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Original Communications.

A CURIOUS CASE OF MALARIAL NEURALGIA.

BY F. KRAUSS, M.D., TORONTO.
Prof. Med. Jurisprudence Woman's Med. College.

On the 16th of March, 1884, I was sent for to attend Mrs. J. N——, æt. 33, who was suffering from a severe attack of neuralgia. The patient's appearance presented all the characteristics of the malarial cachexia; she was much emaciated, and her complexion was considerably jaundiced. The history of the case is a peculiar one. For three years previous to 1881 she had resided in different malarious districts in Michigan, but enjoyed complete immunity from malarial symptoms until April in the year mentioned, when she was prostrated by an attack of intermittent fever, which continued, with more or less severity, for three months, the paroxysms being quotidian. In the fall of the same year occurred the first of a series of periodic attacks of neuralgia which have since been maintained with unvarying regularity as to time of occurrence and succession of symptoms. Previously to her illness the woman had always enjoyed perfect health, was strong, vigorous, and active. Family history good.

The characteristics of the periodical neuralgic attacks—as described by the patient and her husband—are as follows: Each attack consists of a "period" of nine days, and occurs twice in the year—in the spring, about the time the snow is disappearing; and in the early winter just before the first appearance of the snow. The paroxysms are quotidian and retarding, that on the first day setting in about 8 a.m., and each successive one about an hour later than on the preceding day. They also gradually decrease in length of duration, usually terminating, no matter at what hour they begin, at about 9 or 10 p.m. The individual paroxysms much resemble those of intermittent as to succession of events. Each is preceded by marked coldness of the extremities, especially the feet; the other symptoms of the prodromic stage are wanting. Anorexia is persistent throughout the entire period; no vomiting. Violent throbbing, referred to the back of the right orbital cavity follows, and ushers in the cold stage. The latter only differs from the same stage of intermittent in the co-existence of neuralgia. The throbbing behind the right orbit is intensified by excruciating lancinating pain in the same situation, and, in a less degree, along the course of the right supra-orbital nerve. There is also a sense of tension and pressure behind the globus, and which the patient describes as being such as might be occasioned by the presence of an abscess. The whole region about the affected eye is tender; much photophobia exists, with redness of the conjunctiva, and a copious flow of watery fluid from the eye, which the patient declares excoriates the skin of the cheek. Movements of the orbit are attended by a grating sensation. The other eye is unaffected. During this stage the patient maintains an erect sitting posture and complains of a sensation of great distension in the head. Pain in the frontal sinuses precedes, accompanies, and succeeds the cold stage; there is no præcordial oppression. The pain during each paroxysm is remittent, each access being limited to three or four minutes and rapidly followed by another, the entire stage lasting from half an hour to an hour. The hot stage now supervenes, with a cessation of the neuralgic pain and the throbbing, only a feeling of soreness and tenderness remaining. In an hour or two the pyrexia abates, and the sweating stage sets in. The patient, utterly exhausted, falls asleep, and usually sleeps until morning.

The above succession of symptoms is repeated daily—but commencing each day at a later hour—until the ninth day, when a curious phenomenon is described as invariably occurring. The upper eyelid on the affected side becomes ecchymosed, and during or after the sweating stage the patient experiences "a cracking sensation, as if something had given way," at the chief seat of pain, accompanied by immediate and sudden relief from the feeling of tension and pressure. In her own words, "an abscess seems to burst;" and she insists that a discharge of pus into the pharnynx takes place.

She is now free of her enemy for the next six months, although, since the occurrence of the first neuralgic manifestations she has had frequent intercurrent attacks of true intermittent, more especially during her residence in a malarious district. In 1883 she and her husband removed to Canada —first to Hamilton and then to Toronto—and since that time she has had two attacks of true intermittent, one following the death of a favorite child. In every instance the ague was quotidian, the paroxysms beginning about 7 p.m. For a month after each neuralgic attack the patient suffers more or less from dull pain about the eye, asthenopia and tenderness of the scalp; a herpetic eruption makes its appearance about the lower lip, and desquamation of the cuticle occurs over the greater part of the surface of the body. Shortly before each neuralgic period the face assumes a deep lemon hue, but this disappears a week or two afterwards The urine is at all times high colored, and during the neuralgic periods is deeply tinged with bile. The patient can prognosticate the approach of a semi-annual attack by the occurrence of vertigo on stooping, and by the appearance of the yellow tinge over the face.

Variations of the phenomena described have been noticed on two or three occasions. Thus, in the fall of 1882, the period came on after the patient had contracted a severe cold, and lasted ten days, with the usual retarding paroxysm on each. In no other instance has the duration exceeded nine days. In the spring of 1883 the neuralgia, for the first and only time, was seated in the left eye, the right being unaffected. The phenomena which manifested themselves on previous occasions, when the right eye was the seat of pain, were exactly repeated on the left side—including those indicating the termination of the period—but with the addition of a purulent discharge from the left ear —the only occasion on which this has been observed. In the fall of 1883 there was no well-marked period; some fever and a sense of fulness in the head occurred at the usual time, but disappeared three or four days later. There were no chills whatever. The contrast between this incomplete attack and the fully developed periods, in which the chills are the marked feature, is strikingly suggestive of that between the so-called "dumb ague" and intermittent of the "shaking" type. A still more curious variation is noted further on as occurring during the period which came under my own observation. The patient has also noticed that with each recurrence of the semi-annual attack the pain in the orbital cavity appears to extend further backwards. After the first neuralgic attack, in the fall of 1881—for which the patient was treated in Michigan—onychia developed, first on the right then on the left hand, with subsequent shedding of all the nails; there was much salivation; the enamel scaled from the teeth, especially the molars and bicuspids; the teeth were loosened and later on broke off at the neck, without any appearance of caries. There was also considerable œdema of the lower extremities. The patient and her friends attribute these occurrences to the drug employed, and which, I am given to understand, was administered by "a sort of horse-doctor." It is described as a white powder, with a slightly sweetish taste. Although only half the quantity prescribed was taken (at bedtime), violent delirium set in and lasted throughout the night. The symptoms just detailed followed a few days later. The toxicologist will be inclined to regret the fact that the further services of the horse-doctor were dispensed with.

I saw the patient for the first time at 4.30 p.m. on the 16th of March, the third day of the period. On the first day, the 14th, the attack had commenced at 8 a.m., and was ushered in by the usual coldness of the extremities, and—a symptom hitherto not experienced and not since repeated—neuralgic pains down the back of the neck and along the whole length of the spine. The other symptoms as usual. The second paroxysm, on the 15th, had commenced at 9 a.m., and was less violent than its predecessor. On the 16th the paroxysm did not occur until 1 p.m., and when seen the patient was in the sweating stage. An examination revealed an anæmic murmur in the vessels of the neck, and the palpebral conjunctiva was found to be almost colourless; the face of a deep lemon tint, the skin on the affected side—the right—unnaturally dry, and the hair, especially on the right side of the head and about the right temple, turning grey; tongue slightly coated; bowels regular. In the hope of witnessing a paroxysm, and thus being able to verify the patient's statements, I postponed treatment.

March 17.—At 3 p.m. no marked paroxysm had occurred, though the patient had suffered during

the morning from feverishness and sense of fulness in the head. Both this and yesterday morning she experienced "a trickling sensation" in the upper and back part of the nose, followed by the discharge of a few drops of blood from the left nostril, which appeared to give immediate relief. This had never occurred before she said. Pulse, when seen, 80; temperature 99°. Ordered the following mixture:—

℞. Quin. Sulph .....ʒ. ij,
Acid hydrobromic.....ʒ. ss,
Extr. gelsemii fl..... ♏. xl,
Ol. caryophylli.....m. vj,
Elixir. adjuvantis (Caswell & Hazard) .....ʒ. iv,
Aq. ad.....ʒ. viij.—M.

Sig.—ʒ. j. o. h. 4 tâ sum.

March 18.—Saw patient at noon. Marked cinchonism; no paroxysm so far; she says the pain "is there, but the medicine is holding it back." Ordered half doses of the quinine mixture. On calling again at 4.30 p.m. found the patient in the height of a paroxysm, being the third since I had left her shortly after noon. The first of these occurred about 1 p.m., the second about 2.30, and the third at 4. This last was described as the most severe yet experienced. When seen the patient was in the cold stage; pulse 88, temperature 99⅘; unable to lie down; great photophobia; pupils dilated, although she has taken half a grain of morphia *per orem* in divided doses since one o'clock. In addition to the intense pain behind the right orbit there was a constant dull pain in the frontal sinuses and across the interorbital space. No pain whatever below the level of the floor of the orbital cavity. Action of the rectus internus and obliquus superior induced acute pain; that of the rectus externus and obliquus inferior some pain, but of a less severe character; contraction of rectus superior gave rise merely to a slight "pricking" sensation; while that of the rectus inferior was unaccompanied by pain or uneasiness. No discharge of watery fluid from the eye, nor redness of the conjunctiva; no *bruit* on auscultating the temple or globus. Pressure on the right temple seemed to give relief, and was repeatedly asked for. Tremor, mainly confined to the lower jaw. For a few moments the patient appeared to be delirious; she declared her head was a balloon and was sailing out of the room, and at the same time craned her body forwards as if compelled to follow it. Also complained of neuralgic pains in the stomach. Gave morph. sulph. gr. ¼ hypodermically; pain soon after subsided and the patient fell into a dose. Half an hour later her pulse was 84, temperature 99°; pupils still dilated.

March 19.—At 4 p.m. pulse 84; temperature 99⅘. No paroxysm to-day; slight feverishness early in the afternoon. Patient complains only of slight headache and the usual symptoms of cinchonism. Vomited this morning, food and mucus, streaked with blood. No pain elicited on pressing on the teeth. Continued the quinine, gr. ijss. every four hours without the gelsemium.

March 20.—Vomited again this morning as before. A little feverishness about noon; chilly sensations with slight throbbing behind the orbit at 3 p m., but when seen at 4 p.m. this had nearly disappeared. Pulse 104; temperature 99⅘. Eruption beginning to make its appearance about lower lip. Another slight access of fever at 6 p.m. No paroxysm proper during the day.

March 21.—Patient in a state of extreme nervous depression owing to an accident to her son. At 5 p.m. pulse 96, almost imperceptible; temperature 98⅘. Complained of "pains in all her bones."

Thenceforth the patient made a rapid recovery, without the appearance of any of the phenomena described as attending the close of the period. She was put upon quinine and iron (Vallet's mass), to be continued until the usual time of the fall period should have passed. Early in May she was doing well and looking more healthy, and I have not seen her since.

BORO-GLYCERIDE IN THE TREATMENT OF SUPPURATIVE DISEASES OF THE MIDDLE EAR.*

BY A. M. ROSEBRUGH, M. D., TORONTO.

Boracic acid and glycerine, when heated, combine to form a new substance, namely, boracic glycerine or boroglyceride. The proportion is according to their atomic weights boracic acid 62 parts, and glycerine 92 parts. They are gently heated over a water bath. The boracic acid is gradually added to the glycerine, and the heat con-

* Read before the Ontario Med. Association, June, 1884.

tinued until 54 parts, or 3 molecules of water, are driven off. The boroglyceride "on cooling is an amber colored vitreous mass, which is very friable and easily broken. It is readily soluble in glycerine, but less so in hot or cold water (about 10 per cent)." "It has an acid, pungent taste, and an astringent effect when applied to mucous membranes."

This new substance or compound is an antiseptic, and if we mistake not is determined to play an important rôle in the antiseptic surgery of the near future.

I believe it was the great author of antiseptics, Prof. Lister himself, who first suggested that suppurative diseases of the middle ear should be treated antiseptically. An antiseptic dressing, in order to be effective, must insure two important conditions, namely, complete exclusion of the air, and perfect disinfection of the whole suppurating surface.

In otorrhœa, where the drum cavity communicates with the external auditory canal, by means of a perforation of the drum membrane, it would seem, at first sight, to be impossible to secure these conditions. Stimulated however by the success of antiseptics in general surgery, the profession long since commenced the use of antiseptic solutions and powders in the treatment of purulent middle ear diseases, but with only partial success. Weak solutions of carbolic acid (½ to 1 per cent.) were found to be useful for cleansing in cases of caries or necrosis of the bone, but it caused an increase in the secretion and a more swollen condition of the tympanic mucous membrane. Salicylic acid in alcoholic solution was used in chronic cases, but it was not well borne in acute cases. Iodoform, either alone or combined with other powders, as alum or oxide of zinc, has also been extensively used, but many object to it on account of the smell.

In 1879 Prof. Bezold, of Munich, commenced the use of boracic acid in the treatment both of acute and chronic cases of suppurative inflammation of the tympanic cavity, and with most encouraging results. He reported in that year 145 cases that had been treated with the boracic acid— 29 with acute, and 116 with chronic suppuration. Of the acute cases, the average duration of the discharge was only 13 days; and of the chronic cases the average duration of the treatment, until all discharges ceased, was only 19 days.

After trying saturated solutions of boracic acid, and getting no better results than were obtained from other antiseptics, he tried filling the meatus with very finely pulverised boracic acid, and with the result as just reported.

"He asserts that this method of treatment is so much more certain, and so much quicker than other methods, that he now uses it in every case of suppuration, either of the meatus or tympanum, and also after lesser operations, such as the removal of polypoid granulations, cauterization and paracentesis; he excepts, however, extensive disease of the bone and perforation of the mastoid. He does not consider that it supplants, but rather assists other methods of treatment, like the antiseptic dressing in surgery; cauterization of granulations, removal of polypi, etc., are still as necessary as ever."

"The meatus and tympanum are first cleansed carefully with a four per cent. solution of the acid, then dried thoroughly, and finely pulverized boracic acid blown in over the suppurating surface; the meatus is then closed with salicylic, carbolic or boracic cotton."

"The pulverized acid has the advantage of producing no re-action on the mucous membrane, of withdrawing the water from the membrane which keeps a saturated solution in contact with the inflamed surface, and of not forming coagulations with the secretions. In cases of otorrhea, complicated with phthisis of the lungs, the acid had no effect on the discharge." The use of the boracic aid powder, however, is attended with certain drawbacks. 1. Its application is somewhat nconvenient. 2. It retards the free exit of the discharges. 3. In some cases there is a tendency for the powder "to cake," which renders the thorough removal difficult. 4. It fails to completely remove the odor.

Boroglyceride is free from these objections. It removes the odor almost immediately, and is so easily applied, that in some cases the application may be entrusted to the patient. With its use I have also succeeded in causing granulation tissue to disappear without resorting to the use of chromic acid or the other caustics. It is used as follows: The ear is carefully syringed with a warm, almost hot, saturated solution of boracic acid Politzer's air bag, or the eustachian catheter is used to force the discharge from the middle ear through the perforation into the external auditory canal. The syringe is again used, and the fundus of the meatus dried with borated cotton, attached to the end of a probe.

The ear mirror is now used, and, if necessary, the cotton used again and again until all the discharges are thoroughly removed. The head is bent to the opposite side, and the upturned ear is half filled with the warm solution of boroglyceride. While the head is in this position air is forced through the eustachian tube, middle ear and perforation, and through the column of medicated fluid. In addition to this the tragus is pressed backwards and inwards, so as to compress the air over the fluid. Both these procedures favor the passage of the boroglyceride into the middle ear. If the patient is unable to force the air through the eustachian tube—the catheter or the air douche is used. A plug of absorbent cotton, soaked in vaseline is used to prevent the boroglyceride from escaping. The patient is seen two or three times a week, and in the meantime the ear is to be syringed with the boracic acid solution, and the boroglyceride applied night and morning at home. The boroglyceride is used in solutions of glycerine varying in strength from 10 to 100 per cent. according to the case. Dr. R. C. Brandeis, of New York, who has been using this remedy for the last two years, commences the treatment with the more concentrated solutions, and diminishes the strength as the mucous membrane assumes a healthier condition, and as the discharge diminishes.

"This remedy, he states, has enabled him to discharge patients as cured in from three to four weeks, who, he is sure, under the old methods, would have been under treatment as many months.

With a view of making the history of boroglyceride more complete, I may add, that in March, 1882, Prof. Barff read a paper before the London Society of Arts, "On a New Antiseptic Compound and its Application to the Preservation of Food," etc. This paper was published in the Journal of the Society. In the *British Medical Journal* for April 29th, 1882, Mr. Balmanno Squire suggested that the new compound be given a trial in antiseptic surgery. This led Dr. Brandeis to use it in aural surgery, the result of which he reports in *The Archives of Otology* for April, 1884.

CHARCOT'S JOINT DISEASE.

BY C. L. COTTON M.D. COWANSVILLE, QUE.

GENTLEMEN.—As the subject of Charcot's joint disease has recently attracted a good deal of attention, I trust a few notes of a case, which I have under my observation, may prove of some interest to this meeting:

H. G., aged 42, a native of England; engaged in the dry goods business in New York during 14 years. He has a good family history; no case of nervous disease that he can discover. He had convulsions when a child, but enjoyed generally good health until 1876 when he noticed strabismus of both eyes. He had one eye operated on in Glasgow and the second in Paris, since which time he has had no further trouble with his eyes. In looking back he can notice some failure in his gait in 1879, which was soon followed by neuralgic pains in his legs. These began quite suddenly. He can remember distinctly the place and hour when he had the first attack. He describes them as the usual pains of locomotor ataxia are described—as lightning-like pains. These have continued until the present, each attack lasting two or three days, and then an intermission of two or three weeks. He also had a cord-like feeling about his waist and a weakness in the knees.

He first came under my notice in December, 1879, when he presented very typical symptoms of locomotor ataxia. His walk was quite ataxic, could not stand with his eyes closed. Patellar reflex absent; complained severely of the feeling of girdle pains; some loss of power over the sphincters and diminished cutaneous sensibility in the legs. He continued in very much the same condition, but with a gradual failure of co-ordination until July, 1883, when one day while using a saw in such a manner that his right leg was put into a swinging motion over the edge of the box, the under surface of the thigh coming in contact with the box, he noticed immediately afterwards his knee very much swollen, and during the day the leg, foot and toes were involved in the swelling. There was a slight purple discoloration on the under surface of the thigh. My attention was called to it about ten days later; there having been no pain about it from the first, it had been looked upon as a simple sprain. I found the knee and leg as far as the ankle much swollen, the joint full of fluid and crackling on pressure. It had the appearance of a joint undergoing rapid disorganization. His present condition one year since the knee was first affected will be seen by the appearance of these photographs. The joint is enlarged; the lower end of the femur appearing to be much enlarged. There are no apparent bony outgrowths. Both bones of the leg are dislocated outwards, though they can be readily replaced, and in doing so give rise to a sound as if the ends of the bones were quite worn away. There is no fluid in the

*Read before the Canada Med. Association, August, 1884;

joint, no crackling feeling present. The veins are much enlarged over the knee. Both legs are much wasted; patellar and plantar reflexes absent; cutaneous sensation entirely absent in the feet, legs, and lower half of the trunk. He can support part of his weight on the diseased knee, but is afraid to do so; consequently he does not attempt to walk, but gets about comfortably in a wheeled chair. Appetite good. Digestion somewhat at fault, but generally fair. Sexual power lost during the last twelve months. The sphincters are weakened. At times he can control his bowels and bladder; at other times he finds it impossible to do so. Has never had gastric crises, and never felt any pain in the affected knee. Girdle pains have disappeared. In reference to the loss of sensation, it is curious to note that he has a large corn on one foot which often causes him severe pain. He complains of much numbness in his fingers.

The question of the relationship of joint affections occurring during the course of locomotor ataxia with the special lesion of the spine has been very freely discussed during the last few months, giving rise to papers at the clinical and pathological societies of London. Charcot, whose name has been associated with this disease, in his earlier observations attributed it to the anterior cornua of the spinal cord becoming involved in the diseased process. But further post mortems showed that the disease could be present without lesion of the anterior cornua being demonstrated. Dr. Buzzard is strongly inclined to the opinion that the pathological centre is to be found in the medulla oblongata and brings forward as an evidence the frequent presence of laryngeal, gastric and intestinal affections (more than 50 per cent.) associated with bone joint troubles. Sclerosis attacking the vagus centre is in short his theory. Thus far there has been no discovery of a joint centre in the nervous system, and it would seem that, with the close pathological study that has been given to "centres," if such a centre existed, the question would have been set at rest before this. Charcot depends chiefly on the clinical features and pathological changes in his assumption of this being a distinct specific arthropathy. Another view of the pathology of these cases is that they are an ordinary arthritis modified by the conditions of the patient. In support of this view are the very similar joint changes noticed after injuries to nerves. Weir Mitchell, Sir Wm. Gull, Ziemssen and Charcot have all noticed cases of arthritis due to nerve lesions, and it is a question whether rheumatism has its origin in the nervous system. These lesions are usually ascribed to the inhibition of the trophic influence of certain nerves. The third view of the pathology of these joint cases is that they are ordinary rheumatic or other forms of arthritis occuring in ataxic patients independently of their nervous disease. My experience of these cases being limited to the one under discussion, I must leave the question of pathology to others who have had more experience. But I must observe the course of this case has been different from any joint affection that has come under my notice. The entire absence of pain, the rapid disorganization of the joint, with the history of a slight injury, would incline me to the view, that, firstly, there must have been a predisposition to joint affection, otherwise so slight an injury could not have caused such a serious effect; and secondly, that the trophic nerves, and I think that it is generally admitted that certain nerves have trophic influence, must have become seriously impaired in their function. If these joint affections occurring in locomotor ataxia are not specific arthropathies, and I do not think that this has yet been proved to a certainty, there is no question in my mind that they are strongly modified by the diseased nerve influence.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—I noticed in the last number of the LANCET a communication from Cornwallis, N.S., signed "A Resident Physician," directing attention to the want of medical ethics displayed by some of the fraternity in that locality. If the writer of that communication were to visit a small town, not far from the metropolis of Ontario, I could point out to him some specimens not to be excelled by the most astute thimble-riggers our friends by the sea could produce. The mode of operation adopted by the medical trickster, "down by the sea," does not indicate any great amount of shrewdness, and differs somewhat from that adopted by his species in this locality. He depends too much, I fear, upon himself and his "helpmeet." He should imitate his friend in the west, by forming a "petticoat brigade," with himself as head Beadle—

his "helpmeet" President, and his sister-in-law, should he chance to have one, as Vice, things could be worked nicely. The rank and file might be filled by the confidants of the president and vice. Thus arranged, if called to consult another physician, say in a case of confinement, he might whisper the assurance to his wife, or her sister that his timely presence had saved the friends of the patient an undertaker's bill. The president and vice could mention it cautiously, and, of course, quite casually to their lady confidants, and they, in turn, through the promptings of the president and vice, might be relied on to retail the news to the whole circle at the next afternoon "tea-party" they attended. In this way superiority and skill could be made known, and by a little indirect manœuvering the whole female community might be let into the secret—especially that part of the community likely to prove of interest to the accoucheur. The Nova Scotian, like his brother chip in this part of the Dominion, might facilitate operations to some extent by taking in a partner. The partner needn't necessarily be gorged with medical lore. He would require to be a sort of "free and easy," and be stocked with a liberal amount of conceit. His usefulness would depend very much upon his cheek; his inability to take a rebuff, and upon his ability to fix up a plausible story. In order to prove a success he would require to force himself, in a social way, into the houses of other physicians' patients, and by a little hinting and winking endeavor to create an impression that the family physician had made some remark reflecting on some of the lady members of the family. He might, at the same time, do a little puffing on his own hook—give, say, in an indifferent sort of way, a synopsis of cases "placed specially under his care," and let the public know what gratitude is due to him by suffering humanity. There are a hundred and one other ways by which our Nova Scotian friend might become enhanced in the eyes of an unsuspecting public, and should he become cornered in a treacherous and dishonorable act, he will differ very much from those of his kidney here, if he don't throw dirt and call in the assistance of his tools and minions to cover his guilt. The fact is the slipshod, artful, half positive, half negative physician, is the same kind of an animal wherever you find him, varying only in the manner he may adopt, and the facilities he may possess for performing his tricks. By all means let the Nova Scotia man have a chance, for, like his Ontario prototype, he may have only his tricks and shams, and "petticoat brigade" to depend on.

Yours, &c.,

A RESIDENT PRACTITIONER.

February 13th, 1885.

Selected Articles.

BONY UNION IN INTRACAPSULAR FRACTURE OF THE FEMORAL NECK.

Dr. John B. Roberts, of Philadelphia, read the following paper before the Philadelphia County Medical Society in November last:

Much has been said against the possibility of osseous repair occurring after intracapsular fractures of the neck of the thigh bone. It is probable that this teaching has induced more than two-thirds of the general medical profession to believe that bony union of such lesions never occurs. Careful investigation of cases and specimens by competent surgical observers has conclusively demonstrated that such belief is erroneous. Bony union does occur, though not frequently. In my opinion, moreover, its non-occurrence is to some extent due to the violent and unjustifiable manipulation to which injured hips are often subjected, by reason of the attendant's ignorant desire to demonstrate crepitus and preternatural mobility. The diagnosis can usually be made with reasonable certainty without the development of these symptoms of fracture. Therefore, it is unnecessary and improper to imperil the future usefulness of the limb merely to arrive at an absolute diagnosis. In cases of doubt it does no harm to treat the case as one of fracture, even if none exist; but violent manipulation, by tearing connecting bands of periosteum or detaching the impacted fragments, greatly reduces the probability of union.

Union *may* be bony and the function of the joint perfectly or almost perfectly restored; if not bony, the bond of union *may be* a very short, fibrous one, giving as good functional result as osseous repair. Hence, the surgeon should treat his cases as if he expected a good cure; for it is impossible to say that a given patient is one in which no attempt at union will take place. Non-union of intracapsular fracture of the hip is, it is true, often found. I have in mind now a case where the autopsy showed no attempt at even fibrous union. Let us not expect this, however, as a rule, for then we may be led to neglect proper therapeutic measures. Specimen No. 1130^{15} of the Pennsylvania Hospital Museum, taken from the patient referred to above, between eighteen and nineteen weeks after the in-

jury, is a good illustration of non-union. It was a transverse fracture at the junction of the head and neck of the bone. Specimen No 1130[8]0, from the same Museum, on the other hand, is here shown you; it is described in the Museum catalogue as an intracapsular fracture firmly united; and by longitudinal section shows bony union. The specimen belongs to Dr. T. G. Morton, and was removed from a patient, aged 67 years, twelve years after the accident that caused the injury. There is some evidence of impaction near the base of the neck; and it is perhaps *possible* that part of the line of fracture extended without the capsule. Of this we have no definite evidence, as the ligaments were removed in preparing the specimen. This cast of a specimen is from the Mütter Museum of the College of Physicians, and represents an impacted fracture of the femoral neck in which there was *inversion* of the leg. The patient was under the care of Dr. Conklin, of Ohio.

I have made these prefatory remarks to introduce the clinical history of a patient who has now good use of her limb subsequent to an intracapsular fracture, although treatment was abandoned shortly after the receipt of the injury. She has probably a short fibrous union; possibly a true bony one. In either event, however, the result is gratifying; and teaches that such cases should not be looked upon as necessarily hopeless in respect to union.

She is a German, 78 years old, and was admitted to my ward in St. Mary's Hospital, on August 30th, 1884, after falling from a street car. The resident surgeon believed there was no fracture at the hip; but on my visit I considered that the position of the limb and the patient's age pointed to intracapsular fracture of the neck of the femur. On taking hold of the leg and making rotation without violence I felt indistinct crepitation. At once desisting from further manipulation, I ordered permanent extension by weights and lateral support by sand bags to be the treatment. Within four days incontinence of urine, the development of a superficial bed-sore and the debilitated condition of the patient showed me that there was danger of the aged woman dying. I accordingly ordered the resident surgeon to discontinue the fracture dressing, so that the patient's buttocks and back could be kept clean and the bed-sore properly dressed; telling him that no union of the fracture was likely to occur, and that we must endeavor to save life by tonics, stimulants and food, and the prevention of further bed-sores. I gave a similar prognosis to to my Polyclinic pupils who saw the case. Ten days later, that is two-weeks from the time of injury, another incipient bed-sore was noticed on the buttocks. The hospital notes of this date say that I ordered change of posture to be frequently made, and that she sit up as soon as possible. Six days subsequently she was sitting up in a chair. I am unable to say whether she got out of bed previous to this date or not. The bladder symptoms gradually improved, she soon sat up all day, and on October 4th, five weeks after admission, it is recorded that she was walking on crutches. On October 26th she was able to walk a little *without* crutches, though she did not do so much. She continued to gain in activity until her discharge, on November 2nd.

The result was so unexpected to me, for no restraint of motion at the hip was attempted after four days, that I almost mistrusted my diagnosis, and concluded that possibly the resident surgeon's original diagnosis was correct. I had made no investigation of the condition of the limb since she began sitting up. A few days before her discharge, however, I put her in bed, and with my colleague, Dr. Keen, examined her. The leg was strongly everted, as in intracapsular fracture, immediately after the injury, and she was able to invert it only so far as to make the toes nearly vertical. She could raise the leg, however, and lay it across the other or carry it outward, and, indeed, appeared to have every motion of the joint, except full inversion, though she stated it was a little stiff when walking. She had no pain. The everted leg, therefore, made the correctness of my diagnosis an established fact. Here, then, in a woman of seventy-eight years, was obtained union and a useful limb, despite the absence of treatment. In the face of such result, treatment should always be attempted, and not abandoned unless circumstances, such as arose here, demand its discontinuance. Well directed treatment will certainly be expected to make many good cures, if no treatment will occasionally give so excellent a limb.

TREATMENT OF TUMORS.

Dr. McNaughton Jones (*Med. Press and Circular*) gives the following advice in regard to the treatment of tumors:

The larger our experience of tumors of the mammary gland becomes, the more do we see the uselessness of trusting to external applications of any kind to dissipate them. Iodide of potassium, iodide of lead, iodine, the oleates of lead and mercury, discutient lotions of chloride of ammonia with camphor, combined with compression, are at times of use in the case of small nodosities, chronic induration after inflammation, and small cystic growths, but they more frequently fail, and unless growth is otherwise arrested, the use of the knife is sooner or later called for.

Lipomatous tumors, small cystic tumors, galactocele, adenomatous nodules, may remain for years if not permanently, without growing or giving rise to any pain or even uneasiness, and all such growths cause great uneasiness in the mind of the woman, and make her apprehensive and unhappy. I am not so certain that if the rule to completely

remove any circumscribed growths from the mammæ, whether painful or otherwise were generally acted on we would not be on the safer side than to temporize with any.

Take what pains we may to assure a patient of the harmlessness of any form of breast tumor, there is a natural fear of malignant disease which tends to make her mind dwell on its presence. Also, in the instance of cystic or sarcomatous growths we know sufficient of their liability to assume a malignant nature to make us, even after years of quiescence, wish they were out of the way of harm. The surgeon is perhaps more often in doubt as to the expediency of removal of the mere growth or of the entire mammary gland. His decision must depend on the homologous or heterologous character of the growth, its size, hardness, the puckering of skin, rapidity of growth, the extent of the gland involved, and the other features which make suspicious of its malignant or sarcomatous nature. Small, circumscribed and encysted tumors of a benign type may be carefully removed, but if there are any reasonable grounds for apprehension that the disease is of a malignant nature, or likely to become so, or again, that the tumor is of large size, the best course is to amputate the breast. Encysted tumors containing fluid may be incised, and the cyst cavity treated with some stimulating fluid, as solution of iodine, carbolic acid or chloride of zinc. The nature of the fluid may be determined on previously, by drawing off a small quantity with a hypodermic syringe and examining it so as to ascertain whether it is serous, hydatid or sanguineous. Hydatid tumors must be removed. *The one safe rule in all cases of malignant growth of the breast is early amputation of the entire breast.* If the axillary glands are enlarged, these should be carefully removed at the same time and the entire axilla cleared of all suspicious nodules. The association of eczematous inflammation of the nipple and malignant disease (Paget) must not be forgotten. In a well-marked case of this nature exhibited by me at the Pathological Society of London in 1881 the woman had suffered for over two years from excoriation of the nipple, and when she was admitted to the hospital there was an area of the circumference of a crown piece, including the nipple, of eczematous ulceration (eczema rubrum). Close to the axilla was a hard mass of scirrhus, which had been ulcerated, leaving a raw surface of the vivid red coloring of malignant ulceration. I removed in this case the breast, the incision being about ten inches in length, so as to include the entire area of scirrhous infiltration near the axilla. I dissected away all the glands from the apex to the floor of the axilla. The entire dissection of the axillary structures was as clean as if the part were prepared for demonstration. Yet in one year after the operation the patient returned to the hospital with a huge fungous mass protruding from the left side of the wound. (This specimen is in the museum of the Queen's College, Cork). Only in one instance of extensive scirrhus have I operated in which there was no return of the tumor. The patient died of an attack of acute inflammation of the lungs about two years after the operation, and the breast had given her not the least uneasiness up to the time of her death. Yet it might have developed subsequently. We may decide the question of operation on these grounds:

1. The size of the tumor and the degree of infiltration of the mammary tissues; the extent to which the skin is involved, as well as the condition of the axillary glands.

2. The general health of the patient and the coexistence of malignant disease elsewhere, or of other serious constitutional disorders, as phthisis or uterine disease.

If we determine not to operate, we must palliate and relieve pain to the best of our ability by such means as compression, anodyne applications, as opium, belladonna, conium and hyoscyamus, in the form either of fomentation, ointment, or strapping, while both morphia and atropine or cocaine may be administered subcutaneously.

In conclusion, I would say in regard to any malignant or suspected malignant tumor of the breast, "Remove early, remove the entire breast, sufficient skin and all suspicious tissues and lymphatic glands.

Amputation of the breast.—Perhaps there is no operation in which the benefit of antiseptic surgery is more perfectly illustrated than in this. Union by first intention is the rule. To secure this result we should arrest hemorrhage by torsion, which if properly carried out, and care taken that the wound is not closed until all the bleeding has ceased, I find is quite efficacious, and there is little fear of any secondary hemorrhage. If ligatures are used let them be of carbolized gut. Operate with every antiseptic precaution and dress with drainage tube, and the usual antiseptic dressings. Use silver sutures or catgut to unite the margins of the wound; remove a few of these if there be any undue tension, within forty-eight hours after the operation. Dress subsequently and daily under some antiseptic spray *until the wound has united.* When the wound is healing cover it with a weak thymol or benzoated dressing and a thymol pad.

THE "UNCONTROLLABLE" VOMITING OF PREGNANCY.

A paper on the above subject by Dr. Grailly Hewitt, read before the Obsterical Society of London, is summarized in the *Medical Times* (November 22). Its conclusions are based upon two series of cases in which the condition of the body and cervix were recorded, and are as follows:—

(1) That the case in which the disease is due to some other organ than the uterus are so few in number (only one in the series of 32) that they may be almost excluded from consideration. (2) That in the large majority of cases the disease presents itself during the first half of pregnancy. (3) That the evidence points to interference with the normal expansion and growth of the gravid uterus as the condition of the production of this dangerous affection, and that this is most frequently brought about by or in connection with retention of the bulk of the uterus in the bony pelvis, in 88 per cent. the uterus being anteflexed or anteverted, and in 12 per cent. in a state of retroversion, the other conditions met with being hardness, resistance, or unusual rigidity of the os and tissues of the cervix. (4) There appear to be two factors to be considered capable of interfering with the expansion of the uterus (*a*) incarceration with flexion or version ; (*b*) undue hardness, and rigidity of os and cervix. These may be conjoined in a given case. It appears to be borne out by the facts recorded that the incarceration is the more important of the two factors, as a rule at least. The facts appear to point to the occurrence of embarrassment in the expansion of the uterus very early in the pregnancy, such as might be expected to be occasioned by a previously flexed state of the uterus or by a congested indurated state of the cervix, or by the two conditions combined. As the pregnancy advances, the congestion and swelling are intensified, and the resistance to expansion thus increased. It appears probable that the particular cause of the sickness observed is the compression of the nerves situated in the tissues which are especially exposed to compression, namely, those around the cervix uteri, and especially those near the internal os. Copeman's success in the treatment of severe sickness by dilating the internal os is evidence in this direction. The importance of the flexion element has been denied, one principal objection being that sickness is not always present when the uterus is flexed. But the case is the same in the non-gravid uterus ; severe sickness is not seldom due to flexion of the non-gravid uterus, while flexions are observed without sickness. Corroboration of the author's views are contained in Gehrung's recent paper. As a rule, severe sickness is limited to the first half of pregnancy, in a very few cases it persists longer ; in these rare cases, the cause may be rigidity of the tissues round the internal os, persisting to a late period. As regards treatment, the first indication is to secure the normal upward movement of the fundus uteri, to relieve the incarceration of the uterus, when present, if that be possible, and to prevent its occurrence by a properly arranged method of treatment. Absolute rest in the supine position if anteversion be present or on the face or side if retroversion be present, and the use of the knee-elbow position will be required. These measures suffice in many cases. If the uterus be fixed, gentle continuous pressure must be applied internally by the fingers, or by an air-ball, and the position maintained by a suitable pessary. These measures failing, Copeman's procedure of dilating the cervix should be employed. Artificial abortion, will, it is believed, be rendered unnecessary if the less severe measures are applied early.—*Boston Med. Journal.*

NEW YORK STATE MEDICAL SOCIETY.

We give below a digest from the *N. Y. Med. Journal* of some of the papers read before the N. Y. State Medical Society on the 3rd, 4th and 5th, ult.

ACUTE PELVIC ABSCESS.—Dr. W. W. Potter, of Buffalo, read a paper with this title. The case was one of a large non-puerperal collection of fœtid pus behind the uterus, of rapid formation and accompanied with marked constitutional disturbance. The aspirator was employed when fluctation was well marked, with result of complete relief from pain, but the patient's general condition was still precarious. Various antiseptic injections having been used with little or no result, an iodoform emulsion was introduced into the abscess cavity, after the method used by Dr. Prince, of Illinois, and with the speedy occurence of improvement. The patient made a good recovery. Before the attack came on the patient had been taking cotton-root tea in large quantities by the advice of an irregular practitioner who had diagnosticated ovarian trouble ; and it was a question if this had not something to do with causing the inflammation. The author referred to the frequency and importance of pelvic cellulitis, and credited Emmet with having done great service to gynæcology by emphasizing the leading part played by the affection in connection with pelvic disease. As to treatment, the author advocated the radical procedure of prompt evacuation, characterizing it as "the treatment of to-day." It was only by the vagina that pus could safely escape by spontaneous opening, but there was nothing to assure us that the abscess would not break in some other direction if there was no interference with it. The necessity of antiseptic injections into the cavity was insisted upon, and they should be given by the physician himself.

Dr. Wylie, of New York, thought that the abscess must have been due either to an hæmatocele or to the access of septic material from the oviduct. He thought, too, that it was not the cellular tissue that was the seat of the collection, but the peritoneal cavity. He would prefer a trocar and canula, with subsequent dilatation, to a knife for opening such a collection. Caution should be observed in

washing out such a cavity with so strong a solution of bichloride of mercury as a 1-3,00 solution. Many pelvic abscesses, especially those of the cellular tissue, were quite as apt to point elsewhere as in the vagina, and in such, laparotomy with proper precautions, seemed to him the proper procedure, with removal of the oviducts.

Dr. Ely, of Rochester, reported a case of what might be termed "latent pelvic abscess," in a girl of sixteen years. The collection was large when attention was first directed to the abdomen. A large curved trocar was passed into the abdomen, below the umbilicus, and out through the posterior vault of the vagina, and through the canula a drainage-tube was passed. This "through-drainage" was speedily followed by recovery.

Dr. Bowditch, of Boston, related a case of pelvic abscess in a child two years of age, that had been treated like Dr. Ely's case, except that a re-accumulation of the pus led to incision and washing out of the abdominal cavity, with the most favorable result. We were still too much afraid of opening the abdomen, as, twenty years ago, we were too much afraid of opening the chest.

PEROXIDE OF HYDROGEN.—Dr. S. S. Wallian, of Bloomingdale, read a paper on this subject. It was said that it might take the place of ozone for many purposes, as a germicide, etc., while it was perfectly harmless in the form in which it was used in medicine. It acted by parting with a portion of its oxygen, which, no doubt endowed with the peculiar activity incident to the nascent state, combined directly with septic substances, and thus put a stop to the putrefactive process. The author then gave a summary of its therapeutical applications, with special reference to its use in the treatment of diphtheria. Cases of carbuncle, sloughing ulcer, and septic infection (one of each) were then alluded to as having occured in the author's practice and having been treated with the peroxide with brilliant results.

A CASE OF CANCER OE THE LIVER, characterized by a series of low temperatures, was then related in a paper by Dr. W. S. Ely, of Rochester. An uncommonly full record of temperature observations had been kept. A great number of them showed a subnormal temperature—the lowest being 91° F. There were no signs of collapse at any time, and there was no correspondence between the state of the temperature and that of the pulse, but the patient felt cold to the touch. There could be no error about the observations, as they had all been made by an experienced nurse, with a Hick's thermometer accompanied by a certificate issued from the Yale Observatory. The inferences were, that subnormal temperatures were not always so dangerous as was generally supposed, and that thermometers ought to be graduated lower than was commonly the case.

TUBAL PREGNANCY.—Dr. Squire, of Elmira, read an account of a case of tubal pregnancy in which the sac ruptured, peritonitis followed, and the fœtus was subsequently felt in Douglas's pouch, together with a large quantity of fœtid blood. The collection then burst into the rectum, with marked relief for a time, but subsequently blood-poisoning showed itself, and laparotomy was performed. The effusion was found walled in above by a false diaphragm of lymphy exudate, and the operation was abandoned. Nevertheless, the patient at once began to improve, but, some months later, she began to sink again, and died nine months after the rupture of the sac. At the autopsy, an abscess containing about twelve ounces of pus was found in the right broad ligament.

DOES QUININE ABORT PNEUMONIA?—Dr. Holt, of New York, read a paper with this title.

Dr. Bell, of Brooklyn, spoke of the malarial origin of cases of pneumonia that he had treated, particularly among children, and in the swamps of the Chickahominy.

Dr. Loomis, of New York, thought the question really was, whether the passive hyperæmia of malarial disease was identical with that of the first stage of pneumonia. Passive hyperæmia, especially in children, gave rise to physical signs that might easily lead to the case being taken for pneumonia; but he did not think such cases of engorgement would go on to the development of pneumonia, except under the influence of something else than malaria. It was impossible to stop the course of a lobar pneumonia—a disease which, he thought, was truly infectious. Was the pneumonia of to-day different from that of fifteeen or twenty years ago? In his opinion, there had been no more change in the character of pneumonia than in that of a number of other diseases, such as diphtheria and cerebro-spinal fever.

SENILE HYPERTROPHY OF THE PROSTATE was the title of a paper read by Dr. Post. The paper dealt with the subject in a systematic manner, so as scarcely to admit of a synopsis. The author showed a special syringe, of his own device, for attaching to a catheter in the procedure of washing out the bladder. It was so constructed as to admit of repair readily without its being sent to an instrument-maker, and of being attached to any ordinary-sized catheter. Stress was laid on the advantage of using large catheters in cases of prostatic disease, for the reasons that are commonly given. In the use of very flexible rubber catheters, it was sometimes useful to stiffen the distal part of the instrument by coating it with collodion. In very aggravated cases of cystitis, he had found much relief produced by applying the actual cautery to the pubic region. He was inclined to favor a resort to crushing or other operative procedures in some cases of very difficult catheterization, but the opinions of surgeons with regard to these measures were diverse.

CHOLERA AND QUARANTINE.—Dr. Van der Poel gave an extemporized *résumé* of his paper on this subject. His remarks had special reference to the question of the probable efficacy of quarantine in preventing the importation of cholera. The speaker gave an interesting description of the measures that were taken on the Red Sea route of travel, under an authority of an international sanitary board, to prevent the transportation of cholera from Calcutta and Bombay: they were almost always efficient, but occasionally the luke-warmness of the British officials thwarted them, a notable instance of which was seen in the landing of a steamer's load of steerage passengers on the western shore of the Red Sea, in order to elude observation, and the consequent spread of the disease to Egypt and thence to France. As to quarantine in the old sense of the term—absolute detention and non-intercourse—that was not what sanitarians now meant when they spoke of quarantine, but the whole system of guarding against the shipment of diseased persons, clothing, etc., when the disease broke out, so as to prevent its extension over a country. If these measures were carefully carried out, there was a great probability of our being able to stamp out the disease in case it made its appearance; but they should include detention and observation for ten days at the ports of New York, Boston, Philadelphia, Baltimore, and New Orleans. The co-operation of the Canadians could probably be counted upon, for they did not share the English view as to the uselessness of quarantine.

FORK FOR FRACTURE OF THE PATELLA.

Dr. L. A Stimson showed before the N. Y. Surgical Society, a fork to be used in the treatment of fracture of the patella. He had expected to show a patient upon whom he had used it with success, but the man had failed to come.

In using Malgaigne's hooks he had found it difficult to insert the hooks deeply enough to adjust the screw that connects them, and he had devised this fork as a substitute. The fork is of iron, two-pronged, the prongs bent in the flat at an angle of forty-five degrees at their junction with the shaft. The prongs are one inch long and three-quarters of an inch apart; the shaft is about three inches long. There is a small ring at the base of the prongs for the attachment of an india-rubber cord, and another at the end of the shaft for the attachment of a bandage encircling the thigh.

The instrument is used by inserting the prongs through the skin above the patella and pressing them down until they rest against the upper border of the upper fragment; the shaft lies along the median line of the front of the thigh, and is prevented from tilting or moving to either side by a roller bandage wrapped around it and the thigh. Traction downward is made by a piece of India-rubber tubing, one end of which is attached to the ring at the base of the prongs and the other made fast to the front of the skin by adhesive plaster. The introduction of the prongs can be made easily and painlessly by chilling the skin with ice and making two punctures with a knife.

In the case he had treated with this fork the fracture was transverse and the separation about an inch. The separation was readily overcome by the traction. The patient made no complaint during the five weeks the instrument was in place. The patient was kept in bed, with the limb suspended in a wire gutter, and the punctures kept dusted with iodoform; there was no inflammatory reaction about them, and only a slight discha ge. The lower fragment was kept gently pressed upward by an oblique turn of a roller bandage. On the removal of the fork, five weeks after the occurrence of the fracture, the fragments were closely and firmly united, without independent mobility. As a precaution, a plaster bandage was then applied, and not removed until the end of the ninth week. The knee could then be flexed nearly to a right angle, and there was still neither independent mobility nor separation of the fragments.

ESSENTIAL EPILEPSY.—The *Phila. Med. Times* gives the following clinic by Prof. Pepper:

This little girl has been before you on one or two occasions. Let me recall to your minds the more important features in her history. She is ten years of age, born of healthy parents, with no inherited morbid tendency, and lives in a healthy

neighborhood. Up to the age of five years she was apparently healthy, but at this time it was noticed that she was "nervous" when her attention was strongly fixed. There is no history of severe sickness or other cause to account for this. Shortly after this it was noticed that the child began to have falling-spells, and these would sometimes recur as often as two or three times a day, and at no time did she go a week without an attack. In these seizures she would fall to the floor if there was no one at hand to support her, and she evidently lost consciousness for the moment, for she would assert that some one had thrown her down. There was no general convulsion, but for a few minutes there would be trembling of the hands. She did not froth at the mouth or roll the eyes, but after the attack had passed she became very red in the face.

She was brought to the hospital four months ago. At that time she was having the spells very frequently, and the mother could not trust her out of her sight. Her memory was also much impaired.

The story of this case is one of apparently essential epilepsy. No peripheral cause can be found for these attacks. The child has no heart-disease; there is no history of an injury or of a sudden shock of any kind, but gradually, without apparent cause, she at the age of five years began to have these attacks, which continued to increase in frequency until four months ago.

At that time, learning that the girl had been under the care of the family physician for some time, I concluded that the bromides had been thoroughly tried. The child was exceedingly feeble; she would drop down on the slightest exertion, and many of the falls were undoubtedly the result of muscular prostration and debility. There was also to a remarkable extent a want of mental activity. The child was listless, and her memory was rapidly failing. Concluding then that the bromides had been used, I considered it useless to push them. I thought it better to direct attention to hygiene, diet, the administration of tonic remedies, and trust to the development of the system, rather than attempt by specific remedies to coerce the manifestations of the disease.

I ordered a properly-regulated diet and the use of a simple solution of the phosphates of soda, lime and iron in an excess of dilute phosphoric acid. The child had no other treatment.

The mother reports that there has been decided improvement. The attacks do not recur so often, a week frequently intervening between the attacks. The disease is, however, far from being checked, but we are encouraged to persist in the plan of treatment adopted. In the meantime the child will be kept from school, the mother teaching her at home.

AN OLD FORM WHICH MIGHT WELL BE REVIVED, —To the kindness of Prof. Osler we owe the following copy of an indenture which was in use in the early part of the century in England, and which seems of sufficient interest to warrant publication. We commend it to the State Medical Society *(Med. Times)*.

"*This Indenture Witnesseth*, That Edward O——, of the town of Falmouth, in the county of Cornwall, by and with the consent of his Father, doth put himself Apprentice to James X., of said town of Falmouth, Surgeon, to learn his Art and with him, after the manner of an Apprentice, to serve from the 2nd day of March, eighteen hundred and Eleven, the full End and term of five years from thence next following, to be fully complete and ended.

"*During* which term the said Apprentice his Master faithfully will serve, his secrets keep, his lawful commands everywhere gladly do. He shall do no damage to his said Master, nor see to be done of others, but to his Power shall let or forthwith give warning to his Master of the same. He shall not waste the Goods of his said Master, nor lend them unlawfully to any; he shall not commit fornication or contract Matrimony within the said term. He shall not play at Cards or Dice-Tables, or any other unlawful Games whereby his said Master may have any loss, with his own goods or others during the said term, without the license of his said Master. He shall neither buy nor sell; he shall not haunt Taverns nor Play-houses, nor absent himself from his said Master's Service day or night unlawfully, but in all things as a faithful apprentice he shall behave himself towards his said Master and all during the said term.

"And the said James X., for and in consideration of the sum of forty pounds lawful money of Great Britain, one moiety of which to him in hand paid, the other moiety when half the term is complete, the said Apprentice in the Art of Surgery and Physic which he useth by the best means that he can shall teach and instruct or cause to be taught and instructed, Finding unto the said Apprentice sufficient meat, drink, lodging, and all other necessaries during the said term.

"And for the true performance of all and every the said Covenants and Agreements, either of the said Parties bindeth himself to the Other by these Presents.

"In witness whereof, the parties above named to these Indentures interchangeably have put their hands and seals this 22d day of March, and in the fifty-first year of our Sovereign Lord George III., by the Grace of God of the United Kingdom of Great Britain and Ireland King, Defender of the Faith, and in the Year of our Lord one thousand eight hundred and eleven.

"Signed, sealed, and delivered in the presence of

"I. GRIFFIN."

CHRONIC ARTICULAR DISEASE.—In the *Lancet*, Nov. 1884, p. 763, is published a lecture by Mr. Barwell, concerning the management of two principal forms of chronic articular disease; (1) that arising in the bone, and (2) that commencing in the synovial membrane. The author takes a case, in which he supposes that a certain portion of bone is enlarged, painful, and particularly sensitive to pressure; that the pain augments at night, and the limb starts violently just as the patient is falling to sleep, and the skin over the tender point of bone is red. These symptoms show that suppuration is imminent or has already commenced. This is the time for the surgeon to step in, and he should choose a point whence he could reach the bone without opening the synovial cavity; and here, pushing aside a little flap of soft parts, together with the easily detached periosteum, he may with a small trephine-head make an opening in the bone. While this is being done, he must observe what sort of fluid flows. If it be not pus, he must explore with a needle until pus is reached, or until it is certain no pus has formed. Pus, when present, should be detected and eliminated; but the treatment answers as well if pus have not already formed. After having established an opening, it should be kept open by means of a drainage-tube, so as to allow the cavity to heal with granulation from the bottom.

The author next goes on to the treatment of the sluggish form of synovial disease met with in strumous subjects, where there is a persistent tendency to the growth of flabby granulations which may ultimately undergo suppuration.

In these cases, the greatest value will be found in applying pressure to the affected part. This may be done by means of ordinary strapping, or by strapping one of the medicated plasters over the joint. The strapping should be often changed so as to make the pressure equable as well as persistent, and in many cases this is best attained by using a bandage of elastic webbing. If the swelling be large and soft, mere pressure is rarely sufficient; but the granulations must also be stimulated and this is effected by injecting among them a solution of some slight irritant. The best fluid to use is tincture of iodine, beginning with half a drachm to the ounce of distilled water, and increasing up to two drachms are generally sufficient, and this may be repeated once or twice a week. The limb must be placed in the most advantageous position, as a certain amount of stiffness is bound to follow; and great care must be taken to prevent as much as possible the limb from becoming fixed in any awkward position.—*The London Medical Record.*

A CENTRAL TUMOR CAUSES JACKSONIAN EPILEPSY.—Dr. William Osler, of the University of Pennsylvania, records in the January issue of *The American Journal of the Medical Sciences* the history of an instructive case of Jacksonian epilepsy, the main points of difference between which and true epilepsy are the slow onset, local in character, beginning in (or in mild attacks confined to) one limb or a single group of muscles; the gradual extension until the side is involved, or in severe attacks the entire body; loss of consciousness late, not early and sudden as in true epilepsy; and, lastly, the muscular contractions are clonic.

His case lasted over fourteen years, the convulsions beginning in the left hand, at first monobrachial, then extending to the leg, afterwards becoming unilateral, and finally general; at first without loss of consciousness. For the first nine years of the illness there were remarkable intermissions, lasting for six or seven months, once for an entire year. Six years after the onset, the leg got weak and stiff. For four years, the tenth, eleventh, twelfth, and thirteenth years of the illness, the seizures were frequent. During this period there were six weeks of unconsciousness, in which spasms were very frequent, from fifty to eighty in the day. Ten months prior to the final attacks there was freedom from convulsions. The intellectual faculties were unimpaired.

The case was unusual in the limitation of the lesion to the ascending frontal convolution and to its fasciculus of white matter, scarcely involving the the grey substance, which is commonly affected in cortical epilepsy. The accurate localization and the remarkable absence of tissue-changes in the immediate vicinity give the case the nature of an exact physiological experiment. With this limited lesion of the motor area there was permanent paralysis with contracture of one extremity and epileptiform convulsions. Another feature of interest in the case is the light it throws on the situation of the leg-centre. The fibrous mass was situated entirely within the anterior part of the paracentral lobule, limited in extent, confined chiefly to the medullary fibres of the superior frontal fasciculus, and only touched the grey matter in places. A point to be referred to is the absence of the paralysis of the leg for the first six years; for if the convulsions and monoplegia were caused by the same lesion, how explain the late onset of the latter? From the fibroid state of the tumor it might reasonably be inferred that it was originally larger and had shrunk; but the absence of puckering on the surface, and the way in which the margins merged with the contiguous parts, make it probable that the growth was always small, so small in fact that at one period of its development it may have caused sufficient irritation to induce the convulsions, and yet at the same time not involve the special fasciculi of white fibres to the extent of producing weakness of the leg, or monoplegia.

THE EXTERNAL USE OF CHLOROFORM IN LABOR.—The Chicago *Medical Journal and Examiner* calls attention to a peculiar method of using

chloroform in labor, which originated, it is said, with Dr. A. Svanberg, of Sweden. This doctor claims to have found that, in severe cases of labor where rigidity of the os has caused an obstacle to delivery, the external use of chloroform is very advantageous. His method consists in applying a piece of flannel soaked in a mixture of chloroform and sweet-oil (one to one or two to one) to the abdomen between the symphysis and navel. Then by light strokes over the cloth he makes sure that it is close to the skin. In severe cases (after five minutes) he pours on more of the mixture. After from five to twenty minutes Dr. Svanberg always finds that the rigidity is so much lessened that any desired manipulations, such as turning, may be performed. Five cases are reported, illustrating the efficacy of this measure.

In December, 1877, he, with three other doctors, was called to a labor, in a primipara, rachitic, with small pelvis, transverse presentation, with arm protruding. The uterus was firmly contracted around the fœtus, and it was impossible to pass the hand into it, with the view of turning. She was completely anæsthetized, and continued thus for more than an hour without result. A warm bath was given, then again chloroform, but all in vain. At last he proposed to try chloroform externally, and in about fifteen minutes he could proceed with the turning.

This practice of applying chloroform externally in order to relax the parts and permit the introduction of the hand or instruments, is especially recommended to country doctors who have no assistant to give the anæsthetic by inhalation. It is not believed that it will succeed in very severe cases. It is probable that the patient practically gets a good deal of chloroform internally by this method.—*Med. Record.*

INTRA-UTERINE MEDICATION.—Dr. Lombe Atthill read a paper on this subject before the last meeting of the British Medical Association, and gave the following conclusions:

1. Carbolic acid in the proportion of one part of spirit to two of the acid, is the safest and most generally useful of all the agents employed.

2. Carbolic acid should always be applied by means of a probe, round the point of which a layer of cotton is rolled, the cotton being carried up to the fundus at least twice on each occasion that the applications are made, which should be on every third or fourth day, till marked improvement takes place.

3. Carbolic acid should never be injected into the uterus, except when combined with iodine, in the forms known as iodized phenol.

4. In many cases, iodized phenol may with advantage be applied by means of a probe.

5. In cases in which metrorrhagia or profuse menstruation occurs, depending on an unhealthy condition of the intra-uterine mucous membrane, the cavity being dilated and the uterus enlarged, from half a drachm to a drachm of iodized phenol may be injected with great advantage.

6. In cases in which epithelioma attacks the mucous membrane of the cavity, the injection of iodized phenol promises better results than any other treatment.

7. The success likely to follow the injection of iodized phenol renders the dilatation of the uterus, the use of the curette, and the subsequent application of fuming nitric acid, less frequently necessary than has been the case hitherto.

8. The injection of iodized phenol requires to be carried out with so much care, that it should never be injected except by means of a syringe which will not contain more than one drachm

9. The use of the fuming nitric acid should be limited, as a rule, to those cases in which dilatation has been practised, and it should always be applied through a tube, inserted into the cervix uteri for the purpose of protecting the sides of that canal from the action of the acid.

10. The pain produced by the application of any medical agent to the intra-uterine cavity, does not bear any relation to the activity of that agent, but is due to one of two causes—either to hyperæsthesia, or to narrowness of the cervical canal, especially of the os internum.

MEDICAL FEES IN THE ARGENTINE REPUBLIC.—A correspondent in the *British Medical Journal* (Jan. 10, 1884) gives the following as the scale of fees in the Argentine Republic:

"The ordinary charge for a consultation at a medical man's house is said to be two dollars (about 8s.); for a visit, four dollars, say 16s.; for attendance at confinement when all goes well, about £20; but when any special care or operation is required, these fees amount up to hundreds of pounds. Accounts for medical attendance are sent in and paid without remark, which would make the hair of a paterfamilias in the 'old country' stand on end. My friend mentions the following fees as having been lately obtained by doctors who, though of good standing, are not looked on as 'stars': For extraction of ovarian tumor, £1200; amputation of arm, principal, £600; amputation of arm, two assistants, each, £400; delivery with operation, £400; attendance during typhoid fever, £200; visit by a physician for dropsy, £50; consultation fees, £20 and upwards. Much depends, of course, on the position of the patient, but there are sufficient wealthy people to make up for any small fees or gratuitous work which may have to be done among the poorer classes.

"The statements given above are confirmed by another correspondent, who states that a friend of his paid £100 for attendance at the confinment of his wife, and adds that the charges by dentists

are on a like magnificent scale, as much as £5 or £6 being paid for stopping a tooth. There, however, appears to be one important condition: before a doctor is allowed to practice in the Argentine Republic, he must pass an examination, and be licensed by the Government Medical Board; and before he can do this he must, of course, be master of the Spanish language, The population of the country is so cosmopolitan, that the more modern languages he speaks, the better will be his chances for success."

TREATMENT OF CHOLERA.—In view of the expected visit of the cholera to this country during the coming year, any contribution to medical literature, bearing upon the treatment of this disease, should receive careful and earnest consideration on a part of the medical profession. From the researches of Dr. Koch, it is now known that acids are most useful to kill the cholera microbe, and have been successfully employed by the profession in Europe.

Dr. Chas. Gatchell, of Chicago, in his "Treatment of Cholera," says: As it is known that the cholera microbe does not flourish in acid solutions, it would be well to slightly acidulate the drinking water. This may be done by adding to each glass of water half a teaspoonful of Horsford's Acid Phosphate. This will not only render the water of an acid reaction, but also render boiled water more agreeable to the taste. It may be sweetened if desired. The Acid Phosphate, taken as recommended, will also tend to invigorate the system and correct debility, thus giving increased power of resistance to disease. It is the acid of the system, a product of the gastric functions, and hence, will not create that disturbance likely to follow the use of mineral acids."

The following case is reported from Bangkok, Siam, and may be relied on as authentic: About three months ago a native was attacked with cholera. An American Missionary attended him, and administered all medicines he could, but at last the man was so far gone that they gave up all hopes of recovery, and would do no more. Relatives of the patient begging the doctor not to give him up as lost, the doctor thought of Horsford's Acid Phosphate. After the second dose the patient commenced to revive, and in six hours after, he was pronounced out of danger.

DIFFICULTY OF DIAGNOSIS BETWEEN PLEURISY AND PNEUMONIA IN CHILDREN. — Dr. J. Lewis Smith *(N. Y. Path. Society)* related the following case, and requested Dr. Northrop to give an account of the post mortem: An infant, aged eleven months, had for two months been ailing with whooping-cough. Ten days preceding the 24th of the month the bronchitis accompanying the whooping-cough became aggravated. Then, in addition to capillary bronchitis, there was an almost flat percussion sound over the right side of the chest except anteriorly, where the dulness was less marked. He supposed, therefore, that the child had pleurisy with effusion. The attending physician afterward aspirated the chest and failed to withdraw any fluid. Dr. Smith was obliged, then, to accept the probable diagnosis of pneumonia with thick fibrinous exudation over the lung. The difficulty often existed of distinguishing between pneumonia and pleurisy with effusion in children under fifteen months of age. In the present instance, as in many cases, no enlargement of the affected side could be noticed; not even bulging in the intercostal spaces.

Dr. Northrup then gave the results of the autopsy. The lungs were much more than usually compressed, and were slightly adherent anteriorly. In the pleural cavity was a pint of greenish-yellow fluid containing pus. The lung was so carnified that it scarcely rose to the surface of the water. Dr. Northrup said there were records of as many as from seventy-five to one hundred post-mortem examinations on the books of the asylum in which a mistake in diagnosis had been made between pleurisy and pneumonia in children.—*N. Y. Med. Journal.*

PERMANENT CORROSIVE SUBLIMATE SOLUTION.—Mr. Joseph Bulfin, in a note to the *Medical Times and Gazette* of November 1st, says: I have for some time been engaged in experiments and trials of various antiseptics, carbolic acid, eucalyptus, thymol, and iodoform, and since reading your article on Sir Joseph Lister's address, have made some on the following, which I think would be worth a trial. The modification which I would venture to propose is as follows: Corrosive sublimate, ℥ij; white of egg, ℥vj: Barff's boroglyceride, ℥xii; distilled water, ℥cxxv. M. The strength of the corrosive sublimate in this solution will be nearly 1 to 500. As it would be almost impossible to add the precise quantity of albumen to render the bichloride of mercury unirritating and safe, it is desirable to add an excess of albumen; but an excess of albumen on the other hand, if allowed to decompose, would be objectionable in the extreme, to obviate which I suggest the introduction of boroglyceride which, without in any way interfering with the action of albumen, whether used from blood serum or white of egg, will guard against the products of decomposition from the use of an excessive amount. The proportion of mercury used in the compound may be increased or diminished as occasion may require, and all are non-volatile. Charpie, cotton-wool, or oakum saturated in such a solution would, in my opinion, form one of the best antiseptic dressings that I have yet seen, and for the chief part of this I am indebted to Sir Joseph Lister, my only contribution being the in-

troduction of boroglyceride.—*Med. Times and Gazette*, November 1, 1884.

TENOTOMY OF THE LEVATOR PROSTATÆ IN ENLARGEMENT. — Dr. Wyman in the *Medical Age* gives the following as his conclusions in regard to the treatment of enlarged prostate :—

1. The tendon of the levator ani muscle unites with the central tendon of the perineum, and invests the prostate gland in such a manner that when the prostate is enlarged, force is brought to bear upon it during efforts to evacuate the bladder, which rotates the prostate upon the urethra and shuts off the flow of urine.

2. A section of the perineum and its deep fascia and central tendon, will remove the force expended by the levator ani muscle in producing version of the prostate, and permit the muscles of the abdomen and bladder to evacuate the urine. Such a section implies tenotomy of what some anatomists call the *levator prostatæ* muscle.

3. An operation of this character involves a breaking up of the veins and lymph spaces on the rectal and lateral aspect of the prostate, and, if the wound is made to granulate from the bottom, atrophy of the prostate will follow, so that by the time the tendon of the levator prostatæ has reunited, no further difficulty in micturition will be likely to ensue.

CHLORAL IN ALBUMINURIA. — Burduzzi (London *Med. Record*) in 1878, noticed the good effect of chloral in albuminuria, recently confirmed by Dr. Wilson in the *Brit. Med. Jour.* His case in 1878 was that of a lady, suffering from insomnia in the last months of pregnancy, with dyspnœa, from general œdema of the legs and hands, and with highly albuminous urine, in which he ordered 2 grammes of chloral to be taken in two doses every evening. This treatment was continued for about twenty days with very good effects ; sound restorative sleep was not only obtained, but the œdema disappeared, and the quantity of albumen in the urine was notably diminished. Labor followed in due course, and was in every respect normal, and the puerperium was free from any complication. Since then Burduzzi has always prescribed chloral in the last month of pregnancy, when there is much œdema, and the urine is scanty and albuminous, as a prophylactic against eclampsia. In a man, 45 years of age, affected by simple nephritis, chloral in doses of 3 grammes a day procured great relief in a short time, and the albumen almost entirely disappeared from the urine. In the so-called physiological albuminuria, chloral is also useful, as the author shows by the case of a man in whose urine albumen was almost constantly present. Burduzzi points out the need of more exact studies of the action of chloral on the renal tissue.—*Jour. Am. Med. Association.*

SALICYLIC ACID A CURE FOR TIC DOULEUREUX. —We frequently meet in our practice cases of tic douleureux, that often so exceedingly painful neuralgia of the fifth nerve, where an operation seems to promise the only radical cure. If we hear of a remedy which is said to have the same effect as the surgical interference, we become doubtful; but if no less reliable authority than Prof. Nussbaum assures of the fact, our hope increases. Recently a number of such cases had been sent to N. for the purpose of having the operation performed, and, after a number of carefully-instituted experiments, this great surgeon recommends a trial with salicylic acid before proceeding to stretching or to resection of the nerve. In all the recently-sent cases he first tried this remedy, and he foun it in every one a radical cure; not only a palliative effect, but really an utter disappearance of the painful disease, was the result in every case. Especially in cases of rheumatic nature, N. is positive of having discovered in salicylic acid a specific for tic douleureux. He administered the drug in the following manner: ℞.—Acidi salicylici, grs. 3½ ; sodii salicylatis, gr. 32 ; M. ft. pulv. Within 24 hours the patient takes from four to six of such powders.—*Med. and Surg. Reporter.*

A PRACTICAL POINT IN THE TREATMENT OF PLEURAL EFFUSIONS.—Dr. Broadbent *(Lancet)*, in a clinical lecture, says that when he hears distinct bronchial breathing generally over the chest in cases of pleural effusion, he feels sure that a consoildated lung is immersed in the fluid, and he consequently does not tap unless the symptoms are so urgent as to demand interference. A solidified lung can not, of course, expand, as does one which is simply collapsed, or even compressed, unless it is bound down by adhesions ; and experience has shown him that, on the resolution of the pneumonia, the fluid is usually rapidly absorbed.

He seems to hold the sound views that, with grave symptoms, a pleural effusion should be withdrawn, whatever the complication ; that the course of moderate effusion may often be shortened by tapping ; but that, if the lung be consolidated—one evidence of which is the persistence of bronchial respiration over the whole, or a large part, of the chest—it is better to wait, if the condition of the patient warrants such a course.—*Boston Med. and Surg. Journal.*

CHLOROFORM IN LABOR —The subject of the use of chloroform during labor continues to give rise to diverse views on the part of obstetricians, though the great majority are on the side of its employment with certain limitations. One of the limitations is the prohibition of full anæsthesia, unless it be at the moment of delivery. Up to that time it is properly employed in small quantities merely to alleviate pain without producing un-

consciousness. We have no doubt of the entire safety of this plan. Nor do we doubt that it is preferable to ether for this purpose. There appears to be no danger from chloroform, at least when used in this mode, during the throes of labor. On the contrary, the condition of labor appears to exert a remarkable protective influence against chloroform accidents. In a recent discussion in the St. Louis Obstetrical Society reported in the *Courier of Medicine*, these views were sustained by the members The following remarks by Dr. Papin on that occasion may prove interesting to our readers :

"I have used anæsthetics in labour very extensively. With Dr. Engleman, I play with chloroform in the first stage of labor; I become a little more earnest in the second stage; and when the child's head begins to come out, I give a full dose and produce anæsthesia."—*Pacific M. and S. Jour.*

TREATMENT OF EPILEPSY.—The *Fort Wayne Medical Journal* gives the following formulæ in epilepsy :

℞ Ammonia bromide.....
Elix. valerianate ammonia. aa ʒ ij,
Fl. ext. stramonium.....ʒ ij,
Glycerine.....ʒ ij,
Syrup auranti cort. .....ʒ iv,
Aqua dest.....ʒ v. M.

Sig.—Tablespoonful before meals. In addition to this take from grs. xxx to grs. lx of potassium bromide at bed time. Preface this treatment with an anthelmintic combined with an active cathartic and see that the bowels are subsequently kept in a soluble condition. The writer adds the prescription of a former colleague, which he endorses, not only in epilepsy, but many other diseases of the nervous system. He asserts that it will quiet the most excited lunatic :

℞ Bromide of sodium.....ʒ j,
Bromide of zinc.....grs. xxx ij,
Glycerine.....ʒ j,
Aqua cinnamomi.....ʒ vij. M.

Sig.—A tablespoonful three times a day in half a wineglass of water.

PHOSPHATE OF SODA IN HEPATIC COLIC. — Dr. Briston in the *Medical News*, says :—Apropos of the recent discussion in the New York Surgical Society, as published in your issue of January 31st, you are at liberty to publish the following notes of a case occurring in the rural districts :

Mrs. J., aged 28, was seen on the 22nd of October, 1884. Found her suffering intensely, the pain being referred to the region of the gall-bladder. The patient herself was firmly of opinion that she was suffering from gall-stone, and said her sister had suffered in the same way, discharging the stones a few days after the attack. This patient further said that she had suffered with similar attacks at intervals for ten years. On the 23d of October, having relieved the suffering of the day before by morphia hypodermically, I put her upon drachm doses of the phosphate of soda three times a day. To quote her own expression, "the region of the liver felt as if it were being ground up." On the 25th, two days after, over one hundred gall-stones, varying in size from a duckshot to a large pea, were discharged per rectum. The present health of the woman is excellent, and she has had no further trouble. The phosphate of soda was continued for several weeks, but has been dispensed with now for two months. What one of the laboratory staff of the profession will give us, the *rationale* of the action of this remedy in this class of cases, and also in catarrhal jaundice, for which it sometimes seems to act as a specific ?

DRESSINGS FOR ULCERS OF THE LEG.—B. F. Curtis, M.D., (*N. Y. Med. Journal*) states that in the out-patient department of the Chamber's Street Hospital, they have had good results from the treatment of ulcers of the leg with Lister's boric-acid dressing, applied with a crinoline bandage.

The leg and foot are thoroughly washed with a one-to-forty carbolic acid or one-to-one-thousand corrosive sublimate solution, and the ulcer itself is washed with a saturated solution of boric acid. Over the ulcer is put a thin gutta-percha tissue, which has been soaking in the boric acid solution, large enough to extend about one-fourth of an inch beyond its edges on all sides. The leg is wiped dry. Sufficient borated or salicylated cotton to take up the discharge is laid over the ulcer, and the rest of the leg from ankle to knee is wrapped with a half inch layer of cotton batting, An ordinary bandage is applied to the foot and from the ankle to the knee is applied a crinoline bandage which has been squeezed quite dry after soaking for five minutes in water. Care must be taken to have the cotton project beyond the upper and lower edges, as they may chafe the skin when dry and stiff. The crinoline will dry in half an hour; but if time is important an ordinary bandage may be applied over the crinoline and the patient be dismissed at once.

PLASTER OF PARIS TREATMENT OF FRACTURES. —Mr. Christopher Heath in *British Med. Journal*, endeavors to induce surgeons to have more faith in the early treatment of fractures by plaster of Paris than appears as yet at all general, and thus to save the patients and themselves an infinity of trouble. In his paper he quotes from "Aphorisms" of the late Dr. Cowling of Louisville, the following, which he regards as full of common sense :

"Carved and manufactured splints generally fit nobody, and are to be rejected, as not only expen-

sive, but damaging" "The application of the roller-bandage immediately to the skin, whether as as a protective or to prevent muscular spasm, has resulted in such disaster, that it is one of the curiosities of surgery how it could be repeated at this day. When cotton is placed over such a bandage, it forms an absurdity scarcely credible in a man of common sense." "Continued extension, and counter-extension, are, as a rule, not necessary to prevent shortening in fractures. This is best done by removing the causes which lead to muscular spasm; 1st, by as early and complete reposition of the fragments as possible; 2d, by the smooth application of cotton-batting to the limb; 3d, by the equal pressure of a bandage extending from the distal end of the limb to a point beyond the joint above the fracture; 4th, by the accurate fitting of the splints or plastic material for support; 5th, by as little interference afterward as possible."—*Med. Record.*

CROTON CHLORAL IN WHOOPING COUGH.—Dr. W. C. Webb, of Bryantsville, Ky., (*Am. Practitioner*) says that he has employed croton chloral in whoopiug cough with more benefit than he found from almost any other remedy. This drug does not derange the digestive organs, nor effect the vital nervous centres. Patients frequently fall asleep on their chairs after using it. On taking this remedy the patient must be watched lest toxic symptoms be manifested. A child from one to two years old may take 1 grain of the preparation every four hours. One ten years old, may take 2 grains as often. After the first week the dose should be lessened and given at longer intervals. Should there be much gastric irritability, or should the paroxysm be very severe, a few whiffs of chloroform may be given in advance of the croton chloral. This may be repeated only three or four times.

The following formulæ are given for its administration: ℞. Croton chloral, ʒj; tinct. cardamon comp, ; glycerine aa ʒ ij. Sig.—One half teasponful every four hours for a child two years old and under; or, ℞. Croton chloral, ʒ j; tinc. belladon., 5 ij; tinct. cardamon comp., ʒ ij; glycerine, ʒ iij. M. Sig.—One-half teaspoonful.

CAUSTICS IN ENLARGED TONSILS.—Among various caustics for local use in causing shrinkage of tonsillar hypertrophies, Dr. Chisholm (*Virginia Medical Monthly*) has found the chloride of zinc the most available and the least annoying to the patient. He employs it in the following manner: A wire the size of a fine knitting needle, is roughened for a half inch from one end so that it may hold a fibre of absorbent cotton twisted upon it. Dip this into a saturated solution of chloride of zinc and thrust it to the very bottom of the crypt, and keep it there for several seconds. When withdrawn the whitened orifice marks the cauterization. By renewing the cotton for each follicle several may be thoroughly cauterized at the same sitting without causing any annoying irritation to the throat. A very few applications will cause the gland to shrink, as will be seen one week after the destructive cauterization has been made to the interior of the follicles.—*Medical Record.*

SALICYLATE OF SODA IN RHEUMATISM.—Prof. Clarke treated eleven cases of acute rheumatism—all that occurred in his ward at Bellevue—with this drug. In nine of the cases there was early improvement following the use of the medicine. In two cases the amelioration was more gradual. The influence of the medicine in "lowering the fever heat and diminishing the excited pulse were as marked as its power to relieve pain."

The formula used in all the cases is as follows:

℞ Acid salicylic.....ʒ iij,
Soda bicarbonat. ....ʒ ij,
Glycerine.....ʒ ss.
Aq.....ad ..ʒ viii. M.

Sig.—Tablespoonful every two hours the first day, and afterward the same dose, six times a day.

No unpleasant effect of any kind was noticed after the administration of the medicine.—*Medical Record.*

FISSURE OF THE ANUS.—Dr. Kelsey, (*New York Clin. Society*) stated that for the past two years he had not been obliged to stretch the sphincter for fissure of the anus, but had used instead a weak solution of nitrate of silver—never of more than five or ten grains to the ounce. In a recent case the patient was cured by a single application of a ten-grain solution, and in another and very severe and obstinate case a cure was effected in three weeks by this method.

Dr. Abbe has cured cases by the application of the solid stick. He thought the principle was simply to supply a coating of coagulated albumen.—*N. Y. Med. Journal.*

PUERPERAL PERITONITIS.—Dr. Garrigues, *New York Med. Journal*, speaking of the treatment of puerperal peritonitis says: At the beginning of the disease I wash out the uterus once thoroughly in order to remove what septic material might be found there. After this if there is any fetid discharge vaginal douches are used every three hours. Two large rubber ice-bags are placed on the abdomen and kept well provided with ice. But the chief remedy is opium. This is preferably given by the mouth, in one-eighth to one-fourth grain doses, frequently repeated so as to keep the patient free from pain. Brandy and whiskey are also used freely to counteract the effect of the ice and the opium. As to diet only milk and beef tea are given. The bowels are usually left undisturbed;

though at times it thought best an enema may be given.

OPERATIVE TREATMENT IN INTESTINAL OBSTRUCTION.—In the first Harveian Lecture (*Brit. Med. Jour.*), Mr. Thomas Bryant lays down the following rules for operative treatment :

1. Laparotomy should be undertaken as soon as the diagnosis of acute intestinal strangulation is made. There should be no delay allowed for the formation of a specific diagnosis of its cause. It should likewise be proposed in all cases of acute intussusception, and of chronic, which have failed within three, or, at the most, four days, to be relieved by other treatment.

2. In all operations of laparotomy, it is to the cæcum that the surgeon should first advance, since it is from it he will obtain his best guide. If this be distended, he will at once know that the cause of obstruction is below ; if it be found collapsed, or not tense, the obstruction must be above. Adhesions or bands are, moreover, more frequently near to, or associated with the cæcum, than with any other part of the intestinal tract. It is also in the right iliac fossa that the collapsed small intestine, in cases of acute strangulation, is usually to be found ; and, with this as a starting-point, the surgeon will have less difficulty in tracing up the intestine to the seat of strangulation than if he begins at a distended coil, when it will be a matter of chance whether he travels away from or toward the special object of his search—the seat of obstruction.

3. In a laparotomy, when the strangulated coil of bowel is gangrenous, it should be brought out of the wound, and the gangrenous knuckle resected. The proximal and distal ends of the resected bowel should then be stitched to the edges of the wound, and an artificial anus established.

4. Nélaton's operation of enterotomy should be undertaken in all cases of intestinal strangulation, when laparotomy is rejected or seems inapplicable, as well as in cases of intussusception in which the invaginated bowel cannot readily be released. It should be performed in the right groin, or, rather, right iliac fossa.

5. If laparotomy succeed, the cause which called for it is removed, and the normal action of the bowel is restored. If resorted to early, and as a rule of practice, it is probable that it would be more successful than the treatment by opium, inflation, or purgatives, which has hitherto been in vogue.—*Med. and Surg. Reporter.*

TELESCOPIC CATHETERIZATION.—Dr. A. E. Dugas, of Augusta, Ga., sends us an account of a method employed by him in cases of retention from so-called impermeable stricture of the urethra. He takes the largest sized gum-elastic catheter which will enter the meatus, passing it down until arrested at the narrowed portion of the urethra. It is then withdrawn cut off just above the eye, the edges smoothed off, and then reinserted. When it has passed as far as it will go the end is cut off about an inch from the meatus, and the rest of the tube tied so as to prevent slipping from the canal. Now another catheter is chosen of a size that will just pass through the one *in situ*, and is inserted as far as it will go. It will probably pass farther than the first one, but if not, a smaller size must be selected. If this do not enter the bladder it is to be passed as far as possible and then the eye cut off as in the first case. Now a third catheter passed through number two will almost surely enter the bladder, except in the very worst cases. The larger or outer instruments serve, Dr. Dugas states, not only to ward off and exhaust the contractions of the urethra, but also to act as a stiff handle to direct and guide the smaller and more flexible instruments passing through them.

In connection with this subject the writer states his belief that a great many more cases of retention of urine are due to some derangement of the kidneys than to the urethra. And he says that he has "frequently relieved such cases like magic by a dose of nitrate of potassa, say ten or fifteen grains, twice a day or oftener. The trouble is not that there is too much water in the bladder, but that what water is there is very irritating, and the urethra being more or less strictured revolts against its passage."—*Med. Record.*

RADICAL CURE OF HERNIA.—In one of the latest attempts to effect by operation the radical cure of hernia the "invagination" method has been neglected in favor of procedures aiming either at obliteration of the whole sac or simply at direct closing of its neck. A portion of Sir William MacCormac's surgical address at the meeting of the Associatian at Belfast was devoted to this subject, and several cases were recorded therein of successful excision of the sac. Professor Stokes advocates an operation consisting in the insertion through the incised neck of the sac, near to the external ring, of one or more catgut sutures, and the subsequent approximation of the pillars of the ring by sutures of stronger and more durable material. Mr. Barton of Dublin, cuts down on the neck of the sac, and brings the pillars of the ring together by strong silver wire, which he allows to remain. Torsion of the sac is recommended by Mr. Ball, of Dublin, who, in a paper read before the Section on Surgery at Belfast, gave details of a case in which, after having exposed the neck of a large scrotal tumor, and separated it from the cord, he twisted this portion of the neck with some force.—*Brit. Med. Journal.*

TREATMENT OF BURNS BY BORACIC ACID OIL.—C. J. Bond, F.R.C.S., (*Brit. Med. Journal*) writes as follows : It is now a year since we began

to use boracic acid oil as a dressing for burns at the Leicester Infirmary, at first sim ly in the form of a mechanical suspension of the powdered acid in olive oil. I have found that 18 grains of powdered boracic acid dissolved in a drachm of hot glycerine, and added to an ounce of olive oil, forms a kind of imperfect emulsion, the glycerine retaining the acid in solution when cold. This can be easily shaken up with oil. This makes a non-irritating and doubly antisceptie dressing, and extensive burns treated thus, and covered with a layer of some antiseptic wool, require to be disturbed but seldom, and if not perfectly aseptic, are far "sweeter" than when dressed with, for instance, the carron oil. As a lubricant for catheters, sounds, etc., this boracic oil with glycerine possesses advantages. It is superior to olive oil because of its antiseptic property; and better than carbolic oil, because it is less irritating and much more stable, boracic acid being non-volatile. Glycerine itself, too, is a dressing of considerable value by virtue of its dehydrating power.

PRURITUS VULVÆ.—There is probably no complication of pregnancy which so much annoys the woman as pruritus of the vulva. So persistent is it at times as to even cause serious mental depression, and the remedy which shall promptly relieve it is a great boon. Dr. Atthill, of Dublin, recommends the following lotion:

℞ Acid carbolici, gr. xx.
Tr. opii., ℥ ss.
Acid hydrocyanici dil., ʒ ij.
Glycerini, ʒ ss.
Aquam q. s. ad., ℥ iv.—M.

Sig.

This is to be applied to the parts by means of a pledget of cotton thoroughly saturated with it and left in contact with the parts. The same lotion, similarly applied, is said to be also useful in pruritus ani.

We have found the application of essence of peppermint to be an efficient remedy. It must be carefully and gently applied at first, and if the smarting which it causes be very severe it may be diluted with an equal quantity of alcohol.

The British Medical Journal alludes to the use of balsam of Peru in this connection as a new triumph in medicine. We had occasion recently to apply it in a case of intolerable pruritus of the vulva, in a woman in the seventh month of pregnancy. The effect was exceedingly satisfactory. It is said to be equally efficacious when the anus is similarly affected. A pledget of cotton is saturated with it and allowed to remain in contact with the parts.

A physician with whom we recently conversed on this subject, declared a saturated solution of borax in laudanum, to be an infallible application, in his experience.—*Medical Age.*

DISPENSARY ADVANTAGES IN PHILADELPHIA,—The dispensary advantages are so extensive in this city, that the poorer and sometimes even the middle classes are enabled to get good medical and surgical advice without pay. Since the two instiutions for advanced medical learning have been established, there is not clinical matter to go around. It is now no uncommon matter to find "interesting cases" hiring themselves out at rental ranging anywhere from twenty-five cents to two dollars per lecture, and if this goes on, the possessor of a well marked case, say, for example of lupus, may regard his face as his fortune.—*Phila. Med. Times.*

AN EXCELLENT COUNTER-IRRITANT.—Dr. Ellwood gives the following in the *New England Med. Monthly:* Some years ago I saw the following counter-irritant in one of the medical journals (which one I now forget), and which in certain classes of cases I have found very beneficial:

℞ Oleum Tiglii.....ʒj
Ether Sulph.....ʒij
Tr. Iodine.....ʒv—M.

S.

This excellent counter-irritant is applicable where it is not necessary to produce too much effect. It is particularly nice for children.

REMOVING A CINDER FROM THE EYE.—Dr. Deming in the *New England Monthly* says: Recently while riding in the cars, I was unfortunate enough to get a cinder in my eye. After vainly trying to extract it myself I went up to one of the brakemen and asked him if he could remove it for me. He lifted the lid and catching sight of the little foreign body, he said very quickly, "O yes!" and pulling from his head a long hair he made a loop of it and passing it over the conjunctiva, quickly removed the particle. The manœuvre was so simple and successful and to me new, that I thought it worth sending to your monthly.

SURGICAL FEVER.—The *Coll. and Clin. Record* gives the following as a mixture used in surgical fever, at Jefferson College Hospital:

℞ Liq. ammon. acetat.,
Liq. potass. citrat., aa ℥j,
Spirit. æth. nit.,
Liq. morph. sulph., aa ℥ss.—M.

Sig.—Dessertspoonful ter die.

If the fever runs very high, gtt. ij tinct. aconit. rad. are added to each dose.

OSMIC ACID IN SCIATICA.—Osmic acid is recommended by James Merces, M. R. C. S., in the Lancet, for sciatica. From three to five minims of a one-per-cent solution is injected by the hypodermic syringe deeply into the parts over the course

of the nerve midway between the tuber ischii and the trochanter major. There may be slight numbness following. In some the effect was marvellous. Out of eighteen cases twelve were given relief for several weeks, when they passed from under observation.

THE TREATMENT OF SICK-HEADACHE.—Dr. W. Gill Wylie, of New York, has produced excellent results with the following method of treatment: So soon as the first pain is felt, the patient is to take a pill, or capsule, containing one grain of inspissated ox-gall and one drop of oil of gaultheria, every hour until relief is felt, or until six have been taken. Dr. Wylie states that sick-headache as such is almost invariably cut short by this plan, although some pain of a neuralgic character remains in a few cases.—*N. Y. Med. Journal.*

REPETITION OF IODINE INJECTIONS IN HYDROCELE.—Professor Tillaux drew the attention of his class, at the Beaujon, to the danger of being in too great a hurry in repeating injections of iodine in hydrocele. It is only at the end of six weeks or two months that we can judge of the result of the first injection, and to interfere before this time is to expose oneself to induce the formation in the tunica vaginalis of those false membraneswhich are so vascular that they bleed on the slightest shock, and thus give rise to hæmatocele and the loss of the testicle.—*Med. and Surg. Reporter.*

CRYSTAL PEPSIN.—The surgical value of pepsin as a dissolvent is well shown in a note in the *North-Western Lancet.* The editor of that journal states that he was once called upon to relieve the distress occasioned by a bladder distended with clotted blood. He injected a scruple of Jensen's crystal pepsin in an ounce of warm water, and had the satisfaction of seeing the patient pass a full stream of urine and disintegrated blood, in less than twenty minutes.—*Med. and Surg. Reporter.*

THE RELATIONS BETWEEN PHYSICIAN AND PATIENT.—A recent number of the *Lancet* contains a thoughtful editorial upon this subject, called out by an unjust charge against a medical gentleman. The subject is a delicate one, but the writer has approached it in a most careful and unobjectionable manner. It is not wholly unnecessary to remind physicians that they never can be too cautious in dealing with a certain class of women, who maliciously involve an innocent man in lasting disgrace. The recklessness with which some of the younger men allow themselves to treat pelvic diseases, without providing the smallest loop-hole for escape in case of unjust accusations, is a constant matter of surprise to those who have learned caution from experience. Short visits, entire absence of familiarity, and a refusal to undertake any procedure in a questionable case without the presence (or knowledge) of a third party—these are the only safeguards. "It is usually advisable to avoid mixing social with professional visits," says the article to which we allude; "a doctor visiting *as a doctor* should play the doctor and not the visitor; he may visit *as a visitor* at another time. In cases of domestic unhappiness or separation he should be doubly cautious."

Enough has been quoted to show the tenor of the remarks. No man who follows out these precepts can fail to conduct himself on every occasion in a manner worthy of the honor and dignity of his profession.—*N. Y. Med. Jour.*

OAKUM AS A SURGICAL DRESSING.—By Robert Leslie, M.D., Belfast (*Brit. Med. Journal*).—Oakum is made from old ship's rigging which has been soaked in tar, and then reduced to its original state of flax or hemp. During the American war oakum was extensively employed in the field hospital as a surgical dressing.

Eight years ago I commenced to use this dressing in the Children's Hospital. Since that time oakum has been in use in all the hospitals of Belfast, and by some is now considered indispensable. I have been using oakum for burns, erysipelas, ulcers, abcesses, and many vaginal displacements; and I think it the best ready-made dressing we possess. One of its advantages is that it keeps down offensive odors. The serum from a wound is drained as it is discharged, and pleasant tarry smell is a great contrast to the offensive odor common in connection with lint.

In amputation it forms a soft and comfortable pad for the stump, and is a good vehicle for the application of antiseptics. In the treatment of abscesses it takes the place of a poultice by dipping it in warm water and covering with waterproof tissue. Its application, after opening an abscess, permits the easy escape of pus, and is conducive to quick healing. In erysipelas I envelope the affected part in oakum, and with such good result that I do not seek another agent.

As to dressing for burns and scalds I look upon oakum as invaluable. It may generally be applied to the granulating surfaces with impunity, and is more easily detached than almost any other dressing. I thus account for the fact: when a dry fibre of cotton is placed beside a fibre of linen under the microscope, you perceive that the cotton is round and smooth while the linen is sharp and angular but on the application of water the case is different. The cotton fibre is found to twist in a spiral manner, while the linen fibre is unmoved. It is a popular theory that cotton does not form so good a dressing as linen, and this hygroscopic difference may account to a great extent for their difference in behaviour when applied to moist surfaces, and the ease in removing linen.

In uterine and vaginal affections oakum can be turned to good account. The healthy effect of this tarry substance applied to the mucous membrane of the vagina is most remarkable. A tonic effect is produced, and the unhealthy discharge is absorbed. In prolapse and other displacements of the uterus when it is difficult or impossible to get pessaries to relieve, you can secure twenty-four hours' respite to your woman by filling the vagina with oakum, and by dipping the first plug in glycerine you gain immensely in cases of subinvolution from the quantity of fluid extracted.

To sum up: oakum is a handy, healthy, and cheap dressing. It is easy to apply, and I think it is antiseptic in the sense of forming a barrier to the ingress of germs to the part to which it is applied. Tar is itself a wholesale agent, a substance of complex composition. It contains creasote, turpentine, paraffin and eupione, and is obtained by the destructive distillation of pinus sylvestris. Carbolic acid has largely taken the place of the cruder compound, but Dr. Whitla says the virtues possessed by tar are not equally enjoyed by its more fashionable rivals. In oakum we have a form of tar dressing which I recommend to those engaged in hospital work.

NEW MODE OF LOCALIZING BULLETS.—In the transactions of the Vt. Med. Soc., Dr. S. J. Allen says:

"Perhaps I may be pardoned if I say, that during the four years of the war I served in the field one year as surgeon of a regiment, two years as Surgeon-in-Chief of a division, and last year as Medical Inspector of the Sixth Corps, and must have seen and examined, if not treated, many gunshot wounds. In all I have examined, be they more or less in number, I never localized a dozen bullets with a probe.

"In nearly all not localized by the finger or sense of touch, I succeeded in fixing with certainty their exact location by the use of the exploring needle.

"I claim that if the bullet did not enter either of the cavities of the body, but lays anywhere in the periphery among the muscles, or other tissues exterior to them, the exploring needle, in the hands of the surgeon, will, by puncturing a reasonable number of times, hit the ball, and convey the intelligence of its exact location.

"Had the exploring needle been used in the case of our late President, the 'encysted wall of pus in the right iliac region' would have been punctured without appreciable resistance, and his surgeon saved the Blissful diagnostic error contained in several of their bulletins, which located the fatal bullet at that exact point with absolute certainty.

"A serviceable instrument for this purpose will be found in the smallest sized exploring needle, with which, all will admit, it is quite safe and comparatively painless to make the puncture.

"It is not unusual to puncture not only the peritoneal cavity, the pleural cavity, and the bladder, but the intestines, and the pericardium, and seldom has harm resulted.

"The probe should be used only to determine the direction the ball took from its point of entrance, and to ascertain if it entered a cavity. Here, I claim, its usefulness ends, and if further used does harm.

"The surgeon almost always has an impression, after an examination, that the ball lies at a certain point. To test this impression, push the exploring needle from the surface directly down to this point. If it does not hit the resisting bullet, try at the next most likely point. If not successful try again. The bullet can be localized in this way many times where all other methods fail. When the needle hits the ball, the surgeon will make the counter incision for its extraction with perfect confidence.

"Supposing that the bullet lies in close proximity to a bone, or is flattened upon a bone, by using a little more force, the point of the needle will be made to penetrate the ball slightly, and will stick a little, and thus convey to the surgeon's hand a sensible difference between bone and lead."—*Med. and Surg. Reporter.*

A POINT IN THE EARLY DIAGNOSIS OF PREGNANCY.—The *Medical Chronicle* quotes from a paper published by Hegar, in the *Prager med. Wochenschrift*, to the effect that this writer has noticed what he considers an important early sign of pregnancy. Hegar calls attention to the fact that during pregnancy the lower uterine segment becomes thinner and softer than in the non-gravid organ. This condition can be made out easily by bimanual palpation, especially if one finger is placed in the rectum while the uterus is depressed from above with the other hand. The sign is said to be nearly constant, but its absence is by no means a proof that pregnancy does not exist.—*N. Y. Med. Jour.*

NEUTRAL MIXTURE FOR FEVERS—Prof. Brinton speaks highly of the following neutral mixture in fevers of moderate type. ℞. Liquor ammonii acetatis, ℥ j.; liquor potass citratis, ℥ j.; spiritus ætheris nitrosi, ℥ss.; liquor morph sulphatis, ℥ ss. M. Sig. Two teaspoonfuls three or four times a day. If the fever is of a higher type, and the pulse full and bounding, tinctura aconiti radicis ♏xii.—xxiv. may be added to the mixture with advantage. —*Med. Bulletin.*

ERGOT IN CONSTIPATION—In the *Allgemeine Med. Zeitung* (Medical Press), Dr. Granzie reports two cases of constipation following the abuse of purgatives cured by ergot. Three doses of ten grains

each were given at intervals of two hours and were followed by copious evacuation. A second stool occurred spontaneously the next day, and after the administration of ergot in small doses for a few days a definite cure was obtained. The constipation was due to atony of the muscular wall of the intestines.—*Louisville Med. News.*

LINIMENT FOR RHEUMATISM.— The *Therap. Review* says: Methyl salicylate (oil of wintergreen) mixed with an equal quantity of olive oil or linimentum saponis, applied externally to affected parts in rheumatism, affords instant relief, and having a pleasant odor, is very agreeable.

Dr. A. L. Loomis says: "A man can take two or three glasses of stimulants through the day as he may feel the inclination, and he may continue this habit for perhaps 25 years without any evident harm accruing from it; but when this man reaches that period of life when the vital powers are on the decline he suddenly finds himself old before his time, for he has all these years been laying the foundation for chronic endoarteritis. I believe, gentlemen, that 50-per-cent of all diseases arise from the use of alcoholic stimulants.

Erichsen says: "The practice of operating in notoriously hopeless cases with a view of giving the patient what is called 'a last chance' is much to be deprecated and should never be followed. It is by operating under such circumstances, especially in cancerous diseases, that much discredit has resulted to surgery; for in a great number of cases the patient's death has been hastened by the procedure which instead of giving him a last chance, causes him only to be despatched sooner than he otherwise would have been."

There are four plans for reducing obesity. 1. The eating of nothing containing starch, sugar or fat, called the Banting system. 2. The eating of fat but not sugar or starch, called the German Banting. 3. The clothing in wool and sleeping in flannel blankets instead of sheets, the Munich system. 4. Not eating and drinking at the same time, or rather with a couple of hours between the eating and the drinking, the Schweninger system.—*Detroit Lancet.*

The oldest physician in the world, Dr. C. C. Graham, died at his home, in Louisville, on Tuesday, the 3rd inst. He celebrated his one hundredth birthday on the 10th of October, 1884. He was the last link which bound the pioneers of Kentucky to the present generation. A man of remarkable physical and mental power, he practiced his profession for a period equal to the lifetime of the average physician, and spent his old age in scientific and literary pursuits.

Chloral hydrate is recommended as a substitute for cantharides, as a vesicant. Sprinkle powdered chloral on ordinary adhesive plaster, melt it with a gentle heat and apply to the part. In ten minutes vesication will be complete. Its advantages are rapidity of action, less pain, freedom from danger of absorption of cantharidin, and the plaster may remain on until the sore is healed.

PAPINE.—Dr F. O. Young, of Lexington, Ky., says; I have used Papine in my practice and have taken considerable pains to test it and watch its action. I think it superior to any preparation I ever saw used containing opium. It is safe and pleasant and in no case did it ever produce the least nausea.

Dr. James E. Baker (*Med. Record*) recommends cocaine in phthisical cough. Five minims of a four per cent. solution, with a like amount of chloroform, are dropped upon an inhaler and taken at bed time. In two cases of this kind he succeded in giving the patients a better night and making them more comfortable than he had been able to do by any other mode of treatment.

Dr. Forrest in the *Medical News* reports excellent results in a severe case of dysmenorrhea from the hypodermic administration of five minims of a 4 per cent. solution of cocaine. Complete relief was afforded for five hours, and comfort for a much longer time.

—Syphilitic condylomata dwindle away visibly on application three times a day of the following powder dusted over the new growths:

R.	Hydrarg. subchloridi, - -	gr. xxx.
	Acid. Boracic, - - - - - -	gr. xv.
	Acid. Salicyl, - - - - - -	gr. v.

Chloral hydrate is said by Dr. Roberts Bartholow to be the incomparable remedy for cholera. In many cases of cholera infantum it certainly is of great service.

Dr. F. N. Otis (*Med. Record*), says that he has recently given for three months twelve drachms of the iodide of potassium every twenty-four hours to a patient suffering from syphilis. Entire relief followed from all dangerous symptoms. — *Detroit Lancet.*

To remove foreign bodies from the ear Mr. Jonathan Hutchison recommends the introduction into the ear of a loop of small flexible silver wire. This being hooked about the foreign body, permits of its ready extraction.—*Detroit Lancet.*

THE CANADA LANCET.

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THE TREATMENT OF ASTHMA.

The ordinary physician is prone to regard chronic disease as a thing to be endured rather than cured. Especially is this true in the case of asthma. Why the case of the unfortunate asthmatic should be passed over more lightly than that of sufferers from other chronic diseases, finds an explanation in the notoriously unsatisfactory results of treatment, and the patient's almost certain tenure of life, for the time at least, despite his suffering. When, however, we reflect on the number of asthmatics, and the misery they endure, such indifference is both irrational and cruel. We desire, therefore, to call attention to the nature of the disease, the misery it entails, and the ineffectiveness of common routine treatment, in the hope of stimulating a spirit of more exact enquiry, both as regards etiology and treatment.

Research, and the application of remedies, in any certain direction, usually bear some relation to the importance of the disease undergoing investigation. Here is a disease which afflicts, more or less seriously, millions of the human family, causing much bodily and mental suffering, incapacitating for work or business, and shortening life, yet the physician with all his boasted knowledge has to confess that he is almost powerless to cure, and, at best, only hopes to afford his patient transient relief. We all know how true this is, and how disheartening to the sufferer. He who suffers from chronic consumption, chronic bronchitis, inveterate skin disease, or other troubles equally obstinate, receives more encouragement and comfort at the hands of science than the poor asthmatic. This is all the more strange when we consider that idiopathic asthma is not marked by structural change. This of itself, of course, amounts to nothing, as what at first sight appears simple and easy of accomplishment, on closer examination, may turn out complex and difficult to conquer. Nevertheless it is almost certain the asthmatic has received but scant justice at the hands of the profession. His case has not been examined with due care—causes, immediate and remote, have not been closely inquired into, and he has been altogether too hastily consigned to the limbo of incurables.

It is not sufficient to know that our patient is suffering from asthma. Before we ever attempt to cure him, or afford him transient relief, some important enquiries are essential. This will appear all the more necessary when we remember that the disease is seldom truly idiopathic, but is generally associated with, or dependent upon some other trouble. True, the vast majority of cases may be relieved off-hand, for the time, by one or more of the stock prescriptions for asthma, without any close scrutiny of the case. It is just here where the common error in the treatment of asthma begins. If the attack be the first, or the disease have not yet so far advanced as to have ingrained itself, so to speak, into the patient's constitution, the more culpable is such hap-hazard treatment, since a clear apprehension of the case at the outset might have led to a different and more successful course of treatment. *Cure*, and not temporary relief, should be our aim in all recent cases, especially in the young. To say that asthma is incurable is to utter an absurdity. Some cases are cured spontaneously; some by physiological changes in the constitution; others by a change of residence, and, we hope, not a few, by medical treatment. There can be no doubt, however, that the great majority of chronic cases are incurable, and that the best we can do has no lasting beneficial effect. But even here it is proper to discriminate in order to a choice of remedies in individual cases.

Asthma essentially consists in a spasm of the bronchial muscles which surround the smaller air tubes, with simultaneous congestion of the bronchial mucous membrane. The asthmatic will tell

us that his difficulty lies not so much in his inability to take in air, as to expel it. Asthma is sometimes secondary to bronchitis—hence some writers divide spasmodic asthma into two divisions, *idiopathic* and *bronchitic*. A broader division is indicated by *idiopathic* and *symptomatic*. To be able to class any individual case in one or other of these divisions will afford some definite data for treatment. The purely spasmodic case, if such there be, will require management differing from that classed as bronchitic or symptomatic, and *vice versa*. Sight should never be lost of the fact that asthma is often the result of reflex action, the seat of origin being the brain, lungs, stomach, or other organ, frequently requiring for its location much patience and skill. From these observations it will be seen that the proper diagnosis and treatment of asthma is not by any means so light a task as many seem to think. The observance of these, and other points that will readily occur to the thoughtful practitioner, would do a good deal towards lifting the treatment of asthma out of the domain of empiricism, which has always been its bane, to a basis as rational and scientific as that on which rests the treatment of many other disorders.

As to the remedies recommended in the books for this disease there is no end. With no intention of depreciating the value of several old and well tried remedies, we shall now only refer to agents which have recently forced themselves to the foreground. Of these perhaps citrate of caffeine stands first. The dose is one to five grains, dissolved in warm water. It does not appear to be a very dangerous agent, since, in one instance, a patient took 60 grains by mistake, without fatal consequences. Caffeine is said to afford very prompt relief. Arsenic, in the form of 2 or 3 minims of Fowler's solution is reported as making striking cures in appropriate cases. Arsenic has the peculiar property of supporting respiration, as, for example, in making ascents. Its beneficial effect in asthma is no doubt due to this property. Iodide of potassium, is sometimes combined with Fowler's Solution. A valuable combination in the bronchitic form is iodide of potassium, and carbonate of ammonia. Chloral hydrate, either alone or in combination with bromide of potassium, is also followed with excellent results in certain cases. In the form of stagnant respiration with congested lips and nose, and cold extremities, strychnia has been found highly useful. The liquor may be given in doses of from 3 to 5 drops with dilute phosphoric acid. When defluxion from the mucous surface is very profuse, belladonna probably answers best. Medium doses should be given every 4 hours. Grindelia robusta a short time ago was largely used; but failed to come up to expectations, and is now much less used. Quebracho is also a remedy in much repute. We occasionally meet cases of continued distress despite the use of ordinary means. In these cases there is usually much bronchial tumefaction and dryness. In cases of this class nothing can equal one-fourth grain of pilocarpine, with one-fourth grain of morphine, administered hypodermically. The relief is prompt, the tumefaction subsides, and is followed by profuse expectoration. As to change of climate, experience shows that the asthmatic should not seek a dry atmosphere, such as that of Colorado, and the West generally. On the contrary, a warm, moist atmosphere is the most suitable. In mild cases a mere change from one locality to another may create immunity from this harrassing trouble.

THE PREVENTION OF CHOLERA.

With the advent of Spring and summer, the invasion of cholera may be looked upon as one of the probabilities, and therefore the authorities should set about preparations as actively as possible for its prevention. There may be still some doubting Thomases who cannot believe that sanitary measures are of any avail to protect the people from these so-called visitations of Providence. We trust however, that the authorities will not be influenced by any such foolish notions, but will put into vigorus action all the sanitary resources of the country, with the view of stamping out the first approach of cholera to our shores.

If anything were wanting to show the great value of sanitary measures in stamping out this scourge, it will be found in the experience of the city of Genoa, during the prevalence of cholera in in France and Italy. The United States consul at Genoa in a communication to the Home Government on this subject, gives the methods adopted there from which are transcribed the following:

He says: "Since the outbreak of cholera at Toulon and Marseilles a continual purification of

streets, alleys, private and public houses, has been kept up, the most powerful disinfectants being used for the purpose, which made the city all summer, as it is to day, one grand smelling-bottle, of sulphur, chlorine, etc. Impure water, or water supposed to be impure, was shut off from the city; stale fruits and vegetables were seized and destroyed; this year's wine crop was not allowed to be brought into Genoa, and all the wine shops were forced to be closed at 8 p. m., daily. The rules were rigid in regard to household cleanliness, and the use of disinfectants in whitewash, and if the owner of an establishment of any size heeded not the orders of those in authority the work would still be performed, and at the expense of the proprietor. In three hundred cases of cholera before the Aqueduct Nicolas was shut off from the city, there were two hundred and seventy-five deaths, and all the victims had been using this water. Since the water was shut off from the city, the cases were few among those who could obtain good wholesome food. The Sunday excesses among the laboring classes proved a powerful feeder of the epidemic. From this fact it appears that regular habits of work or play are essential in avoiding cholera. The doctors all said that substantial food proved a better means of battling with cholera than doctors' medicines."

The Consul seems especially to consider that above all things pure water is essential in the battle with the enemy. In this contention he will be sustained by all who have given any attention to the subject. In his concluding remarks he says:

"Let a city or town have officials who energetically and fearlessly fight everything which has a tendency to prey upon public health, granted the people abuse not nature; let substantial food be one's daily portion; to these things add a frame of mind prepared to face calmly and bravely whatever trials and vicissitudes may cross one's path, and you have an armor that will, I am positive, in nine hundred and ninety-nine cases in a thousand baffle the type of cholera which has lately raged in Genoa.

MEDICAL HEALTH OFFICERS.

The position of medical health officer of a large city is one of great responsibility and requires the possession of the highest qualities in the individual who accepts it. The incumbent must be a man of good tact and judgment, skilled in his profession, and well versed in sanitary science. Such men are rarely available, especially in view of the miserable salary usually paid such officers in this country. In this city for example, with a population of one hundred thousand, covering an extensive area, with unsanitary conditions in abundance, and sufficient work to keep a medical officer constantly employed, the incumbent (Dr. Canniff) a gentleman eminently qualified for the discharge of the duties appertaining to the office, receives the paltry sum of $1500 per annum for his services, from the city council, and even this small amount is given grudgingly. A supplementary sum of about $600 per annum is also received by him from the Dominion Government for extra work in the compiling of Vital Statistics; but certain members of the council, with a niggardliness which is characteristic, propose to deduct the amount received from the Dominion Government, from the sum which was agreed upon as his salary (viz. $1500). These gentlemen might with the same propriety deduct from his regular salary the amount received by the city clerk for similar work done for the Ontario Government.

We hope and trust that this has not been the the experience of health officers in other cities, for if such is the case we pity them. The gentlemen who have abandoned their private practice to engage in the important and onerous duties of medical health officers, in our large cities, deserve better treatment at the hands of the civic authorities. The services of the medical profession when required must be estimated at their proper value, and the sooner the civic authorities recognize this fact the better it will be for all concerned. No medical practitioner with the proper qualifications for so important an office should be expected to perform duties which require the whole of his time, without receiving at the very least a salary of $2500 per annum. The recent changes in the Ontario Board of Health entail considerable extra work upon the health officer, and the entire duties appertaining to the office demand the whole of his time. He should therefore be properly remunerated. For the credit of the council of this enterprising city, we trust that no spirit of niggardliness will prevent the present incumbent from receiving that just compensation which is so clearly his due.

THE "STRATFORD" HOSPITAL, BRANTFORD.

The opening of this noble charity took place on the 19th ult., and was made the occasion of a very interesting gathering. Among those present were the Lieut. Governor Robinson, of Ontario, and Mrs. Robinson, Col. Denison, Judge Sinclair, Dr. Chas. O'Reilly, Medical Superintendent of the Toronto Hospital, Dr. W. T. O'Reilly, Inspector of Prisons, Mayor Scarfe, of Brantford, and others. The ceremony of presenting the Hospital to the city was performed by the Lieut. Governor. An address was read by Mr. Stratford, the donor, welcoming the guests and referring to the substantial character of the building and its adaptability for the purpose intended. There will be accommodation for from 40 to 50 beds. The building is well appointed in every respect, and especially as to bed-space, sanitation, drainage, etc. He publicly acknowledged the receipt of many valuable suggestions from Dr. Chas. O'Reilly, of the Toronto Hospital, Dr. Digby of Brantford and others. One of the conditions of the gift is as follows :— " The management of the hospital shall be strictly non-sectarian in its character and the institution be open to all citizens of the city, subject of course to the rules that may be laid down hereafter for its conduct ; that no clergyman, priest, or member of a religious sect or other society shall hold religious or other services within its walls or grounds, except a patient shall request the attendance of such, and then only for that patient's personal benefit. He said " that it was not without the most serious consideration, and after making many enquiries from those who had been and were connected with hospital working, that he appended this condition. Hospitals were purely for the relief of the sick and wounded. Cases admitted therein were mostly serious and required urgent and careful attention. If the patient is insensible he cannot require spiritual advice, but if sane, it is he himself who should say if he wants religious ministration. Under this condition the patient has full power to send for any adviser as may wish, but otherwise no religious adviser will be allowed to interfere with him. A Medical Superintendent of a large hospital, to whom he had submitted this condition, said :—'I fully approve of it, and it would be better for the proper working of every hospital were such a rule rigidly enforced, and it is becoming the hospital law in hospitals where it does not already obtain, and where circumstances will admit of its introduction.' "

The Mayor thanked the donor in the name of the city ; and the Governor, after some appropriate remarks, declared the hospital opened. At the conclusion a reception was held and the visitors exchanged cordial greetings with the citizens. The band of the Dufferin Rifles furnished the music for the occasion. We cannot couclude our remarks without again referring to the noble generosity which prompted this act, and it is to be hoped that the example will be followed by wealthy and benevolent persons in other cities in Canada.

THE CHOLERA. — The Medico-Chirurgical Society of Montreal held a special meeting on the 13th ult. to discuss matters relating to the prevention of cholera, and the proposed health bill for the Province of Quebec. The meeting which was a very interesting one was largely attended. Dr. Larocque, city medical health officer, read a short paper on the subjects for discussion. Dr. Howard said that the Dominion Government should enforce the quarantine regulations ; but it remained for the local government to see that proper sanitary laws were enacted and enforced. Dr. Hingston deplored the absence of any health law, and recommended the adoption of the Ontario Act with certain improvements

CHILDREN IN LOS ANGELES.—Dr. Lindley in commenting on the low death rate among children in Los Angeles says :—The reasons for this light mortality are: 1. The diurnal breeze from the ocean, which constantly purifies the atmosphere ; 2. The constant ripening of fruits—oranges and lemons in the winter ; apricots, nectarines, peaches, and berries in the spring ; apples, pears, and grapes during the summer and autumn, and strawberries all the year round ; 3. Every variety of vegetables fresh each month in the year ; 4. The great number of clear days which, " renders possible an outdoor life almost every day in the year."

CHRONIC BRIGHT'S DISEASE.—Dr. H. Corson writes in one of our exchanges that after all the usual remedies now in use for the treatment of Bright's disease had failed, his patient having been

considered beyond recovery, he resorted to a treatment practiced many years ago. The patient was put upon a pill of calomel, digitalis, and squills, of each one grain, to be given three times a day. Morphine, chloral, or both combined, were given at night to relieve pressure and procure sleep. After keeping the system moderately under the influence of the calomel for two or three weeks, the symptoms rapidly disappeared.

STANDARD DISINFECTANT.—In an article in the *Medical News*, January 10th, '85, Dr. Sternberg, U. S. A., suggests a combination of permanganate of potassium with the bichloride of mercury, for common use as a disinfectant and deodorizer. The color of the solution would be a safeguard against its being accidentally drunk. No chemical reaction takes place when these substances are combined; in other words they are perfectly compatible. A solution of two drachms of each of these salts to a gallon of water would be strong enough for all practical purposes. This gives about one part of each to 500 of water.

EXCURSION TO EUROPE.—A number of attractive excursions during the coming Spring and Summer are announced by Messrs Thos. Cook & Son, the well known tourist agents of New York and London, which are arranged on the most popular scale of prices. Full programmes of these trips, with maps showing the *routes* followed, are to be found in their monthly paper, *Cook's Excursionist*, published at 261 Broadway, New York, which they announce will be sent by mail to any one interested, on application.

NEW YORK STATE MEDICAL SOCIETY.—This society held its seventy-ninth annual meeting in Albany on the 3rd, 4th and 5th ult.. under the presidency of Dr. Sherman of Ogdensburgh. The attendance was, as usual, very large and influential and the proceedings most interesting and instructive. We give a brief synopsis of some of the papers read in another column. The most important event of the meeting was the discussion of a bill to be presented to the Legislature for the establishment of a State Examining Board. A satisfactory decision was arrived at, and it is hoped the bill will become law. The social side of the meeting was well sustained.

SANTONINE—It has been demonstrated that lumbrici live in a mixture of albumen, santonine, and water, but they succumb in a few minutes in an an oily mixture of santonine. Experience has proven the necessity of direct contact. Santonine powder or troches is not a good way of administration, for the santonine is then mostly absorbed in the stomach. The only rational preparation is an oily mixture which is slowly absorbed in the intestines. In any other mode it has a toxic effect with many, but given with ol. ricini is not disagreeable, and very efficient.

GUN-SHOT WOUND OF THE CHEST.—Dr. Powers (*N. Y. Med. Journal*, Jan. 10) reports two cases of pistol-shot wounds of the chest. In each of the cases a bullet of large size entered the lung, in the second case passing entirely through it. In neither was the injury accompanied by marked hemorrhage, nor followed by acute inflammation, and in each the patient made a speedy and perfect recovery. But slight attempts were made at probing the wounds. The wounds were not hermetically sealed, but simply dressed with antiseptic dressings, which were continued until the wounds were healed.

THE TELEPHONIC TELEGRAPH.—A new invention of considerable importance has been perfected recently by Dr. Rosebrugh of this city, assisted by Mr. G. Black, of Hamilton, by means of which telephonic and telegraphic messages can be exchanged through long distances on the same wire simultaneously. One important feature of the invention consists in the entire suppression of the induction which is such a nuisance in the ordinary telephone. Telegraphic signals sent over the wire cause no inconvenience to the telephonic listeners.

INFLAMMATORY FEVER.—The following, which is a modification of a formula by Prof. Gross, is recommended in all cases of sthenic inflammation, except where morphine may be contra-indicated:

℞ Liq. amm. acet. ℥iv.
Spt. eth. nit. ℥j.
Tr. aconit. rad. ♏xx.
Morph. sulph. grs. iss.
Aquæ. ad. ℥viij.—M.

Sig.—A tablespoonful every four hours. Liquor potassæ citratis may be substituted in some cases for the liquor ammoniæ acetatis.

ANÆSTHETIC MIXTURE.—After considerable experience in the use of different anæsthetics, Mr. Lawson Tait has come to the conclusion that a mixture of two parts ether and one of chloroform is the safest and most satisfactory. Other surgeons prefer the A. C. E. mixture; alcohol 1 part, chloroform 2 parts, and ether 3 parts. Both the above mixtures are rapid in their action, not unpleasant to the patient, and produce less sickness than chloroform or ether when given alone.

APPOINTMENTS.—Dr. M. Lavell has been appointed Warden of the Provincial Penitentiary, Kingston, and Dr. O. S. Strange, surgeon to the same institution.

Dr. G. Stewart, of Port Rowan, Ont., has been appointed Assistant Surgeon, Norfolk Battalion of Rifles, *vice* G. W. Stewart, deceased.

Dr. M. I. Beeman, of Centreville, Ont., has been appointed Surgeon, Frontenac Battalion of Infantry, *vice* J. McCammon, deceased, and Dr. R. W. Garrett, of Kingston, Assistant Surgeon.

Dr. Jas. Dorland (formerly of Hamilton Ont.) has been appointed Prof. of Practice of Medicine in Milwaukee Med. College Wis.

The following gentlemen have been appointed License Commissioners for the counties named—J. Gunn, M.D., N. Middlesex, C. M. Gould, M.D., East Northumberland. R. Douglass, M.D., N. Bruce, W. H. Blackstock, M.D., East Simcoe. A. Worthington, M.D., West Huron.

OBITUARIES.—The death of Chas. Clay, F.R.C.S., of Manchester, is announced in our exchanges; also M. H. Newmann, Prof. in the University of Breslau.

Dr. E. S. Gaillard, of New York, editor of "Gaillard's Medical Journal," died on the 2nd ult. The Journal will be continued under the management of M. E. and E. W. Gaillard.

Dr. William Braithwaite, of Leeds, Eng., founder of "*Braithwaite's Retrospect*," died on the 1st ult., aged 78 years. He was the oldest medical practitioner in Leeds.

The death of Prof. Elsberg, of New York, the Laryngologist, is announced in our exchanges.

We regret to learn of the sudden death of Mrs. Dr. Winstanley at Los Angeles, Cal., on the 10th ult., formerly of this city.

REMOVAL OF THE OVARIES AND FALLOPIAN TUBES.—Dr. Trenholme of Montreal (*Can. Med. Record*) reports six cases of removal of the ovaries and Fallopian tubes with recovery in each case, and with good results so far as relief from the pelvic suffering was concerned. The operations were all performed during the year ending April, 1884.

AMERICAN MEDICAL ASSOCIATION.—The 30th annual meeting of the American Medical Association will be held in New Orleans commencing on Tuesday the 28th of April. This is a most favorable opportunity of visiting the Association and the World's Fair at the same time. The rates of travel to New Orleans from all points are as low as can reasonably be expected.

NEW METHOD OF TREATING ACUTE INTESTINAL OBSTRUCTION.—The London *Lancet*, Feb. 14th, in referring to the new method of treatment states that it was first proposed by Prof. Kussmaul. It consists in free washing out of the stomach and removal of large quantities of fæcal matter, and has been attended with excellent results in several cases. The relief from distention is very great, and it also favors subsequent treatment by laparotomy when the latter is necessary.

TREATMENT OF FROST-BITE—Dr. Doane in the *Therapeutic Gazette*, gives the following prescription which he says is excellent in frost-bite, and hopes it may be given a trial:

℞ Cosmoline ℥ i.
Spts. turpentine, ℥ j.
Acid carbolic gtt. x.

The cosmoline and turpentine are rubbed up together in a mortar, and the acid dropped in after. This is being prescribed by Dr. James R. Leaming, and many other able men in New York.

TRANS-ATLANTIC CLUB—A club has been formed recently for the convenience and benefit of Trans-Atlantic students in Edinburgh. The object is to cultivate a feeling of fellowship and secure a means of social intercourse, so that students may not feel themselves strangers in the city or strangers to each other. The rooms which are at 37 Chambers Street will be supplied with home papers and journals.

GRANTING DEGREES IN MEDICINE.—The Uni-

versity of Vermont has announced its intention of granting degrees in medicine to registered British medical practitioners who pass a satisfactory examination in medicine, surgery, and midwifery. The fee to be charged is $30.

HONORS TO LISTER.—The Emperor of Germany has conferred on Sir Joseph Lister the "Ordre pour le mérite" for Science and Arts. This is not only a testimonial to Lister, but also a generous recognition of the claims of medical science, which Germany has not been slow to recognize.

MEDICAL SOCIETY DINNER.—The first annual dinner of the Hamilton Medical and Surgical Society was held at the Royal Hotel on the 4th ult., and was a most successful and interesting reunion. The profession of Hamilton was well represented by many of its ablest men.

CORRECTION.—In our last issue we noticed among new books the work of "McNaughton Jones on Diseases of Women," giving W. Wood & Co. as the name of the publishers. It should have been credited to D. Appleton & Co., New York, as the publishers.

BRITISH DIPLOMAS.—Drs. J. L. Davison (Trinity) and W. D. Oakley (McGill) have obtained the M.R.C.S., Eng.

Dr. W. G. Hardy (McGill), and W. A. Ross (Toronto), have obtained the L.R.C.P. Lond.

Dr. Osler has been granted leave of absence by the authorities of the University of Pennsylvania, and sailed on the 10th ult. for England, where he is to deliver the Gulstonian lectures in the Royal College of Physicians.

SIGN OF SCIATICA.—An exchange says that if the patient be placed on his back and the suspected limb raised and flexed strongly, a pain appearing about the sciatic notch will be a certain pathognomonic sign of sciatica.

Notes and Queries.

Will some physician who has obtained L.R.C.P. and S., Edin., give a brief description of his trip, the expenses of the same and the requirements for the degrees?

Why is it, considering the high standing of the profession, that medical literature in Canada is at such a low ebb, and that only two Canadian works, Fulton's Physiology and Canniff's Surgery are in circulation?

What are the requirements for the position of surgeon and assistant surgeon in the British army, and what are the duties, salary, rank in the service, and pension for disablement? Is a Canadian graduate required to take out the M.R.C.S., Eng., before presenting himself as a candidate?

QUEROR.

An answer to the following questions will be thankfully received.

1. Explain how the stomach is enabled to produce an acid secretion from the blood—an alkaline fluid; have we any means or medicines to assist or promote this action, and what are they?

2. When defibrinated blood is injected *per rectum*, why are not the corpuscles absorbed?

DENVER, Col.

TREATMENT OF IMPOTENCE.

Would some reader of the Lancet give his views as to the most appropriate treatment for impotence. The patient is a man 56 years of age, married, good family history, no evidence of syphilis, no venereal excesses, never ill in his life.

NEMO.

MEDICINE CHEST.

Would some of the readers of the Lancet offer some suggestions for a medicine chest for country practitioners. Many of us have to make long trips far from any drug store and it is desirable that we carry as great a variety of drugs as may be necessary, in as small a compass as possible.

Messrs Stevens and Sons have signified their intention of manufacturing a case that will meet all requirements as suggested at a reasonable price.

MEDICO.

[Would not A. A. Mellier's saddle bags meet the requirements? See advt.] ED.

Books and Pamphlets.

THE AMERICAN SYSTEM OF PRACTICAL MEDICINE. Edited by William Pepper, M.D., LL.D., of the University of Pennsylvania, assisted by Louis Starr, M.D. In five imperial octavo volumes, containing about 1000 pages each, with illustra-

tions. Philadelphia: H. C. Lea's Son & Co. Prices per volume, cloth, $5.00; leather, $6.00; half Russia, $7.00.

The first volume of this magnificent work is now before us, and the other volumes will follow at intervals of about four months. It has been in active preparation during the past three years, and is now sufficiently advanced to justify the publishers in calling the attention of the profession to it as a work in which American medicine will be thoroughly represented by its worthiest and most practical teachers. A reference to the list of contributors will show that the most distinguished men in all parts of the United States have united in bringing together this vast aggregate of specialized experience. It embraces the whole domain of medicine, including the departments for which the physician is accustomed to rely on special treatises, such as diseases of women and children, the genito-urinary organs, skin, nerves, hygiene and sanitary science, and medical ophthalmology and otology. It may therefore be regarded as a complete library of practical medicine. Such illustrations as serve to elucidate the subject have been introduced. It is a work of which every American physician may reasonably feel proud, and in which every practitioner will find a safe and trustworthy counsellor in the daily responsibilities of practice. We are pleased to observe the name of Dr. R. P. Howard of Montreal among the contributors, the subject being rheumatism and rheumatoid arthritis.

A MANUAL OF DERMATOLOGY by A. R. Robinson M.D., Professor of Dermatology, New York Polyclinic. New York: Bermingham & Co. Toronto: Williamson and Co.

This volume the author states is intended to be the basis of a future much larger and more original work, and we think it would have been as well, in view of the many works of this kind now in the market, if the author had deferred the publication until he was prepared with his more original work. The present volume is a mere compilation, but as such, fairly represents the status of the science, and is neither better nor worse than others of the kind. It will be useful to those who would prefer a concise yet accurate description of the various affections of the skin.

TRANSACTIONS OF THE MEDICAL SOCIETY OF PENNSYLVANIA.—Vol. XVI., 1884.

Here we have a large octavo of over 600 pages, recording the transactions of the above society for its thirty-fifth annual session, held in Philadelphia on the 14th, 15th, and 16th of May 1884. Many of the papers contained in the volume are of a very high order of merit, and reflect much honor on the medical profession of the old Quaker State. It is not without deep mortification that the Canadian reader is forced to admit the fact of the long rear distance at which our societies stand, in comparison with those of our republican confrères. What is it that we lack? It is not brains; it is not sound initial instruction; it is not individual self-esteem; nor is it overweening modesty. Unity of sentiment and genuine love of country are most probably our greatest defects.

THE INTERNATIONAL ENCYCLOPÆDIA OF SURGERY —A Systematic Treatise on the theory and practice of Surgery, by authors of various nations. Edited by John Ashhurst, Jr., M.D., in six volumes, vol. v. New York: Wm. Wood & Co.

The fifth volume of this admirable work on surgery embraces surgical affections of the head, eye, ear, nose, face, mouth, palate, tongue, jaws, teeth, neck, air passages, chest, breast, abdomen, and hernia. The present volume is quite equal to any of its predecessors, and fully sustains the encomiums already bestowed upon the previous volumes. Those who have not already done so, should immediately subscribe for this magnificent work on surgery.

THE ELEMENTS OF PATHOLOGY.—By Edward Rindfleisch M.D., translated by W. A. Mercur M.D. Blakiston and Son: Philadelphia.

It is a great boon to those who have not time to read all through large books, to fall in with one containing much good matter. Rindfleisch's "Elements of Pathology" is verily one of this sort, a real *multum in parvo*. Every page abounds with valuable instruction, which will not fail to repay the attentive reader for the time he may devote to its perusal.

Births, Marriages and Deaths.

On the 9th ult. H. L. Kent, M.D., of Wallace, N.S., aged 54 years.

On the 7th ult., L. G. Turgeon, M.D., of Montreal, aged 48 years.

On the 18th ult., Dr. Henry Hanson of London, aged 61 years.

On the 20th ult. George E. Richardson, M.D., of Chatham, Ont., aged 45 years.

On the 20th Nov., 1884, W. M. Brett, M.D., of Arkona, Ont., aged 30 years.