceedingly rapid, and his breathing less labored. Stimulants were then administered, and he gradually improved for two

days, when death took place from another attack of heart failure, following a persistent straining at stool.

Case 3.—A man, 59 years old, an habitual drinker, and the subject of mitral disease of the heart. After retiring on the evening of May 1, he was suddenly attacked with urgent dyspnea. He arose, was propped in a chair, and tried vainly to obtain relief from his oppression. I saw him one hour after the beginning of his attack, and found his pulse irregular, rapid and weak. His breathing was rapid, his face cyanosed, and his lungs filled with bubbling râles. He was conscious, but unable to speak connectedly. Remembering my former success with nitro-glycerine, I immediately injected two drops hypodermically. This was followed in a few minutes by marked relief. In half an hour I injected one drop. At the end of three-quarters of an hour the patient's pulse was regular; he could talk easily; his breathing was almost normal. I then ordered whiskey and digitalis to be given during the night, and in the morning found him exhausted, but almost in his normal condition.

In all of the above cases death seemed imminent. In the first case the woman would certainly have died very soon had she not received prompt relief. The treatment by the hypodermic use of nitro-glycerine acted so promptly that the bystanders were very much impressed, and the physician was almost as much astonished as they were.

I have treated similar cases with stimulant hypodermics of whiskey and digitalis, but sometimes death was not averted, and when it was the relief was long delayed.

One who has seen cases of heart failure treated in the usual way can have no conception of the brilliant results which may be obtained by the hypodermic use of nitro-glycerine. The treatment has the great advantage that it is harmless in any event; and I believe it should always be tried, though, of course, not to the exclusion of other well-known methods of relief.—*Philadelphia Med. Report.*

GALVANISM IN THE TREATMENT OF FIBROUS TUMORS OF THE UTERUS.

Martin, of Chicago, read a paper before the American Medical Association in Cincinnati, May 9, regarding "Apostoli's Treatment of Uterine Fibromata." His general conclusions are as follows:

1. A means of generating a continuous current of electricity of steady and uniform character, that can give an actual current strength, through a resistance of two hundred ohms, of five hundred milliampères, is necessary to obtain all the benefits of this treatment.

2. Fibroid tumors of small size can be completely absorbed by the proper application of strong currents of galvanism.

3. Hemorrhages from fibroid tumors can be promptly cured by the local coagulating effect of

the positive pole applied to the interior of the uterus. Severe neuralgias, so often accompanying these troubles, can invariably be relieved by three or four applications of this treatment.

4. When the cervical canal cannot be entered by any form of intra-uterine electrode, flexible or otherwise, after repeated trials, a negative galvano-puncture should be made into the presenting part of the obstructing mass of the tumor, and an artificial canal opened, which is to take the place of the impermeable uterine canal in all subsequent treatments.

5. The intra-uterine electrode should in all cases be negative, unless there is hemorrhage or excessive leucorrhœa, when the positive pole is required. The same patient may, however, present symptoms demanding the use of both poles at successive operations.

6. The strength of the current should depend entirely upon the area of active surface of the internal electrode, and should be twenty-five milliampères for each square centi metre of active surface in actual contact with the edometrium. If more is used, the concentration of the current will be sufficient to cause troublesome cauterization. If less is used, the concentration at any one point will not be enough to cause the necessary coagulation for checking hemorrhage.

7. The duration of each sitting should be five minutes when the maximum current required is employed.

8. The number of operations is necessarily dependent upon, and influenced by, the result to be accomplished. A severe hemorrhage can be checked, and relief to the symptoms often accomplished, by four or five *séances*, while a general reduction of the tumor necessitates many operations, varied, of course, according to the size and location. In some cases of large multiple tumors a relief of the symptoms, or a symptomatic cure, must be accepted as a substitute for an actual cure.

9. The operation should be intermenstrual, if possible, but if the hemorrhage is continuous, it will be necessary to operate during the flow. The *séances* may be held every day, with the system of concentration adopted that enables one to attack different portions of the canal at succeeding treatments; or they can be given with advantage as seldom as once a week.

10. Since the adoption of the flexible intra-uterine electrodes, and Apostoli's method of vaginal galvano-puncture, extra-uterine puncture should be practiced, if at all, only as a last resort.

11. Galvano-puncture needles and the internal electrodes should be constructed of material that is not injured by coming in contact with strong carbolic acid, or 1 to 1000 bichloride of mercury solution. All electrodes for internal use should be thoroughly scrubbed with a nail-brush and soap and water after each application, and allowed to remain in one or another of these standard antiseptic solutions until they are to be employed

again, when they should be washed in a weaker solution of the same before using. Before a vaginal puncture is made, the vagina should be thoroughly wiped out with a one to 3000 bichloride solution.

12. There is no excuse for any percentage of mortality in the proper application of this treatment. While Dr. Apostoli has had two deaths in two hundred and seventy-five cases, he candidly admits that they were due to avoidable accidents, and should not be considered as legitimate consequences of the operations.

13. In experienced hands, and by the adoption of the present means of concentration, the most delicate and sensitive patient can receive, without experiencing any severe discomfort, all the benefits to be derived from this valuable treatment.—*New York Medical Record*.

THE EFFECTS OF ANTIPYRETICS IN THE TREATMENT OF DISEASE.

By ALFRED L. LOOMIS, M.D., New-York.

Before New-York State Med. Soc.—I think one whose experience is at all extensive in the use of antipyretics in treatment of acute infectious diseases will not for a moment claim that they have any power in shortening their duration or greatly modifying their severity. Time will not allow me to enter into a detailed account of the different antipyretics now in use, to compare their relative merits, nor to theorize as to their mode of action. In a general way, they may be divided into two classes—the application of cold to the surface, and the internal administration of antipyretic drugs. The mode of action of the two cases is evidently not the same, although they may both effect the reduction of temperature. Whether they act by diminishing heat production or by increasing heat dissipation, is still undetermined; for every day's experience teaches that sometimes when antipyretic drugs act badly or inefficiently, cold applied to the surface, in the form of baths or packs, often accomplishes the desired results in the most satisfactory way, and *vice versa*. It has seemed to me that the beneficial action of antipyrine and antifebrine is not so much due to their power of controlling temperature as to their tranquilizing effects upon the nervous system. Dr. Wood, from his experience on animals, concludes that antipyrine diminishes heat production and heat dissipation, and that its action on the bodily heat is entirely independent of any influence on the circulation—that it probably acts through nervous system directly upon the chemical movements of the organism.

Clinical experience has taught me that opium is often one of our most efficient and reliable antipyretics. The old custom of administering Dover's powder in small doses, at stated intervals throughout the course of a typhoid fever, undoubtedly had its origin in the power of opium to control temperature by its tranquilizing effects upon the

nervous system. As all discussions in this line must present be theoretical and unsatisfactory, I close the consideration of this problem with the practical question: If temperature reduction does not shorten the duration, mitigate the severity, or avert serious complication in disease, and if the ratio of mortality is not so diminished as to encourage us that we are making advances by antipyretic measures, on what bases are we justified in their use? Evidently, only on the basis that by their use we relieve one of the many phenomena of fever. If this can be accomplished without serious loss of vitality, or at the expense of the reserved force of the patient, we are justified in their use; but do not let us imagine that by reducing temperature we are controlling fever.

PATHOLOGY OF ABORTION IN RELATION TO TREATMENT.

In a paper read before the Section of Obstetrics of the British Medical Association, Dr. Murdoch Cameron emphasizes the necessity of a careful examination of the discharged clots in every case, as the medical attendant too frequently accepts the patient's description of the discharge. In the first month the embryo may escape detection, but after that it can usually be found surrounded by its membranes, the amnion and chorion with its villi, some of which are found penetrating the decidua reflexa. To avoid the "manufacture of complications," he recommends that the membranes be left intact and encouragement given to complete the expulsion. In the early periods of pregnancy if the membranes are ruptured, there need be no hurry; but special attention should be paid to maintaining an antiseptic condition of the passages by frequent injections. If the placenta were retained he had seldom any difficulty in removing it with the finger. He had little faith in the use of instruments, unless when it was protruding from the os. He asked if the use of the blunt or sharp curette with dilatation of the os and dragging down the uterus was reasonable treatment, or whether retention of the placenta was so dangerous or common as to justify these methods? His experience did not justify such measures. With the curette one was working in the dark, and could not fail to wound the healthy membrane and so assist septicæmia, and when the amount of injury which an inexperienced person can inflict with a uterine sound was remembered, we should hesitate to recommend the curette. When hemorrhage was present he generally used an antiseptic vaginal tampon with a firm bandage, and found it sufficient. He has not had good results from ergot. If symptoms of septic poisoning are present, he uses frequent antiseptic injections. He considers that patience in these cases will do less harm than meddling interference. Dr. Lombe Athill, speaking of these cases in which abortion could not be averted, said, that if hemorrhage was alarming, plugging was the

most certain means of combating it. It was essential that these plugs should be removed in six hours at the farthest, when the uterus should be washed out with an antiseptic solution. It was seldom necessary to plug. He advocated the treatment by hot water injections, which was perfectly safe and nearly always efficient. He disapproved of the forcible removal of the placenta in the early months of pregnancy, until it was proved that it would not be cast off. Dr. J. A. Byrne has found that the hemorrhage accompanying or preceding abortion was, as a rule, not dangerous. He believed in the use of hot water, and also in rapid dilatation if necessary, and the removal of the ovum. In the early months of gestation there was not much trouble in removing the placenta, but after the fourth month it was most intimately attached to the uterus. Dr. A. Lawrence always plugged the cervix uteri with carbolized lint when hemorrhage was excessive. If the contents could not be cleared out he passed an iodoform bougie into the uterus and plugged with iodoform wool. If in twenty-four hours he could not clean the uterus he repeated the process. Mr. Lawson Tait was of opinion that anyone who, knowingly, left a piece of placenta after a miscarriage might well lay himself open to a charge of gross carelessness. There was no need of any dilatation or of the use of any sharp curette. His "alligator" ovum forceps would remove anything which had been left without any risk. Dr. Murphy regarded the vaginal tampon in the year 1887 as an anachronism. The place to plug was the cervix, not the vagina, and the material caoutchouc bags (Barnes' or Tarnier's), not antiseptic cotton. He thought Dr. Athill's advocacy of the expectant treatment was founded on his experience at the Rotunda Hospital, where assistance was always at hand. In private practice this was not safe, and he invariably removed the placenta under chloroform with the fingers.—*British Medical Journal*, March 31, 1888.

WHEN TO OPEN A FELON, AND HOW TO ABORT IT.

(W. D. Hutchings, M.D.)

In order to avoid the mortifying results—necrosis, loss or deformity of finger—following deep seated paronychia, the surgeon must abandon a temporizing policy, and, at the proper time, make boldly a free incision to the pus formation. No half-way measures will answer in this case; the incision must be carried down to the point indicated, and be made sufficiently free to avoid occlusion and retention of pus, by the subsequent swelling of the parts.

The time to incise is an all important point in obtaining a successful issue, and is left indefinite by our best authorities. This trouble is not even noticed in the hand-books of surgery by Smith or Stimson. Surely neither of these writers ever suf-

fered with this exceedingly painful affection, else pages would have been devoted to its consideration. Is the loss of a finger, the dreadful suffering, the deformity of a hand, of such little moment that the reputation of the surgeon can not suffer thereby?

The venerated Dr. Gross, in an admirable article in his "System of Surgery," recommends an early operation, but does not designate the day or mention the *initial symptom* of the disease—a symptom which is the indicator of the day when the lancet should be used. The sensation of a splinter, briar, or foreign body being in the part where the disease is locating, is the *initial symptom*, and the subject has almost invariably endeavored to pick it before applying for advice.

The *time* for the free use of the lancet is the fifth or sixth day following the initial symptom. I never, if opportunity affords, defer its use beyond the seventh day. Almost all cases who have applied to me after the eighth day had passed have made a tedious recovery—many with the loss of a phalanx or an entire finger, the bone having been destroyed before the remedy was brought to bear.

The above remarks, of course, apply to whitlow when deep-seated. The superficial variety is an easily managed and comparatively a trivial affair. As we do not meet with whitlow in subjects free from systemic derangement, I always resort to appropriate treatment. I address the liver, administer quinine or other remedies, until the evil is overcome.

I will now consider the plan to abort. When consulted during the initial symptom, I seldom fail to abort by *inducing absorption* from continued pressure of the part. I force absorption by wrapping or binding the finger with a cord or very narrow tape—but prefer a cord of one-eighth of an inch diameter—commencing at the extreme distal end of the finger, and carrying it up to the proximal joint above the local error, and let it remain until pain and throbbing become unendurable, then quickly release the finger, and after resting it a few minutes, again rebind still more firmly in the same manner, thus binding and re-binding for half to three-quarters of an hour, until the finger is reduced to two-thirds its normal size.

By this procedure I have never failed, when the subject presented in time, to abort paronychia, or to convert it into a superficial abscess. If the patient neglects the initial stage, and a particle of pus is formed, the lancet is the only resort.

Thirty-nine years ago, the writer, then a distinguished medical student, came near being extinguished by a felonious felon; and then and there determined never again to suffer torments worse than those of Ixion's wheel, and by this method he has preserved not only himself and others, but members of his own family, time and again, from those infernal tortures.—*Ind. Med. Jour.*

TASTELESS QUININE.

In these degenerate days of malaria and "biliousness," quinine plays a most important part in every physician's treatment. Quinine has for years had a bitter taste, in fact "quinine by another name would be as bitter." Chemists and pharmacists of all degrees of scientific acquirements have tried their hands to make quinine tasteless, but after all there was left behind a bitter twang that was a reminder that quinine is, was, and always will be bitter. At last, when we are least expecting it, chemistry furnishes us a compound that will readily and easily disguise the intensely bitter and disagreeable taste of quinine. This chemical compound is none other than *saccharine*, a white powder that has an intensely sweet taste. Prof. H. C. Wood says that saccharine is 250 times sweeter than sugar, one grain in a pint of water gives a distinctly sweet taste. Saccharine is only slightly soluble in water, but will more readily dissolve in alcohol. Saccharine, like benzoic and salicylic acids, possesses antiseptic properties, and retards and prevents fermentation. Physiologically, it is perfectly harmless, generally passing quickly out of the body unchanged through the urine.

The following prescriptions have been used by myself in twenty-eight cases, with the result of producing the characteristic effects of quinine:

R Saccharine 3 ss.

Quinine sulph. 3 ss.

Acidi sulphurici dil. gtt xxx

Vini portensi ʒ i.

M. Sig: Teaspoonful every two or three hours, This mixture was very slightly better and only momentary at that:

R Saccharine gr. xvi.

Quinine sulph. gr. viii.

M. Ft. Chart. No. viii. Sig: One every two hours for a child two years old.

This was perfectly tasteless.

R Saccharine.

Quiniae sulph. aa ʒ i.

M. et Ft. Chart. No. x. Sig: One every 2 hours.

This was only very slightly bitter:

R Saccharine ʒ i.

Quiniae sulph. ʒ ii.

M. et Ft. Chart. No. x. Sig: One every two hours.

This was slightly bitter, but the taste passed away in less than a minute's time.

My experience from the use of saccharine, as in the above formulae in the twenty-eight cases, justify the following deductions:

Saccharine, two or three parts to one of quinine, gives a palatable and tasteless mixture. Equal parts of quinine and saccharine give only a very slight bitter taste, and one that is only momentary. Saccharine one part, and quinine two or three parts, gives a slightly bitter taste that is not lasting.—*Medical Waif*, Lafayette, Ind.

A NEW TREATMENT OF SLEEPLESSNESS.

Eccles regards the hot bath and massage as important factors in the treatment of insomnia. The bath is to be taken immediately before retiring, and with the following precautions: The bath-room must be heated to about 70° F., then the patient must be stripped in the bath-room, the head and face first being rapidly doused with water at 100° F. By this means the body is cooled, while a rush of blood is sent to the head. Then the whole body, excluding the head and face, is immersed in the bath at 98° F., rapidly raised to 105° or 110° F. In about eight to fifteen minutes the patient feels a sensation of pleasant languor, when he must be wrapped in warm blankets, and proceed to the bedroom with as little personal effort as possible. By the time the bedroom is reached the moisture on the surface of the body will have been absorbed; the patient must then put on his night-clothes and get into bed, lying with the head raised, hot bottles to the feet, and well covered with bed-clothes. No conversation or moving about the room should be allowed, and all light must be excluded. In a few minutes the patient will be found in a quiet, refreshing sleep. The theory of this method is based on sudden exposure of the body contracting the arterioles of the skin, causing thereby a corresponding dilatation of the vessels of internal organs, which in the case of the brain is further induced by the application of hot sponging. The immersion of the whole body next causes a dilatation of the vessels of the surface, except the head and face, with contraction of the vessels of the brain and gradual slowing of the heart's action, thus placing the brain in the most favorable condition for complete functional rest. There are certain conditions, however, in which this method is contraindicated. Persons suffering from extreme anæmia, or emaciation, or from aortic valvular disease, or in whom signs of atheroma are recognized, should not be subjected to such rapid variations of local arterial tension as this process entails. The author treated two cases of aortic regurgitation, in which the patients suffered from insomnia, by rest, feeding, and massage. The patient should keep the recumbent position all day, and in the evening, about 10 or 11 o'clock, a thorough kneading of the trunk and extremities should be performed. Massage of the trunk and extremities is attended by stimulation of the sensory nerves, with inhibition of vaso-motor action in the part undergoing vigorous kneading, the vessels dilate, and the force and rate of the circulation is increased, thus causing a vascular dilatation over a large area, accompanied by a corresponding contraction of other parts, especially of the brain. In order to maintain the effect of the massage on the vessels of the abdomen, a hot abdominal compress is used in some cases where sleep does

not follow soon after the massage. In persons suffering from the ill effects of prolonged overwork, mental distress, morphine habit, chloral-drinking, and such like conditions, the evening kneading often causes excitement instead of repose, and if done at all it must be done at an early hour. These cases are extremely difficult to treat, and it is often necessary to administer the wet pack.—*The Practitioner*, March, 1888.

PEPPERMINT WATER IN PRURITUS PUDENDI.

Every practitioner will have had under his care cases of this troublesome affection, which have been proof against all treatment, especially in the neurosial forms, where the cause of the pruritus which is, of course, only a symptom, is more difficult to remove. No excuse, therefore, is needed to mention a local remedy, which will, if the skin be unbroken, either cure the patient, or afford relief whilst the source of the irritation is being treated.

The agent here alluded to is peppermint water, used as a lotion. The B.P. preparation of aq. menth. pip. answers well, but is bulky for carrying about, and is incapable of concentration unless rendered alkaline. This is best done by borax, as being in itself soothing and antiseptic. Patients can easily make their own lotion, as required for use, by putting a teaspoonful of borax into a pint bottle of hot water, and adding to it five drops of ol. menth. pip., and shaking well, the parts affected to be freely bathed with a soft sponge.

If no cracks or sores are present, this lotion will remove the itching, but if there be eczema, etc., or rawness from scratching, it is inapplicable, olive oil, with five grains of iodoform to the ounce, being then more useful. The greatest and most permanent relief is afforded in the neurosial form, especially in the reflex pruritus which often accompanies pregnancy, and which then may take the place of reflex sickness or vomiting. It is also very useful in the pruritus which occurs in the climacteric, or in elderly women, in whom it may be only part of a general pruritus, and also in those cases of women of all ages, where the urine simultaneously becomes of very low specific gravity, without any evidence of having a gouty or granular kidney as a remote cause.

In pruritus due to pediculi, ascariæ, an irritable urethral caruncle, an endocervical polypus, early cancer of the cervix, distension of Bartholini's ducts or glands, the leucorrhœa of vaginitis, endocervicitis, and metritis, or the irritating discharges of advanced carcinoma uteri, or to a gouty or diabetic diathesis, the drug excels all others, cocaine inclusive, in affording relief, whilst endeavors are being made to remove the cause.

In two obstinate cases of uncontrollable pruritus of pregnancy, where this remedy only gave temporary relief, the patients were cured by applying iodine liniment to the angry looking cervix

uteri, which method has been used successfully by Dr. John Phillips and others for the similarly severe vomiting of pregnancy.

Peppermint has long been used by the Chinese as a local remedy for neuralgia, and has lately been sold here, combined with camphor, as a menthol. It appears to act as a local anæsthetic, its effect lasting often many hours, and in some cases of reflex origin a single application of the lotion has cured the patient. The remedy was, I believe, named in a casual communication to the *Journal* about twenty years ago, but I have failed to find the reference, and though it has been prescribed spasmodically by my father, and perhaps by others, its extreme utility seems known to very few.—Dr. Amand Routh in *British Medical Journal*.

TREATMENT OF WARTS.

Røsen has found the following procedure very serviceable in removing warts, callosities, etc. :

The thickened epidermis is slightly moistened with an antiseptic solution (boracic or salicylic acid) and then covered with a fairly thick layer of pure crystallized salicylic acid. Over this is placed moist borated lint in four layers, a piece of gutta-percha fabric, and a bandage. In the case of small warts and callosities, the dressing is allowed to remain for five days. On removal it will be found that the thickened tissue is somewhat shrunken and has separated from the subjacent parts, which are covered with perfectly normal skin, presenting no traces of injury or bleeding. The author has never seen any caustic effect from this application on the surrounding, and subjacent tissues. If the callosity is of any considerable thickness, as is often seen on the sole of the foot, the dressing should be left in place for ten days, or renewed after five days. The great advantage of this application is that the effects of the salicylic acid are localized to the thickened area.—*Munchener Medic. Wochenscher.*

ADVANCES IN THE TREATMENT OF SYPHILIS.

Neisser gives the following injunctions :

1. Every local infection suspected of being syphilis must be destroyed by energetic local treatment as early as possible, or removed by deep incision. If there is no syphilitic infection present, the slight operation is at least harmless, and if syphilis be present, it may undoubtedly be removed once and for all by excision.

2. Well marked primary lesions should be deeply excised when their situation permits of it, as, in the author's opinion, complete cure of the syphilis may thus be brought about.

3. Constitutional treatment must be one of mercury; must never be begun before the diagnosis is firmly established; must never be considered as completed before the fourth year of the disease.

4. The most agreeable and convenient mode of administration is the internal method.

5. The surest, most rapid and efficacious method is that of hypodermic injection of the drug: Inflammatory tendencies are reduced to a minimum by suspending the calomel in oil.—*Weekly Med. Review.*

TINCTURE OF IRON; ITS ADMINISTRATION.

According to *Science (Nouv Remèdes)*, recent experiments made with the ferric chloride diluted with water, show that the deleterious action of this preparation upon the teeth arises in consequence of such dilution. The phenomenon is thus explained, the addition of water to the alcoholic solution precipitates the peroxide in flakes, and as these can offer no protective covering to the teeth, the acid set free by decomposition acts directly upon the salts of lime composing them. When the solution is given pure, there can be no chemical action; the peroxide then formed is anhydrous and adheres to the teeth which it thus protects against the action of the acid. The experiments appear to demonstrate, so says the writer, that only three liquids can be properly used in diluting the ferric chloride: alcohol, vichy water, and simple syrup.

FOR CHILLBLAINS.

Valentine Mott's remedy is as follows :

℞	Beef's gall.....	4 ounces.
	Ol. terebinth.....	4 "
	Spts. vini. rect., 90 per cent... 1½ "	
	Tinct. opii.....	1 "

Another formula for the same affection is :

℞	Beef brine.....	1 pint.
	Potassæ nitratis.....	2 drachms.
	Aquæ ammoniæ.....	3 ounces.

—*Medical Classics*, Oct., 1887.

JABORANDI IN OBSTRETIC PRACTICE.

By JEROME HARDCASTLE, M.D., Ceciljon, Md.

Med. and Surg. Rep. April 7:—Having for many years noted the fact that parturition does not progress favorably till diaphoresis occurs, I have for some months past induced this condition, in the early stage of labor by giving fl. ext. jaborandi (green—the brown has proved worthless in my hands). My plan is, when called to a case, to order a warm brick to be applied to the feet—which are always cold, and then to give one-third of a teaspoonful of fl. ext. jaborandi in half a wineglassful of water, and repeat the dose every half hour until perspiration occurs. It is

very seldom that more than two doses are required. The first effect of this medicine on the patient is soothing, she becomes more quiet, and bears her pains with resignation. Upon being questioned the patient often states that her pains do not hurt her as they did. On examination, after diaphoresis occurs, the os will be found dilating rapidly; the soft parts to be in a favorable condition; and in a short time the labor will be satisfactorily terminated. Should the patient appear weak from the sweating, I wipe her face and neck with a dry towel, and give her a teaspoonful of whiskey or half as much of aromatic spirits of ammonia.

Since using the above remedy, I have had no occasion to use ether, chloroform, or the forceps. I have not seen any mention of the use of jaborandi in obstetric practice; but, having had such favorable results from its employment I recommend it to the consideration of the profession.—*Epitome of Pract. Med. and Surgery.*

TREATMENT OF POST-PARTUM HEMORRHAGE.

Dr. R. N. Foster writes in the *Medical Era* as follows: Treatment for post-partum hemorrhage, in order of use.

- First. One hand outside;
- Second. One hand outside and one inside;
- Third. Ergot, one to two teaspoonfuls, in water;
- Fourth. Injections of hot water;
- Fifth. Injections of cold water, or the introduction of ice into the womb;
- Sixth. Injections of vinegar, hot or cold;
- Seventh. Injection of persulphate of iron, or muriated tincture of iron, two drachms to a pint of water.

Treatment for puerperal convulsions:

- First. Give the woman chloroform, and keep her under its influence;
- Second. Deliver her as soon as possible;
- Third. If it takes too much chloroform to quiet her, administer a hypodermic injection of morphine, $\frac{1}{8}$ to $\frac{3}{8}$ grains;
- Fourth. After administration of morphine, use chloroform with caution;
- Fifth. Have a competent person remain by the patient, at least twenty-four hours after delivery, ready to give chloroform should there be the least sign of returning spasm.—*Epitome of Pract. Med. and Surgery.*

POISONING BY A TEN-GRAIN DOSE OF ANTIPYRINE.

By S. PETERS, M.D. Cohoes, N. Y.

Med. Register, Mar. 24:—For a severe headache, of a nervous character, in a lady—Mrs. H.—of about twenty-five years of age, and otherwise healthy, I prescribed two powders (ten grains

each) of antipyrine, one to be taken an hour after the first, if needed. She took one about 9.30 P. M., and in two or three minutes she began to experience a "snapping" in her head, along with an itching and burning in the mouth and throat, particularly in the roof of the mouth. This feeling also extended to the eyes, nose, and ears, and became so violent that she involuntarily thrust her fingers into her mouth and ears to seek relief. The "snapping" in the head increased in intensity until she became almost frantic, and ran up and down the room, screaming, partially losing control of herself, and apprehending acute insanity. Sneezing soon commenced, and became extremely violent, the act being repeated at least fifty times, while the nose and eyes were running a very copious, watery fluid. The turgescence of the mucous membrane was so extreme that she could not breathe through the nostrils for several hours—indeed, not until the next day. Following all this, there was a stupid, tormenting feeling, with swelling of the nose and eyes, till, exhausted, she finally fell asleep. This sleep was disturbed and tiresome, but the headache proper was relieved. The most violent part of the process continued for only about ten minutes, but recovery was not perfect till the next day.

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BURIAL REFORM.

The disposal of the bodies of the dead is evidently a subject which is attracting considerable attention from scientific men. The improvements in the present methods may be divided into negative and positive. The former including those which merely look to getting rid of them with the least injury to the living, such as using coffins of the most perishable and lightest material, all-lasting substances

being rejected; burial immediately after death; interment in plain earth with total disuse of vaults and bricked graves, and rapid decomposition by means of heat, known as cremation. The positive improvements consisting of turning the dead body to useful purposes. One recent writer advocates the abstraction of fatty matters to be turned into soap, candles and glycerine, and the drying and pulverizing of the muscles and bone, so as to form a valuable manure resembling guano, rich in ammonia and phosphates. Another writer suggests that we should hand over all that is mortal of our departed relatives to the gas company, which would give us in return a *bon* for so much illuminating gas, which they would distil from it, keeping as their share of the profit the coke, ammonia and tar, with its endless possibilities of beautiful color. He terminates his article with the grim remark that it would then be possible for a beauty to appear at a ball, decked in hues from, and literally shining in the light of, her ancestors.

WESTERN HOSPITAL.

There is at present a large attendance at the out-door department on Mondays and Thursdays, when the gentlemen who are interested in studying the diseases of women have ample opportunities for practical work. Two members of the class are detailed each day to make examinations and record their observations, under the direction of the lecturer on Gynecology, Dr. Laphorn Smith. As the material is practically unlimited, their opportunities are only bounded by the time they care to devote to it.

In the in-door department the staff attend every day at 12 o'clock.

Dr. McConnell gives a practical clinic on diseases of the heart and lungs, every Monday at 11 o'clock.

IMPROVEMENTS IN PHARMACY.

At the invitation of Mr. Lawrence, of the Davis and Lawrence Manufacturing Company, a representative of the RECORD was lately shown over their extensive factory. This establishment is the outcome of the National Policy, as owing to the Protective Tariff manufacturers for the Canadian market are obliged to manufacture their goods in Canada. It may not be generally known to the physicians of Canada that Messrs. Wyeth & Bro. of Philadelphia now manufacture all of their pre-

parations in Montreal, and sell them in this market at the same prices as they get for them at home in the United States where competition is much greater. We understand that this firm were the pioneers, so to speak, in introducing to the medical world the new and elegant preparations which have almost done away with the old style of dispensing. Their compressed triturates, for instance, are exceedingly convenient for country practitioners and others who desire for various reasons to dispense their own medicines. Instead of having to laboriously weigh them out and do them up in powders, he has only to count out the desired number, all ready, accurately weighed and compressed into the form of a neat little tablet. As an instance of the saving of time which this effects, we might mention that having a prescription for a powder which we very often use, which requires the greatest care and exactness in putting up, we banded a small package of the ingredients to this establishment, and in a few minutes we received it back in the form of the proper number of tablets, each of the proper weight. The machinery by means of which this result is obtained is exceedingly ingenious, but would have to be seen to be properly appreciated. Each machine is presided over by a neat but demure little maiden, as bright and clean as the polished steel before her. There was one feature of this factory over which our reporter was especially eulogistic, and for which the firm cannot be too highly commended, the large amount of space allowed for each operator and the ample facilities for getting light and sunshine. This firm seems to understand that good work cannot be got out of people who are breathing bad air. The whole appearance of the place and the method of doing business reminded us forcibly of Squibb's celebrated establishment in Brooklyn.

Our space does not permit us to specify all their preparations, but the most important are the hypodermic tablets which no physician should be without, as they are always fresh and ready for use. Also the tablets of rhubarb and soda, bismuth and pepsine, and the old reliable five and ten grain Dover powders. In conclusion, we are informed by Mr. Lawrence that they will be glad to show any of the profession over their factory, as they feel sure that any such will leave feeling satisfied that everything is carried on with the sole object in view of obtaining accuracy, uniformity and perfection in manufacture.

THE CODE OF ETHICS OF THE AMERICAN MEDICAL ASSOCIATION.

OF THE DUTIES OF PHYSICIANS TO EACH OTHER,
AND TO THE PROFESSION AT LARGE.

ART. I.—*Duties for the support of professional character.*

1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness. He should, therefore, observe strictly such laws as are instituted for the government of its members; should avoid all contumelious and sarcastic remarks relative to the faculty as a body; and while, by unwearied diligence, he resorts to every honorable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labors, brought it to the elevated condition in which he finds it.

2. It is not in accord with the interests of the public or the honor of the profession that any physician or medical teacher should examine or sign diplomas or certificates of proficiency for, or otherwise be specially concerned with, the graduation of persons who, they have good reason to believe, intend to support and practice any exclusive and irregular system of medicine.

3. There is no profession from the members, of which greater purity of character and a higher standard of moral excellence are required, than the medical; and to attain such eminence is a duty every physician owes alike to his profession and to his patients. It is due to the latter, as without it he cannot command their respect and confidence; and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and, on emergencies, for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well-being, and even to the life, of a fellow creature.

4. It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis; or promising radical cures; or to publish cases and operations in the daily prints, or suffer

such publications to be made; to invite laymen to be present at operations, to boast of cures and remedies, to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

5. Equally derogatory to professional character is it for a physician to hold a patent for any surgical instrument or medicine; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself or of others. For, if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

PERSONAL.

Dr. Gardner, Professor of Gynecology in McGill College, owing to continued ill health, has decided to leave about the 1st July for a few months' holiday in Europe. Our confrère is a prime favorite with the profession, and we cannot afford to lose him, so that we join in the general wish of his numerous friends that he may return with his health and strength firmly re-established.

Dr. Stewart of McGill has left town to spend a few months in Europe.

Dr. F. W. Campbell, Dean of Bishops' College, has been called away to Metapedia, to attend a wealthy New Yorker. It is probable that he will combine business with pleasure and make his visit a "flying" one in a double sense, and we hope with his usual success.

Dr. Major will be absent from the city for several months.

We are glad to learn that a short course of lectures on Physiology and Hygiene will be delivered by Dr. Reed to the pupils of the McGill Normal School. We consider this a move in the right direction, and an example to be followed by every school.

Mr. Jack, who was appointed to the position of Resident Clinical Assistant to the Western Hospital, a few months ago, has been obliged to resign, owing to ill health, which was unequal to the strain of such a responsible position. Mr. Nichol has temporarily replaced him. In this connection we venture to suggest that the duties of the position are sufficiently onerous to require the undivided attention of a fully qualified graduate.