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### Original Communications.

#### THE A. C. E. MIXTURE.

##### THE BEST ANÆSTHETIC IN OBSTETRICAL PRACTICE.

Read before the Montreal Medico-Chirurgical Society, December 18th, 1885, by A. LAPHORN SMITH, B.A., M.D., M.R.C.S. Eng., Professor of Medical Jurisprudence, Medical Faculty, Bishop's College.

In case that some apology for reading a paper on this subject might be considered necessary, let me just for a moment recall the different anæsthetics at present in use, and see if any one of them fulfils all the requirements of the profession, either in general surgery, or more especially in midwifery practice.

The requirements for the best anæsthetic are :

- 1st. Absolute safety.
- 2nd. Capacity for producing anæsthesia, either complete or incomplete, according to the requirements of the case, and for a long or short period of time.
- 3rd. That the patient should go under it quickly and quietly, and come out of it rapidly.
- 4th. That it should cause little or no unpleasant after-effects.

I think we will all agree that none of the more generally-employed anæsthetics possesses all these advantages.

Nitrous oxide gas requires a cumbersome apparatus in which to carry it about, and as its effects are obtained principally by suffocating the patient, as evidenced by the blackness of the blood, it can only be safely administered during a

period of time, so short as to suffice only for such trivial operations as extracting teeth and opening abscesses, etc. For such it is perhaps the very best possible, but, outside of the dentist's office, it is almost a complete failure, while even there it does not hold undisputed sway, when ever, by reason of the number of teeth or difficulty of extraction, more than a few seconds are required to complete the work.

The great objection to chloroform is the lack of the first requirement, absolute safety. Now, when I speak of absolute safety, I do not mean to credit this delinquent with all the deaths that are put down to its charge. It is manifestly unfair to put down to the anæsthetic the ordinary chances and hazards of life, and, still less, when the chances of death are considerably augmented by the unusual condition in which the nervous system almost always is just before an operation—to say nothing of the shock produced by the nature of the operation itself. To illustrate my meaning, I may recall two incidents; one related by Gross, that of a man who was to have a small sebaceous cyst removed from the scalp, and who, just before the operation, decided that he would not take an anæsthetic. The surgeon had scarcely touched him with the knife when he suddenly ceased to live. Now if the patient had even drawn a single breath of anæsthetic his death would most surely have been charged to its account. The other case narrated by Mr. Holmes was that of an old man with extensive disease of the heart. He was placed under chloroform, and the operation completed without any bad symptoms. A few days later he fell down dead while walking across the ward. If the ordinary chances of life, consistent with such

an organic disease, had brought his earthly career to a close on the operating table, his death would most unjustly have been put down to the anæsthetic.

But, apart from such cases as these, there are undoubtedly others in which death can fairly be attributed to the previous action of the drug upon the nerve centres of the medulla presiding over circulation and respiration, and in some cases upon the nervous ganglia in the heart itself, and, unfortunately, of these cases chloroform can claim the lion's share. The death rate at present is, I believe, 1 in 1600—good cause for anxiety to the man who has the responsible duty of administering it.

In spite of the advantages it possesses of rapidity of action and facility of administration, the lack of the qualification of safety is so great a drawback that it has been almost banished from American surgery, in the United States at least, where ether, in spite of the immense quantity of the drug required for an ordinary operation, in spite of its inflammability, in spite of its disagreeable odor both to the patient and to all the occupants of the operating room, and in spite of the unpleasant and long continuing after-effects,—to say nothing of the very great length of time it sometimes takes to get the patient under its influence, still holds almost undisputed sway in the opinion of most operators on this continent. It is true that some of the disadvantages are either gotten over or alleged to be removed by employing one or other of the inhalers, such as Snow's for chloroform and Clover's for ether. But Mr. Lister has shown that when chloroform is administered on a towel the air inhaled never contains more than 4.5 per cent of the anæsthetic; while in the case of ether inhalers, such as Clover's, there are valves which are liable to get out of order; and as the same air may thus be breathed over and over again, the patient is exposed to the risk of suffocation. The objection to ether that it is so inflammable is a trivial one comparatively, in surgical operations, where the surgeon can generally choose midday for operating; but it becomes a serious one in midwifery where the physician's services are required more often at night, and where the evaporating of a pound of such an inflammable substance in a closed room with a lighted lamp becomes a very temerarious proceeding.

The very fact that so many rivals to these three principal anæsthetics have sprung up and been

tried in the balance, and found wanting, and that, with all their faults, ether and chloroform alone survive, shows that so far we have not yet in general use either an anæsthetic or a combination of anæsthetics which can meet all our requirements. That the profession has such a substance within its reach I believe I can show, and it is to advance the claims of this combination that I have undertaken the task of preparing this very imperfect paper.

Some six or seven years ago I drew the attention of this society to a combination of anæsthetics which I had first seen mentioned in a work by Dr. Harley on the diseases of the urinary organs published about 1874.

A mixture which was composed of alcohol, chloroform and ether, in proportions of 1, 2 and 3 of each, respectively, was highly recommended by the author for use in cases of uræmia where it was necessary or desirable to keep the patient anæsthetized for a considerable length of time, sometimes for as much as two or three days. As it would be dangerous to keep a patient under the influence of chloroform for so long a period, and as it would require an enormous quantity of ether for such a purpose, Dr. Harley conceived the idea of combining these two anæsthetics, and adding sufficient alcohol to counteract the depressing effect of the chloroform.

Of late years since the much more frequent use of the forceps, and a more highly cultivated sense of humanity, have led to the more general use of pain-destroying agents in midwifery, and as such cases frequently require such agencies for a considerable length of time, I have thought that such a combination would find an especially suitable place in the now somewhat ample bag of the obstetrician. Since then I have had the experience of over 100 cases with this anæsthetic combination, both in obstetric and in general practice, and now feel quite justified in giving it the highest recommendation as the best anæsthetic we can use. The greatest claim it has upon our favor is, I think, its almost absolute safety, and as we are frequently called upon to perform minor operations which we are anxious to do without causing pain, and while the importance of the operation does not warrant us in calling in another doctor, it is of no slight importance that the anæsthetic, the administration of which we must thus intrust to a layman, should be comparatively devoid of danger.

By using this one we can be sufficiently free from anxiety to be able to devote almost all our attention to the operation, while in using chloroform, one is hardly justified in performing even the slightest operation without assistance. But if it has any advantage on this score in general practice, it has it to a far greater degree in the practice of midwifery, for there we have often to deal with a nervous, albeit, exhausted and excitable patient, to whom the administration of chloroform is a proceeding requiring almost undivided attention on account of the danger, while the administration of ether so much increases the excitement that it would take a very smart man indeed to administer the vapor and to handle the instruments at the same time, but by using the A. C. E. mixture one can intrust it with safety to the nurse, or, as I often do, to the patient herself. In any very tedious case I hand the patient the bottle of it arranged with a sprinkler, such as is found on scent bottles, and allow her to use it as often as she likes.

The records of fatal cases of chloroformisation show that many of them occur in the dentist's chair. This has been explained by the fact that chloroform diminishes the amount of blood circulating in the brain, and that the erect position still further augments the cerebral anæmia, so that in these cases death is as much due to fainting as to the destructive action of the chloroform on the nerve cells of the medulla. For this reason ether is undoubtedly a much safer anæsthetic for dental surgery. But, on the other hand, it frequently takes so long to get the patient anæsthetized, during which time two skilled professional men are kept waiting, and, moreover, the period of excitement is so distasteful to the friends who generally accompany the patient, to say nothing of the large quantity of material required, that the administration of ether to a point of complete insensibility is both tedious and disagreeable.

For these cases, however, I have found the A. C. E. mixture especially suitable.

Many of the dentists in whose offices I have used it, testify enthusiastically to the rapidity with which the patient becomes unconscious, to the perfect quietness, absolutely free from excitement, with which they go under its influence, and to the very short time they require to completely recover. Of course this immunity from danger and absence of the period of excitation are due, the former to the presence of alcohol, and the latter to the pre-

sence of chloroform, in the mixture. It has long been the custom in many of the London hospitals to administer a dose of alcohol to the patient about to undergo chloroformisation, but is it not better and more effectual to administer the antidote with the poison rather than before or after it?

Another very important advantage is the almost total absence of vomiting.

Out of the one hundred and some odd occasions on which I have administered it I have never seen the A. C. E. mixture produce vomiting, although occasionally I have known it to cause nausea for a time, but not to anything like the same extent as that produced by ether or chloroform alone. So tedious used Mr. Clover, a few years ago, to find the use of ether alone, in producing anæsthesia, that he was in the habit of using laughing gas first, and continuing with ether only after the patient had become unconscious. But this is altogether out of the question in daily practice, where many a doctor has to be his own chloroformist. While in these cases in which he used chloroform, so fearful was Mr. Clover of its dangers that he nearly always took care to have it accurately mixed in proportion of half a drachm in a thousand cubic inches of air. But even this, while a perfectly safe procedure, is too complicated a one for general adoption, so that we would all probably gladly welcome any drug, or combination of drugs, that would combine safety, efficacy and smallness of quantity required. These desiderata are found, I believe, in the A. C. E. mixture. As the mixture only contains a third part of chloroform, which is admitted to be the dangerous element, we have the advantage of giving the poison in a comparatively dilute form, in other words before we can kill him with the chloroform we shall have anæsthetized him with the ether, and stimulated him with both the alcohol and ether. In other words again, the patient inhales four parts of stimulant for two of depressant.

It certainly is a matter of fact that we can produce complete anæsthesia during a longer period with six drachms of the A. C. E. mixture than we could with two drachms of chloroform alone. And while alcohol alone cannot be endured as an anæsthetic, introduced through the lungs, although the oldest employed through the stomach, yet when mixed with chloroform and ether it ceases to irritate the bronchial tubes.

The question may arise whether bichloride of methylene and the A. C. E. mixture are one and

the same thing." In reply I may quote Mr. Clover, who, in a recent article in *Quain's Dictionary of Medicine*, states that bichloride of methylene is an unreliable compound of chloroform, because the ether in it being more volatile than the other ingredients may after a time escape and leave a more powerful substance than we suppose we are handling.

He also says that it is better to mix, in small quantities at a time, one part of alcohol, two of chloroform and three of ether, and to keep the bottle so well corked that the ether is not likely to evaporate and leave chloroform in excess.

If we add up the chemical formula of these respective quantities of these three drugs we get a result very nearly approaching the theoretical formula of bichloride of methylene.

Although it is not quite certain that they are identically the same, it matters very little, as the effects of the A. C. E. mixture, as I have found them, correspond exactly with those of bichloride of methylene, as reported in many thousands of cases. While the only disadvantage which Mr. Clover sees in the bichloride of methylene, can be completely obviated by preparing the mixture fresh every time we use it, according to the A. C. E. formula.

At a meeting of the Medical Society of London in April, 1868, Mr. Marshall read a paper on Bichloride of Methylene, for the production of general anæsthesia. He had constantly used the anæsthetic during the past six months, both in private and hospital practice and for the performance of capital operations, and he has arrived at the conclusion that it is preferable in all respects to chloroform. It was more manageable than chloroform; anæsthesia is more readily produced by it, and is more persistent; that there was less excitement, and what might be called inebriation, than in the case of chloroform, and that its exhibition was not followed by headache or prostration, nor so frequently by vomiting.

It had never yet proved fatal, and in those animals that had been killed by it there was found less disturbance of the equilibrium between the heart and the lungs.

Mr. Marshall mentioned several cases in which he had given the bichloride of methylene for tooth extraction, and he did not observe any of the disagreeable after-effects of chloroform to follow.

At a meeting of the Medical Chirurgical Society of London, October, 1871, in the course of a dis-

cussion on Anæsthetics, Mr. Curling, the president, regretted that no notice had been taken of the proposal of the Society's committee to use the mixed vapor of alcohol, chloroform, and ether. Mr. Spencer Wells said that he did not care whether chloride of methylene was merely a mixture of chloroform and ether, or not, as some said it was, he had proved it to be the best anæsthetic, and preferred it to all others.

Dr. Sansom said that while a mixture of chloroform and ether only was open to the objection that the ether went off first and left the chloroform, the objection did not hold when alcohol was added, as it had the effect of restraining them both.

In the *Lancet* of May, 1871, Mr. Rendle, the surgical registrar of Guy's Hospital, after stating that his opinion was based on personal experience of some hundreds of cases, says that the chemical composition of bichloride of methylene had not been found sufficiently uncertain by him to interfere practically with the physiological effects, and no dangerous symptoms had occurred in his practice.

He had decided to use no other, unless specially requested by the patient or operator; and he felt sure that anyone who would give it an impartial trial would be of the same opinion. He had given it for operations lasting one hour, when the operator was able to commence in three minutes, and recovery was rapid, and not followed by sickness; and also for operations lasting less than a minute, where all was finished and the patient sitting up within 5 minutes, without the slightest unpleasant sensation.

Mr. Morgan, house surgeon of the Ophthalmic Hospital at Moorfields up to 1872, had given it more than 1800 times, and to persons of all ages, from a few weeks up to 91 years, but had never lost a case. He gave it from a perforated frame covered with flannel and fitting well to the face, 2 drachms at first, and 1 drachm afterwards when required. He only considered it necessary to watch the color and the breathing. He would never use anything else if he had his own choice.

Mr. Philip Miall, surgeon to the Bradford Infirmary, England, who has employed this anæsthetic in a large number of cases, states that insensibility in adults is usually produced in about two minutes; one dose of a drachm being usually sufficient to produce anæsthesia. The respiration is usually quickened, the pulse lessened in frequency.

On account of the immunity from sickness of the stomach it gives this anæsthetic is much used in ovariectomy; and on account of the rapidity with which persons can be brought under its influence it is preferred in some English ophthalmic institutions where many operations are performed.

Sir Spencer Wells said, at the meeting of the British Medical Association in 1877, that he had, five years previously, made known his opinion that all the advantages of complete anæsthesia, with fewer drawbacks, could be obtained by the use of bichloride of methylene than by any other known anæsthetic. He had based that opinion on an experience of five years and three hundred and fifty serious operations. During the next five years, from 1872 to 1877, he had employed it in over six hundred cases of ovariectomy and many other cases of surgical operations, and that his former opinion had been fully confirmed. Given properly diluted with air, this anæsthetic had, in his experience of ten years—with more than a thousand operations of a nature unusually severe as tests of an anæsthetic proved to be, without a single exception, applicable to every patient, perfectly certain to produce complete anæsthesia, relieving the surgeon from all alarm and even anxiety; and its use had never been followed by any dangerous symptoms which could be fairly attributed to it.

With regard to the mode of administration, Junker's apparatus is certainly the best, as by this means the patient cannot possibly breathe the anæsthetic vapor without air, a current of which is pumped through the liquid to be inhaled, and with which it is charged to the extent of three and a half or four per cent. But as this apparatus necessitates the entire attention of some one to work it, it is more suitable for hospital practice where the services of a chloroformist can be retained. I use an inhaler consisting of a tin box made to fit accurately to the face by means of an air-cushion around its edges, which can be re-inflated whenever the inhaler ceases to make a perfect fit. There is a wire cage containing a sponge upon which the anæsthetic is dropped or poured, and through which all air must pass to get to the patient. But any ordinary inhaler would do, and indeed in obstetric practice I prefer a handkerchief, which is less apt to alarm the patient whom I tell to moisten it with the A. C. E. mixture from time to time. In the intervals between

the pains I tell her to keep it folded up tight in her hands. I do not consider it necessary nor advisable to render the patient completely unconscious. I prefer to content myself with merely dulling the pain until the head is coming through the vulva, when I allow her to take enough to put her completely under its influence. It must be remembered that the barometric pressure and the hygrometricity or moisture of the atmosphere makes a great difference in the amount of vapor given off from any volatile liquid. So that it is necessary to give the patient more air on a fine dry day than in dull wet weather. In fact, air is a thing that no anæsthetic or other vapor can for more than a minute or two replace with safety, and I can see no reason or right in crowding the anæsthetic into a struggling patient. If we want to produce anæsthesia by asphyxia we need not use ether or chloroform; simple nitrogen will do equally well.

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To sum up : 1. It is an effective general anæsthetic, producing as deep insensibility as chloroform.

2. Its action is rather more rapid than chloroform, but to develop its effects more of it is required, the proportion being about as 6 is to 4.

3. It produces a less prolonged second degree of narcotism than other anæsthetics.

4. When its effects are fully developed the narcotism is very prolonged and is reproduced with great ease.

5. Its influence on the nervous centres is more uniform, and it creates little if any disturbances or break of action between the respiratory and circulatory functions.

6. The final escape from the organism is rapid, so that the symptoms of recovery are sudden.

7. In some cases, but very rarely, it produces vomiting.

8. When it kills it destroys by equally paralyzing the respiratory and circulatory mechanism.

I feel sure that if any of you who have not tried it will give the A. C. E. mixture a fair trial you will not fail to be pleased with it. All those who have tried it have expressed their complete satisfaction with it, while for my own part, especially in my obstetric practice, I am simply enthusiastic.

## Progress of Science.

### A YEAR'S EXPERIENCE IN TRACHEOTOMY.

George M. Gay, M. D., writes, in the *Boston Medical and Surgical Journal*: During the year 1883 I performed tracheotomy twenty-one times for croup. Eleven patients recovered. All but one, a fatal case, were treated in the City Hospital. The cases were not selected, every one coming under our charge being operated upon if requiring it.

Many of the patients had diphtheritic croup, a few membranous, and, occasionally, it was not easy to make an exact diagnosis. Cases presenting enlarged glands and a nasal discharge early in the disease were undoubtedly diphtheritic. On the contrary, cases beginning as an ordinary cold, with no membrane visible in the fauces, no septic symptoms, but having a severe and constant dyspnoea, were called membranous croup. It is not of the utmost importance that much time be spent in discussing the difference between the two varieties of croup, considering the fact that both are extremely dangerous to life, and that both demand essentially the same treatment. Suffice it to say, that all of the cases presented severe and continued dyspnoea, due to an acute laryngeal obstruction of from one to five days' duration.

One patient was twenty-four years (died); the age of the others varied from eleven months to nine years; a majority were four or five years old. The youngest who recovered was three.

The duration of the diseases at the time of the operation ranged from one to eight days; the dyspnoea from one to five days. As a rule, the shorter the period of obstructed respiration the more favorable the result.

No ether was used in eight cases, and only a few whiffs in the others; merely enough being given to partially control the struggling and fright. Generally, the patient had rallied from the anesthetic before the tube was secured in its place.

Two children died of shock and septicemia a few hours after the operation; the other fatal cases survived from two to five days. None died from hemorrhage. Death resulted from either bronchitis or blood-poisoning. Every case but one derived more or less temporary relief from opening the trachea, and, so far as I know, no life was shortened by the operation. The upper rings of the trachea were usually incised, and also the isthmus of the thyroid, if necessary. In a baby lately operated on at the age of nine months the cricoid cartilage was divided with the result of greatly facilitating the introduction of the tube.

Venous hemorrhage was quite free in many cases, but no trouble was ever experienced from blood getting into the bronchi. By inserting a ten-

culum or hook into the trachea just below the cricoid cartilage and lifting it up the windpipe is under control, and it is not necessary that the rings be exposed before they are divided. At all events I have not found it to be so in many of my later operations. Beginners, however, had better see the rings before they cut them. The tube having been secured by tape, a piece of cotton flannel spread with cosmoline is placed between the plate and the skin to prevent irritation.

*After Treatment*: Milk, ice-cream and beef-tea were the favorite articles of food. Nourishment was also administered by the rectum. Alcohol was never given unless the patient exhibited symptoms of marked exhaustion, when champagne was added to the diet. Several of the successful cases received no liquor during the treatment. Quinine and aromatic spirits of ammonia were given in every instance, while iron and chlorate of potash were not resorted to.

Next to nourishment I consider *steam* to be the most important part of the treatment. It is conducted from the radiator through a rubber tube, and directed upon the neck of the patient. The vapor is warm, moist, and does not condense in sufficient quantity to saturate the clothing. Atomized or medicated liquids are not used at present. Lime-water often produced a disagreeable erythema of the face, and thinking that possible it might act as an irritant to the air passages, pure steam was substituted, and so far it seems to act as favorably as did any of the sprays formerly in vogue.

In all cases the patient received steam half the time, while to the more serious it was constantly supplied. The very great benefit derived from breathing the warm vapors was demonstrated beyond a doubt in many instances. Under its use the secretion would soften, the respiration would become easier, the child would become quiet, and fall asleep. The importance of a constant and generous supply of steam cannot be over-estimated in this affection.

In the favorable cases the tube was worn from six to fifteen days; the average time being nine days and a half. I have found the most satisfactory way of getting rid of the tube to be as follows: At the end of a week, if the respiration is free, the tube is taken out quietly, and the child is let alone. No trials are made to see if he can breathe through his mouth. As the tracheal wound contracts natural breathing through the larynx is gradually restored. With one exception this plan has worked well. In the case of a little girl, after the tube had been taken out, occasional attacks of dyspnoea would come on, which were relieved by the nurse's opening the wound with the dilators, and turning on more steam. The child soon learned to call for this instrument whenever she felt an attack approaching. The use of the tube was not again resorted to, and in a few days the dyspnoea ceased and the patient recovered.

I cannot close this paper without calling attention to the importance of having intelligent, skillful and devoted nurses in charge of these patients. Two sets are necessary, one for the day and another for the night, and they should have received special instruction in taking care of the tube, and also in removing or placing it in an emergency. I cannot but feel that my success during the past year was due in no small measure to the admirable care which the patients received from the nurses of the hospital training.—*Louisville Med. News.*

#### BUTTERMILK IN SICK STOMACH.

Dr. R. J. Peare thus writes in the *Therapeutic Gazette*, April 15, 1885 :

An irritable stomach, it will be admitted, is often a most serious complication in the management of sickness. In occasional cases, of no particular gravity otherwise, oftenest in diseases of children, this difficulty leads to a fatal issue. Buttermilk, so far as I am aware, is an untried remedy in such cases. I have had some experience recently with it, quite satisfactory in a few instances. Four cases of persistent vomiting occurring in succession, intolerant of any other treatment, gave way kindly to this.

Case 1 was that of a child about two years old. The vomiting was unaccompanied by other sickness. The child had not retained anything, fluid or solid, for two days ; the food being almost immediately ejected. I suggested buttermilk in teaspoonful quantities, every ten, then every five minutes, the milk to be quite cold and as fresh as possible. The vomiting did not recur, and in two days the child had changed from a condition of impending death from collapse, to nearly its normal condition. In place of teaspoonful quantities, the stomach soon sustained larger ones, and so on till an ordinary quantity could be taken.

Case 2 was that of a nursing child suffering from a mild derangement of the digestive process, accompanied by fever and persistent vomiting while anything remained in the stomach. The mother's milk was immediately rejected. I again ordered buttermilk, in the same manner as before, much to the surprise of the parents. Next day the father reported that there had been no vomiting from the time this treatment was commenced.

Case 3. This was an adult female. Three weeks before she had been confined, and at this time was suffering from a mild attack of peritonitis, with constipation and nervous troubles. There was constant nausea in this case, even when the stomach was empty—a feature in which it differed from the other three. Buttermilk was cooled with ice, and carefully given in gradually-increasing quantities till it was retained quite well, after other remedies had all failed, and in twelve hours it could be taken freely. The nausea was overcome with more difficulty in this case than in the others.

Case 4 was that of a child one year old and weaned. The mother had been away from home some distance with the child, visiting. While absent, a slight diarrhoea occurred, accompanied by sick stomach. When I saw it the stomach difficulty predominated greatly. Everything given was immediately expelled with force. The mildest remedies were not retained a moment. The stomach was intensely sour, and food taken therein days before was passed from the bowels undigested. Buttermilk, as directed in the other cases, was ordered, with lime-water. The vomiting subsided very quickly, and the stomach could soon tolerate boiled milk thickened with flour. This change became necessary on account of the condition of the bowels, which now became as intolerant of the buttermilk as the stomach had been, the milk passing through immediately after ingestion. After the change of food no passage occurred for twenty-four hours.

Four successful cases will, of course, not establish the value of any remedy, but the recital of them may lead to further trial.

So far as I have observed, buttermilk does not coagulate in the stomach, as does new milk. This is, perhaps, its only advantage over the latter, but one of inestimable value, since the coagulation of new milk casein, so likely to occur, utterly forbids its use in many cases. In the "summer complaints" of children, for instance, buttermilk might be found eminently appropriate.

#### THE TREATMENT OF TAPEWORM.

Dr. James Tyson thus writes in the *Med. News*, March 7, 1885 :

There is, perhaps, no one condition which has brought more opprobrium upon the medical profession and more "grist to the mill" for quacks, than tapeworm, and to our humiliation it must be said that quacks do seem to have more success in getting rid of tapeworm than we do. There are, I think, two reasons why this is so. In the first place, it is certain that they do not use different remedies from those commonly in use by the profession, but they give larger doses. In the second place, they see a large number of cases and develop a sort of speciality, which, like all specialties, produces greater skill in treatment. When I say quacks, I mean more particularly advertisers and those who use secret remedies ; for in their treatment of tapeworm, they undoubtedly use remedies which experience shows to have been useful.

In order that a tapeworm may be successfully treated, it is necessary that it shall have a certain size ; so that if a large part of the worm has been brought away by medicine, it is useless to give anything more until the remaining part increases sufficiently in size.

There are half a dozen remedies for tapeworm, and they are all good. I think that the two best are probably the ethereal extract of male fern and



kooso. Some prefer the first of these, while others prefer the second. In my hands, kooso has been decidedly the most efficient—that is, having failed with everything else, and having succeeded with kooso, it has naturally become the remedy with which I always begin the treatment. It is the dried flowers and immature fruit of the *Brayera anthelmintica*, a tree native to Abyssinia. It is given in the form of a powder, and the only objection to it is its bulkiness. The dose is laid down as a half to one ounce of the powder in half a pint of water. I prefer to give the larger dose, for it is harmless, except in pregnancy, and I am sure that failures are often due to the smallness of the dose administered. Kooso is said to have produced miscarriage; therefore, it should not be given to pregnant women.

Patients require some preparation before any remedy is employed. I always tell them to eat nothing from noon of one day until the next morning, when one ounce of kooso in half a pint of water is directed to be taken. If at the end of six hours no movement of the bowels has taken place, a promptly acting aperient, as a dose of oil, compound jalap powder, or elaterium, is taken, but generally kooso requires no purgative after it. This usually brings away the worm entire. Of course, you are never certain that you have the entire worm until you find the head. At the same time, it does not follow because the head cannot be found, that you have failed to remove it, for it is very small, and may have been lost in the discharges. As I have said, in the *tænia solium* the head is about the size of a small pin's head; in the *medio-canellata*, it is somewhat larger, and in the *bothrioccephalus latus* it is still larger. If the head has not been removed, you may be certain that in a certain length of time the worm will grow out again. This varies from ten to sixteen weeks.

Instead of kooso, the resin which it contains, called *koosin*, may be given; but I have had no experience with it. The dose is 20 to 40 grains enclosed in a wafer.

The next remedy in efficiency is the ethereal extract of the rhizome of *Aspidum filix mas*, whose active principle—an oleo-resin—is extracted by ether. The preparation of the patient is about the same as for kooso. The dose is half a fluid-drachm to a drachm. The larger dose should be given. It is a dark, thick liquid, bitter, slightly acrid and nauseous. Instead of the ethereal extract of male fern, the oil may be given in a gelatine capsule, which is the best vehicle for these unpleasant oils. Six or eight hours later, a dose of purgative medicine should be administered. An important point to be borne in mind is the varying quality of these drugs, and that they deteriorate with age.

The next remedy in order of efficiency is the bark of the root of the pomegranate. This has been given in the shape of a decoction, about two ounces to the pint, and the dose is a pint. Re-

cently there has been introduced an alkaloid obtained from pomegranate, named pelletierine, in honor of the chemist, Pelletier. This is sold in a single dose, the price of which is, I believe, three dollars. When first introduced, it was vaunted as a "sure cure;" but the experience of practitioners in this city has not been uniform, and success has been by no means invariable. Very recently, however, I have known a case to have been successfully treated with pelletierine after all else had failed, including large doses of turpentine, and including pelletierine itself. When successfully used, the dose of pelletierine was given after twenty-four hours' fasting and no preliminary purgation. In fifteen minutes afterwards, one drachm of compound jalap powder was taken. In an hour and fifteen minutes, the entire worm, including the head, was passed. When pelletierine was unsuccessfully used, it was preceded by a day and a half fasting, during which two doses of castor oil were taken.

Kamala, the hairs of the *Rottlera tinctoria*, is said to be very efficient in tapeworm, but I have had no experience with it. It is given in doses of from one to two drachms suspended in syrup, repeated in eight or ten hours if it do not purge. It is purgative, sometimes drastically so. It may also cause nausea and vomiting.

Another remedy, which is an excellent one in this affection, is oil of turpentine. At the same time, it is apt to produce such unpleasant symptoms that it would be the last which I should use. The dose is from an ounce to two ounces mixed with twice that amount of castor oil.

The last remedy which I shall mention is pumpkin-seed. This was used very commonly some twenty years ago. It was the remedy which I always used until frequent failures induced me to give it up. There are two ways in which it may be given. Two ounces of the seeds may be crushed in a mortar with water, then strained, and the emulsion taken fasting, the patient having dieted the previous day. A few hours later, a brisk purge should be taken. Or the seeds may be made into an electuary, which is almost as pleasant as sugar candy, and often is about as effectual.

I should place these different remedies in the order of their efficiency as follows: kooso, male fern, pomegranate and pelletierine, kamala, turpentine, and, lastly, pumpkin-seed. I am inclined, however, to give pelletierine an early trial, in consequence of its recent successful use in the manner referred to.

I have already stated that it is important to know the variety of worm present for the purposes of prognosis and treatment. The easiest of these worms to dislodge is the *bothrioccephalus latus*, because it has neither the hooklets nor the rostellum of the other varieties. The next in ease of removal is the *tænia medio-canellata*, which, although it has the four suckers, lacks the hooklets which give the *tænia solium* its firm anchorage. Of all the forms

of tapeworm, the most difficult to dislodge is, therefore, the *tænia solium*; for it not only has the four suckers, but also the double row of hooklets. I believe, however, that if a more active course of treatment than is usually recommended be pursued, our efforts will be more successful.

### TREATMENT OF CHRONIC ULCERS OF THE LEG.

Every physician and surgeon has his perplexities, in the practice of his profession. I have had many perplexities, but the management of old chronic ulcers, so frequently seen by the surgeon, has been to me one of the most difficult undertakings, until the last five years. Since that time I have adopted a course of treatment quite different from any laid down in our text-books. The plan adopted by me is that of sponge-grafting. The treatment is not original. I saw it mentioned in some medical journal about five years ago. Having had a case of sponge-grafting of a little different nature, it occurred to me that sponge-grafting for the cure of ulcers, and especially of the leg, would be worthy of a trial. About ten years ago I was called to see a young man (a carpenter by trade), who had driven a two-inch chisel into the inner side of his knee, cutting the anastomotic magna artery. The hæmorrhage was very great. Dr. A. A. Shobe, of Jerseyville, Ill., was called at the same time. Upon consultation we agreed to ligate the artery, but upon search for proper instruments for that purpose, we found we did not have them at our immediate command. The bleeding continuing profuse, I tore off a small piece of sponge, and grasping it in a pair of dressing forceps, dipped the sponge into a strong solution of tannic acid and crowded it into the cut. The bleeding stopped. I simply put on a common roller bandage, elevated the limb, and left the patient with instructions to keep quiet. I saw him every day for four days, and everything being all right, I did not remove the sponge.

Dr. Shobe, on the sixth day, insisted on the removal of the sponge. I made the effort at removal, but could only pinch off small pieces with the forceps, and in the pieces extracted I could plainly see the cause of the sponge adhering so firmly—the granulations had sprung up and insinuated themselves into the interstices of the sponge, and, having locked themselves fast into the sponge, when I would pull off a piece I would break off the granulations and cause bleeding. I saw the best thing to be done was to let it alone. My patient was out in about fourteen days on crutches, and in about six weeks was entirely well. The sponge was removed only by absorption.

Now I will describe my treatment for ulcers. The size of the ulcer makes no difference. I first cleanse the ulcer with castile soap suds, then dry it off, and, having previously prepared my sponge, I place it on the ulcer. The next thing to be

done is to place over the sponge a piece of lead-foil sufficiently large to cover the sponge, then, over that, a rubber bandage to hold the sponge and foil down in such a manner as to make equal pressure, but not so tight at the same time as to interfere with the circulation. The bandage and lead-foil must be removed twice a day, for the purpose of dressing the ulcer, being very careful not to lift the sponge out of the ulcer. I generally use for washing and disinfecting, the ulcer and sponge the following: Equal parts of distilled water, glycerine and listerine, or the following: *Aquæ dest.*, glycerini, aa  $\frac{3}{4}$  ij; *acidi carbolici*, 95 per cent., 3 ij. M. I use either of three by means of a small syringe. After dressing the sponge and ulcer in this way, I replace the foil and bandage as before. In a very few days you find the sponge will not fall off so very easily, for the granulations having sprung up and locked themselves into the interstices of the sponge, hold the sponge, fast; at the same time absorption of the sponge is going on. So by the time the ulcer is healed the sponge is absorbed. This gives the doctor no trouble, and the patient can attend to it himself. Rest, at the same time is a very great desideratum, though I have cured many cases where the patient continued to follow his daily avocation. The preparation of the sponge is of great importance. I select a very fine sponge (a surgeon's sponge), wash it clean in distilled water, then immerse it in nitric acid, c. p., for the purpose of cleansing it of all lime or other earthy matter that may be in it. I rinse it through a half-dozen washings of water to get the acid out as nearly as possible; then I immerse it in carbolized water, when it is ready for use. The sponge must be cut a little larger than the ulcer, and very thin. The sponge acts at the same time as a protection to the granulations, and keeps them from being destroyed—*Dr. Du Hadway*, in the *Weekly Med. Rev.*

### SIMULO IN EPILEPSY.

In the first number of *El Boletín Médico*, published at Trujillo, Peru, Dr. Larreay Quezada recommends the treatment of epilepsy by an Indian remedy "simulo," which is the fruit of *Cap-paris Coriacea*, a plant indigenous in Peru. *Melo-charu*, a conserve made from another plant belonging to the same natural order, is also used in epilepsy. Of the powdered simulo, 45 grammes are mixed with 500 grammes of the sweet sacramental wine, and of this a wineglassful is to be taken night and morning. In his own case, this treatment was most successful. As a boy, aged 13, he had fourteen epileptic attacks, preceded by a distinct aura; but under this treatment the fits left him. Since he has been in practice he has employed simulo extensively in epilepsy, hysteria, and other nervous diseases.

## BICHLORIDE OF MERCURY IN DIPHTHERIA AND CROUP.

Dr. William M. Thalon contributes two articles on this subject to the *N. Y. Med. Jour.* Dr. Pepper, of this city, is a great advocate of this treatment. He uses it in large doses, with the following rules to guide him: If the false membrane is increasing, he increases the drug; if it is stationary, he maintains the same dose; if it is decreasing, he diminishes the remedy, and if the membrane has disappeared, he at once stops the bichloride.

He has found it convenient to have two standard formulas, according as he wishes to combine iron with the mercury or not. He generally writes for a three-ounce mixture, with half a grain of the bichloride, so that each teaspoonful contains about one-fortieth of a grain. The following are his prescription models:

Formula 1.—℞. Hydrargyr. bichlor., gr. ss; tinct. ferri. chlor., f. ʒ iij; glycerin., f. ʒ ss; aquæ, q. s. ad. f. ʒ iij. M. Sig. f. ʒ j. as directed, in water. Formula 2.—℞. Hydrargyr. bichlor., gr. ss; vin pepsin., elixir bismuthi, aa ʒ iss. M. Sig. f. ʒ j, as directed, in water.

The second formula is the pleasantest way of prescribing the remedy, and it is the one used by Dr. Pepper.

Practically, he now generally begins with the second formula, and, when convalescence has commenced, resorts to No. 1 to get the benefit of the iron.

He does not attempt to explain the action of the bichloride; but bases his claim that it will give better results than other treatment know at present entirely on clinical evidence. An important point is that the drug should be well diluted, whereby its irritating properties are avoided.—*Med. & Surg. Reporter.*

## ICE TO THE SPINE IN OBSTINATE VOMITING.

Dr. Wm. L. Davies, in the *Mississippi Valley Med. Mo.*, April 10, 1885, says: I was called to a patient, æt. forty-seven, the mother of nine children, suffering from a severe typhoid fever with intractable vomiting, which had persisted for several days. All of the ordinary means failed to control the condition of the stomach, and even pellets of ice were instantly rejected. High temperature characterized the fever, and every effort was made for its reduction, believing that it had much to do with the production of the nausea and vomiting, but the latter prevented the medication indicated for this purpose.

Menstruation had been normal for some time, except the epoch just preceding the attack of fever, which, although the flow made its appearance, was but limited in quantity. From the age of the patient and the number of children she had borne, I was inclined to the belief that the climacteric

was a factor in the gastric derangement. Thinking, therefore, that the vomiting might depend upon reflex disturbance of uterine origin, or ill-defined spinal derangement, I applied ice in considerable quantity to the lowest part of the spine. The vomiting ceased instantly, and a profuse perspiration followed. The use of the ice was persisted in only as the indications appeared to demand it. Taking the hint from this, however, cool sponging was instituted with marked benefit, so that the use of the extreme cold to the spine was only of occasional necessity. With the exception of anodyne injections to produce rest at night, little other treatment was ordered. The subsequent progress of the case was satisfactory, and the ultimate recovery complete in about the average time.

The history of the case since her getting up has not confirmed my conclusions in regard to the menopause.

## DESQUAMATION IN SCARLET FEVER.

Mr. George Smith states in a note in the *Bristol Medico-Chirurgical Journal*, that he has for several years been in the habit of having his patients sponged over the whole surface of their bodies twice a day—commencing, as a rule, about a week from the appearance of the eruption, and continuing the process until desquamation is complete—with a mixture of one ounce of oatmeal to one pint of boiling water. The solution must be made fresh every day, and used tepid, or at such a temperature as may be comfortably borne by the back of the finger. His reason for using this particular form of scalded, not boiled, oatmeal, is that the gluten in it sticks the scales to each other and to the surface of the body, thus allowing their removal, from one sponging to another, without the ordinary risk of infecting either atmosphere or clothes, and greatly lessening the risk of spreading the disease. Secondly, this same gluten fills up the cracks of the new skin and protects it from cold, as, patch after patch, it becomes bare, and thus greatly lessens the risk of the dropsy which often follows this disease.

## HAZELINE IN MENORRHAGIA.

In the *Practitioner*, Aug., 1885, p. 141, Mr. M. Chute describes a valuable remedy for menorrhagia, which is a very frequent ailment in women in Cape Colony. Two drachms of hazeline, given twice or thrice a day, will act so quickly that it is not necessary to anticipate the flow; but when menstruation, after it has lasted the ordinary time, is not closing naturally, hazeline, given as above, will effectually restrain it, and after hæmorrhage has ceased there is no advantage in continuing the drug. Another good result produced by hazeline is, that it relieves the pain of dysmenorrhœa in a very quick and marked manner.—*Phil. Med. and Surg. Rep.*

## THE TREATMENT OF CHRONIC BRIGHT'S DISEASE.

Dr. Dana, of Portland, Me., concludes a carefully-prepared paper (*Boston Medical and Surgical Journal*) with the following practical suggestions :

1. One of the most important indications is to avert or reduce hyperemia and inflammation of the kidneys. With this end in view a uniform and sufficient warmth of the surface of the body should be maintained. In this disease, and also where predisposition to it exists, when the large amount of blood normally present in the cutaneous capillaries is reduced by chilliness of the surface, a corresponding hyperemia of the renal capillaries is very likely to occur. In a case recently under my observation, of the typical parenchymatous nephritis form, the man owned and steadily worked upon a farm located upon a narrow neck of land, projecting out from the Maine coast into the sea, and commonly swept by cold and damp winds, often sudden and severe. Frequently, when covered with profuse perspiration, his skin would become chilled with the wind, and he had himself noticed an apparent connection between these experiences and the development of his trouble. A moderately warm and equable climate is a great advantage. A sufferer from this disease, who is so favorably circumstanced as to be able to avail himself of different climates for different seasons of the year, so that he can have the benefit of free out-of-door life all the year round without risk of becoming chilled, has his chances of prolonged and comparatively comfortable life thereby greatly increased. Woolen undergarments should be worn thick enough to insure warmth without inducing sweating. A flannel night-gown is advisable in cold weather. In acute exacerbations of the disease, attended with increased heat, the patient should be kept in bed, between blankets, for days, or weeks. The importance of maintaining a uniform warmth of skin in this affection does not seem to be fully appreciated by the average practitioner. Local applications to the lumbar regions are useful, such as leeching or cupping, followed by warm fomentations, especially when a sense of heat and heaviness has arisen, with scanty secretion of urine. I have found advantage in large packs. Several thicknesses of towels may be used, large enough to thoroughly envelop the small of the back and come round somewhat freely upon the abdomen. These should be rung out in tepid water, covered with oiled silk or impervious paper, and bound firmly on with a flannel swathe. A small blanket, folded once, may then be wrapped and firmly pinned round the body below the waist. These, having been worn for the night, are removed in the morning, the skin is sponged with cold water, and rubbed dry, and a flannel swathe is worn for the day. Mild diluent diuretics are sometimes called for.

2. A second indication is to unload the obstructed uriniferous tubules of their accumulations.

The thrown-off and altered epithelial cells, transuded fibrines, extravasated corpuscles, and fatty debris, sometimes in the form of casts, frequently occlude the tubules, and add to the existing disability of the kidneys. Simple diluents and mild diuretics are then needed, such as cream-of-tartar water, and pure natural waters like the Poland spring water. They should be drunk freely, and, by preference, on an empty stomach, so as to be quickly absorbed and passed off through the kidneys.

3. A third indication is to build up the blood and promote nutrition. Whether, or not, the blood is ever the starting-point of the morbid process in the system it is certainly true that the peculiar anemic look of the patient is often the first thing that arouses in the mind of the physician a suspicion of the true nature of the disease, while, in the advanced stage, the blood is constantly found impoverished and deprived to the last degree, and utterly unfit to maintain healthy nutrition. Of the large class of building-up remedies I will mention, as specially useful, the *mistura ferri et ammonii acetatis*, cod-liver oil, and malt. Judicious and persistent use must be made of this class of remedies.

4. A fourth indication is to improve the condition of the nerve centers. The importance of this indication is specially plain in the cirrhotic form of the disease occurring in painters and others who have been exposed to poisoning by lead. Here the iodide of potassium, the dose of ten to twenty grains, conveniently administered in half a tumblerful of Vichy water, may be given three times a day for long periods of time, with markedly good results. The same method is applicable to cases of syphilitic origin, or occurring in systems specifically infected. In such cases the corrosive chloride of mercury in small doses may be substituted for the iodide of potassium for the period of a few weeks, from time to time, with advantage. In some of the cirrhotic cases of unknown origin, I have found great benefit from the use of the chloride of gold and sodium, as suggested by Bartholow, in the average dose of the twelfth of a grain in pill form, after each meal. I have seen periods of marked improvement of general condition and special relief of distressing nervous symptoms follow its use. Arsenic, in small doses, and the hypophosphites are sometimes useful.

5. The fifth indication is to promote the elimination of urea from the blood. In order to appreciate the importance of this indication we have only to remember that uremia constitutes the chief danger of the disease, a fatal apoplectic seizure being occasionally its first revelation; or, to call to mind the fearful sufferings of the paroxysms of uremic dyspnea, uremic headaches, and uremic convulsions. Here we must mainly rely upon vicarious evacuations by the skin and bowels, and I believe that sudorifics are the most valuable class of remedies. Profuse diaphoresis may be induced by hot air and hot vapor-baths, and by

the internal administration of various drugs, of which jaborandi is by far the most valuable as an eliminator of urea from the blood. But the means which I have found at once the most efficacious and convenient is the hypodermic injection of pilocarpine. I have resorted to this method many times with the best results. The dose used is generally a quarter of a grain, the patient being in bed between blankets, and I usually find the entire surface of the body covered with a profuse sweat within the space of five minutes. When the process of diaphoresis is over, the skin may be wiped dry, and fresh clothes put on. The amount of the secretion is enormous, and the elimination of urea has been shown to be large. Great relief of the uremic symptoms is often obtained by the daily use of this method for a series of weeks. I have seen, in a case still fresh in my mind, headache, dizziness, dyspnea, unrest, marked impairment of vision, and heart irritability so largely and rapidly subside as to raise a doubt in the minds of friends, and even of the attending physician, as to the correctness of a diagnosis, unhappily confirmed by the later history of the case, and at last by the autopsy. I recommend the plan to my professional brethren, cautioning them to be sure to get an article of good quality.

6. A sixth indication is to evacuate dropsical accumulations. For this purpose mechanical methods are sometimes useful, such as acupuncture of the legs, prepuce, labia, etc., or a short incision over one of the malleoli. Tapping of the abdomen is generally to be avoided in renal dropsy. Erysipelas is specially liable to follow operative methods in this form of dropsy. Hydragogue cathartics, which are often so well borne, and so satisfactory in results in cardiac dropsy, are neither so safe nor so useful in the dropsy of Bright's disease. Sometimes, however, resort must be had to elaterium in suitable doses and combinations. Sometimes making temporary use of the remaining powers of the kidneys, diuretics may be given, especially the infusion of digitalis with the iodide of potassium or cream of tartar. But I believe that in this disease, not only for the elimination of urea but also for the evacuation of dropsical accumulations, the hypodermic use of pilocarpine is not only one of the safest, but also one of the most effective measures at our command. It is a good plan to alternate the various methods laying the burden of vicarious service alternately upon the different organs. The Basham's mixture, above mentioned, besides being useful as a blood estorer, often acts as a gentle tonic-diuretic.

7. A seventh indication is to sustain the heart. It has been shown by Johnston and others that in the inflammatory forms of the disease the walls of the small arteries and capillaries are very constantly thickened, and their caliber diminished. Indeed, it has even been proposed to call the disease an "arteriocalillary fibrosis." Associated with this vascular affection, if not indeed caused by it, is found hypertrophy of the left ventricle of

the heart, which very generally at last undergoes fatty degeneration and dilatation. It is, therefore, a matter of great importance to save the heart, if possible, from all strain. No over-exertion of the body or mind should be allowed. Excitements of all kinds should be avoided, and tranquility of mind should be promoted. Digitalis and strychnine are perhaps the two drugs most used, from time to time, to strengthen the heart's action.

8. My last indication is to palliate the suffering of this distressing disease. The methods for this are in large measure involved, and have been mentioned under other heads. As much of the distress doubtless arises from uræmia, so the most lasting relief is that which comes from the elimination of the urea. I will mention a few items here. In the fits of dyspnea prompt relief is sometimes obtained from the hypodermic injection of the quarter of a grain of morphia with the hundred and twentieth of a grain of atropine. The nitrite of amy<sup>l</sup> quickly affords relief in some cases, a few drops being put upon a handkerchief and held to the nose. The same use of morphia and atropine is often useful in convulsions, restlessness, and general nervous disturbance of the advanced stages of the disease. For the headache and dizziness a scruple of bromide of sodium in a teaspoonful of syrup of lactophosphate of calcium may be given three times a day, and for the insomnia thirty grains of bromide of potassium, with seven or eight grains of chloral at bedtime. For the uremic coma I have found the hypodermic use of pilocarpine by far the most effective remedy.

For diet, as a rule, any articles of plain and simply cooked food may be allowed which the appetite inclines to and the stomach is able easily to dispose of. In some cases advantage is found in restricted diet of milk, skim-milk or butter-milk.

Finally, while chronic Bright's disease is, at least, very generally fatal, yet the fatal issue is not necessarily a speedy one, and years of comparative comfort and effectiveness may sometimes be added to valuable lives by constant watching and judicious treatment.

#### GONORRHOEA EASILY CURED.

Dr. Z. T. Dellenbaugh (*Coll. and Clin. Record*): In cases of acute gonorrhœa I have, for eight or ten years, used carbonate of lithia to alkalinize the urine; and find the five-grain compressed tablets, one taken three times daily, very convenient, fulfilling every indication better than any other salt. I now rarely find it necessary to give any other remedy internally.

Should the case fail to respond to the following injection, and not show marked improvement in two or three days, two sandal wood oil capsules may be given three times daily for three or four days. The injection I have used in acute and sub-acute gonorrhœa for more than a year, with the most gratifying results, especially to the patients, who have recovered in from two to seven

days, and paid me from one to three visits, is the following: B. Resorcin, 3 j; acid. boracic, gr. xx; zinci acetatis, gr.  $\frac{1}{4}$ - $\frac{1}{2}$ ; aqua distillat., f $\bar{z}$  iv. M. Of this solution two teaspoonfuls are injected three times daily. The germicides, resorcine and boracic acid, are so slightly astringent that it requires the additional zinc salt to restore capillary tonicity. This injection is quite, or nearly, painless.

In the treatment of the later stage of sub-acute and chronic gonorrhœa, without stricture or granuloma as a complicating factor, I have had the happiest results follow the use of the following injection: B. Hydrargyri chloridi corrosivi, gr.  $\frac{1}{4}$ -ss; zinci chloridi, gr. ss-j; aqua distillat., f $\bar{z}$  viij. M. Sig.—A tablespoonful to be injected well down the urethra, three times daily.

Corrosive sublimate injections are by no means a recent addition to the list. The rationale of their use, however, is recent. As in this injection for acute cases, the germicidal constituent must be so sparingly used (otherwise it produces great pain and reactive inflammation), that I find it very advisable to combine a more astringent salt, and the chloride of zinc is the one I have selected, for obvious reasons. Without doubt, a mild injection of corrosive sublimate is destined to be the injection for sub-acute and chronic gonorrhœa.—*American Medical Digest.*

#### TURPENTINE IN SKIN DISEASES.

The internal administration of this drug in skin diseases has not been very often recommended, hence it is well that we should know that Dr. H. Radcliffe Crocker (*Practitioner*, March, 1885,) considers that in the turpentine we have remedies that, while not "perfect cures," yet reduce the hyperæmia and place the patient so far on the way to recovery that a short supplementary local treatment easily removes the remains of the lesion.

He has used it in psoriasis, and in eczema. The dose of the oil is from fifteen to thirty minims in emulsion of acacia thrice daily.

For eczema, he restricts its use to those cases in which no defect in the general health can be detected—a small proportion of cases undoubtedly compared to psoriasis, which Hebra called "a disease of the healthy"—but it is just these uncomplicated cases that puzzle us as to what line of treatment is most likely to prove successful, and he thinks turpentine will help us out of the difficulty. With regard to other diseases of the skin, the evidence he can offer at present is only fragmentary, but that is favorable so far as it goes. In a case of pityriasis rubra, Chian turpentine was given in five, increasing to fifteen grain doses, three times a day, and the skin distinctly improved; but the patient, as so often happens in these cases, became so adynamic, not from the drug, but from the natural course of the disease, that other treatment had to be resorted to. Turpentine is a well-known remedy

for purpura, but he has no new facts to offer on this point.

The cases in which turpentine is contra-indicated are, in his opinion, the following: children under five years old; all who have unsound kidneys, or irritable bladders; most cases in which dyspepsia is present, though in some instances it can be tolerated even then; and gouty subjects, whose powers of elimination are seldom good.—*Phil. Med. and Surg. Reporter.*

#### OPIUM IN HÆMOPTYSIS.

A writer in the *Physician and Surgeon* says: "Although a multitude of drugs are recommended, and not a few almost regarded as specifics, it must be admitted that the profession has at command but a few preparations that have unquestioned influence to control pulmonary bleeding. Ergotine and the fluid extract of ergot have been mentioned; oil of turpentine given by mouth or rectum exhibits positive action in hæmoptysis of phthisis. But it cannot be too forcibly urged that the most important condition requiring treatment is the terror manifested by the patient, so alarming and distressing to the friends, which in turn tends to further alarm the patient. The administration of opium in some of its forms is clearly indicated to calm the excited brain and reduce the throbbing heart. Give it hypodermically, that its physical effects may be quickly produced. The result is magical. The patient's actions and countenance are speedily calmed, the bleeding stops, the much-needed refreshing sleep is obtained, and the over-estimated danger is averted."

#### TREATMENT OF ANGINA PECTORIS BY THE IODIDE OF SODIUM.

Angina pectoris, since the days of Gintrac and Lancereaux, has been considered as a cardiac neurosis. Although in many cases a diseased condition of the coronary arteries and the aorta has been found, still the symptoms have been ascribed to a nerve disturbance dependent more or less on the innervation of the heart muscle or upon some degenerative change of the nerve fibres. M. Henry Huchard, from a study of twenty-five post-mortem examinations made at "Hopital Vichart," objects to this view and ascribes the symptoms directly to degenerative changes with obstruction of the coronary arteries. He claims that true angina pectoris is the result of a disease of the arteries and not of the nervous system.

In accordance with this theory he advises remedies which have an effect upon the arterial system. The iodide of sodium is especially recommended given in doses of sixteen to thirty grains daily. He continues this medication during months, and even years, and claims to have given complete relief and to have produced a cure of this dreaded disease in many cases. He thinks that the iodide of sodium probably acts by lower-

ing the blood tension, relieving the walls of the artery and favoring the disappearance of the pathologic exudation. For the relief of the paroxysm he recommends the inhalation of the nitrite of amyl in four to six drop doses.

Although true angina pectoris had been assumed to be a neurosis, the remedies which have been most successfully employed have been those acting upon the arterial system. Occurring as it does at the ages when degenerative changes in the arteries are found and in subjects of such degeneration, it would seem that the theory advanced by Huchard should be carefully considered. That it is generally accompanied by high arterial tension has been already recognized, and the drugs have been most successfully used which reduced this tension. Dr. Lauder Brunton has long since recommended the nitrite of amyl in reducing blood pressure, and we are indebted to Dr. Murrell for our knowledge of the value of nitro-glycerine as a remedy producing the same result. Both remedies have been successfully employed in relieving attacks of angina pectoris, but neither has been able to effect a permanent cure.

That the iodides from their well-known action of lowering the blood-pressure and at the same time favoring the disappearance of pathological exudations may exert a healthy action in the earlier stages cannot be denied, but in cases connected with well developed atheroma more evidence is needed before it can be positively accepted.—*St. Louis Courier of Med.*

#### THE TREATMENT OF CORPULENCE ON PHYSIOLOGICAL PRINCIPLES.

As analyzed by the *Birmingham Medical Review (Detroit Lancet)* Ebstein, in his work on corpulence, gives some practical points for the reduction of obesity.

According to him, fattening is strictly analogous to the fattening of cattle, and depends on overfeeding. He, however, disputes the current view that fat makes fat; on the contrary, he thinks fatty food protects the albumen and prevents its forming fat. His plan of treatment, therefore, consists in moderating the quantity of food, and, while cutting off all vegetable carbo-hydrates, sugar, starch, etc., allowing a moderate quantity of fat, two or three ounces daily, to be taken. He also suggests that the diet should be monotonous, greasy, and succulent, so as to cause satiety rapidly. He disallows beer, but permits light wines.

The plan advocated appears rational, and is free from the objection of Banting's method, which is too much like starvation. The following is the diet used successfully by Ebstein in one of his cases:

Breakfast.—One large cup of black tea—about half a pint—without sugar; two ounces of white-bread or brown bread, toasted, with plenty of butter.

Dinner.—Soup, often with marrow, from four to six and one-half ounces of roast or boiled meat, vegetables in moderation, leguminous preferably, and cabbages. Turnips were almost, and potatoes altogether, excluded. After dinner a little fresh fruit. For second course, a salad, or stewed fruit without sugar. Two or three glasses of light wine, and immediately after dinner a large cup of tea, without milk or sugar.

Supper.—A large cup of black tea, as before. An egg, a little fat roast meat, or both, or some ham with its fat, bologna sausage, bread well buttered, occasionally a small quantity of cheese, and some fresh fruit.

On this diet the patient lost twenty pounds in six months.

Ebstein insists on the necessity of always keeping to the restricted diet if the tendency to corpulence is to be successfully combated.

#### GLYCERINE IN GASTRIC DISTURBANCES.

BY C. C. P. SILVA, M.D.

Glycerine, by virtue of its soothing effects on the internal integument, and also by its anti-acid and antiseptic properties, is an agent of the highest value in the therapeutics of some gastric affections.

When, through some cause, either owing to the digestive apparatus, or to the ingesta, the digestion becomes painful, tardy, laborious, and imperfect, there is always present in the cavity of the stomach or that of the intestines, a more or less developed fermentation with the necessary consequence, accumulation of gas, acid or otherwise.

This, which takes place in the adult very frequently, owing to the bad habit, principally among business men, to admit into the stomach aliments improperly masticated, happens with the infant still oftener, because of greediness on their part, or in consequence of inadequate alimentation or faulty hygienical surroundings. In glycerine we find a very useful medicament to inhibit fermentation, generation of gas and also to soothe the irritability of the gastro-intestinal mucous surfaces. This, of course, is only a palliative treatment, but not in the least to be neglected, for it relieves immense suffering, meanwhile, we correct the primitive cause of the dyspeptic or apeptic disturbance, by slow and perfect mastication of all ingesta, discarding of any aliment which experience (personal or otherwise) shows to disagree, regularity in taking meals and adaptability in its quantity and quality, to the requirements of the organism, in general, and of the stomach, in particular. The observance of sound hygienical precepts is not a less important factor of success. The dose of glycerine, for adults, is a teaspoonful, in water, before or after meals, and for children, from ten drops to half a teaspoonful, according to age.

### THE THERAPEUTIC VALUE OF ARSENIC IN ANÆMIA AND ATROPHIC CONDITIONS.

Dr. Samuel Wilkes, in the *Lancet*, writes strongly in favor of arsenic in many diseases where skepticism as to its use on the part of a large portion of the profession has generally prevailed. There can be no doubt that many of the cutaneous affections cured by arsenic have a gouty origin, and therefore it is not surprising that the same remedy has a great power in preventing attacks of gout. Then this gouty class of persons are often neuralgic, and it may be in them especially that arsenic is the best nervine remedy. He has found it amongst the most efficacious medicines, and in some cases the only remedy. Thus, before the introduction of nitrite of amy and gionoine for angina pectoris, he relied mainly on arsenic, and in some cases kept off attacks for weeks where they had previously occurred almost daily. But the most remarkable effects of this remedy are seen in anæmia and various forms of cachexia and atrophy. One case which he cites was a lady about forty years of age who was pronounced to be the subject of idiopathic anæmia. Her bloodless and feeble condition compelled her to keep her bed, and it was never believed that she would rise from it again. Arsenic was used, she soon began to improve, and in a few weeks was able to visit her doctor at his house. Her husband was not surprised at the action of the remedy, for, as he said, if he had a horse which was not "thrifty" he gave it arsenic, rendering it again plump and glossy. Another case of the so-called pernicious anæmia was in a gentleman who had gradually grown anæmic and breathless, so as to be unable to leave his house, and he walked with much difficulty. He took five drops of liquor arsenicalis, and in a month he was comparatively well. In most of the cases where arsenic has succeeded, iron had previously failed. It is, however, in wasting and general cachexia that Dr. Wilkes has been the most pleased with its action. He details several cases where there were evidences of extreme wasting and debility, attributable to no special disease, and where arsenic effected cures.

He has never given very large doses, generally four or five drops of the liquors arsenicalis three times a day, or a little more of the soda preparation; nor has he observed any injurious effects from its long use, although, as is known, it becomes absorbed into the system, the urine showing its presence many weeks after its administration has ceased.

An editorial on this article, in the same number of the *Lancet*, considers Dr. Wilkes' testimony as of great value, as coming from one who is far too much imbued with scientific caution to lavish undeserved credit on any pharmacopœial preparation. The testimony of Dr. Wilkes on its efficacy in idiopathic anæmia is borne out by the experience of many physicians; among the most recent being Dr. Warfinge, of Stockholm, who reported several cases of remarkably rapid arrest of the downward progress of the disease, and even of recovery,

under the use of arsenic. All such cases should, however, be subjected to prolonged supervision, as it is notorious that relapses are prone to occur. The same remedy has been also successfully employed in an even more definite cachexia—viz.: Hodgkins' disease, where the administration of arsenic has been supplemented by its injection into the hyperplastic lymphatic glands, with, according to Winiwarter, astonishing results

### BELLADONNA INJECTION FOR GON- ORRHOEA.

Some thirteen years ago, an officer on board one of the vessels of the Indus Steam Flotilla consulted me for a bad gonorrhœa, with intense pain on micturition, and intolerable chordee at night. The case was urgent, and I ordered an injection composed of seven ounces of water, an ounce of mucilage acacia, twenty grains extract of belladonna, and twenty grains of sulphate zinc, a teaspoonful to be injected immediately before and after micturating, and a similar amount the last thing at night; great care to be used in passing the injection fully down as far as the pain is most intense. An ointment of spermæti and mercurial ointment, four drachms each, and ten grains extract belladonna, ten grains powdered opium, as a paste to be smeared along the perineum and around the crura penis at night. Patient left next morning, having had no chordee that night, and the pain of micturition disappeared by using the injection. Within a week there was complete cure. From that time I have had numerous gonorrhœal cases of every type and stage, and without exception with unfailling success. Not long since a shop assistant presented himself with a bad gonorrhœa, high fever, inflamed testicle and chordee at night. With the application of the belladonna and opium ointment the chordee did not appear, and in four days after using the injection the running ceased, but after the first application the pain and running were much lessened. A suspensory bandage was worn, and with the daily use of the mercurial and belladonna and opium ointment the patient was quite well in three weeks. Patients have always started that it is the injection, and not the ointment, which stopped the chordee. I have tried the anodyne treatment in various classes of people, from the dissipated paupers of the Eastern bazaars to the well fed *roue* in the West; in the acute and in the chronic and gleet stages; in first attacks and in those making one of a series; and in cases complicated with inflamed testicles and chordee; and I have no hesitation in saying that I have not witnessed anything to contra-indicate it nor to mitigate its success.—*Medical Press.*

### BOROLYCEIDE IN PSORIASIS.

Dr. Chas. Roberts in an irritable and obstinate case of psoriasis, used boroglyceride locally with very gratifying results, and has since used it in other cases with the same effect.—*Brit. Med. Journal.*



## IODOFORM COLLODION IN NEURALGIAS.

Dr. William Browning, of Brooklyn, in the October number of *The American Journal of the Medical Sciences*, gives his experience with this remedy for external application, together with notes on the preparation itself, and a brief study of its action. The strength usually employed is one part of iodoform to fifteen of collodion. A half-ounce is usually sufficient for any ordinary single application. Dr. Browning has found it most effective when painted on in very thick layers, which may be conveniently done with the usual camel's hair brush. As soon as one coating becomes a little firm another is applied, and so on until it appears to have an average thickness of half a millimetre. In the neuralgic cases as a cure, when effected, was usually accomplished with one or two applications.

The class of troubles found most amenable to this treatment was narrowly localized neuralgias, especially when corresponding to some particular nerve and not dependent on any demonstrable lesion. In fact, if a neuralgia, or what is thought to be one, proves intractable to this means, we should doubt its being a purely functional affection, and look carefully for some tangible cause. It has thus a certain diagnostic, as well as a therapeutic, value. Several times its complete or partial failure has led to a more searching and successful examination. Even in such cases much temporary relief is often afforded.

Supraorbital neuralgias, even of malarial origin, particularly if the miasmatic infection dates back some time, seems quite amenable to this treatment. Of course it is not recommended as a substitute for quinine here, but only as an adjuvant where the latter fails or acts too slowly.

## THE SURGICAL TREATMENT OF GALL STONES.

Mr. Lawson Tait thus writes in the *Lancet*, September 5, 1885:

I have now performed the operation sixteen times, with uniform success, whilst the variations from the proceeding I am about to describe have been disastrous to the extent, in the hands of others between fifty and sixty per cent.

Having felt the position of the hepatic notch, I make an incision from the margin of the ribs over it directly, or almost directly, downwards, cutting carefully through the various textures until I reach the peritoneum. This is carefully seized by two pairs of forceps and pulled backwards, an opening having been made between the two pairs of forceps large enough to introduce my forefinger. With this I search for the gall-bladder; and sometimes I have experienced considerable difficulty in finding it. Generally speaking, the stones can be felt in the bladder before it is opened. In two cases out of the sixteen I have not found any gall-stones; in one case a mistake had been made,

and in the other the disease was in all probability malignant. Having found the gall-bladder, I cautiously bring its fundus towards the wound and seize it by a pair of forceps. If it is distended, it is first of all tapped and emptied; if it is not distended, or if it had been emptied, I lay it open by scissors or forceps to an extent sufficient to get a finger in; the edges of the wound in it are then seized by forceps, and any bleeding points secured. My finger then explores the bladder, and by means of forceps or scoop all the stones within reach are removed. A continuous suture is then applied so as to accurately close the peritoneum by uniting the edges of the wound of the abdominal wall to the edges of the wound of the gall-bladder, the two peritoneal surfaces being carefully adapted to each other. An India-rubber drainage-tube is then placed in the wound, and this is kept in for six or seven days, until it is possible to remove the stitches. If the stitches are removed along with the drainage-tube, the wound speedily heals; and if all the stones have been removed, the patient is already cured. If the wound reopens and bile discharges, or mucus from the gall-bladder, the remaining stone which occludes the passage must be dealt with, either by crushing from the outside of the duct or in some other way, as circumstances or the ingenuity of the operator may suggest. I certainly vouch for this that, so far as my cases have gone, it is not known that they have any tendency to the reproduction of the gall stones. Certainly they have not given any indication of it so far. I would point out that even if this did happen, an incision through the skin, probably only half an inch deep over the site of the old scar, would reach the gall-bladder without opening the peritoneum at all, and any reaccumulation of gall stones might be removed without the slightest difficulty or danger. I need not point out that in the event of the operation being performed which is suggested—namely, cholecystectomy—after an accumulation occurred in a case of numerous gall-stones, as actually did occur to myself where a small gall-stone lodged beyond the junction of the hepatic and cystic ducts, the operation in which the gall-bladder was removed would be, of necessity, fatal, because all the secretion of bile would find its way into the peritoneum. The detailed results of this operation of cholecystectomy have not been published, and what I know of them is only by hearsay, but I have a strong suspicion that the deaths in two of the cases are to be attributed absolutely to this cause. At any rate, the mortality of cholecystectomy is fifty per cent.; the mortality of cholecystotomy has not yet appeared.

## USEFUL INHALANT.

At the Throat Hospital, London, the following is much used as an inhalant: Oil of Scotch pine (fir), 2 fluid drachms; carbonate of magnesia, 1 drachm; water, sufficient to make 3 ounces. A teaspoonful is put in 1 pint of water at 150° F., and used at each inhalation.

## THE USE OF CARBONATE OF AMMONIA IN CEREBRAL HEMORRHAGE, THROMBOSIS, AND EMBOLISM.

Dr. R. C. Van Wyck thus concludes an article in *Gaillard's Medical Journal* for August:

The advantages I claim for the carbonates of ammonia in the treatment of cerebral hemorrhage, thrombosis, and embolism are as follows:

1. As a diffusible stimulant to the general circulation, relieving the anæmia which is present in the brain, increasing the cutaneous circulation, and inducing perspiration—relieving in this way intercranial pressure.

2. By its direct action in dissolving the clot. The only agents which possess this property are the alkalies, and the most effective of these is ammonia.

3. In œdema and congestion of the lungs, so often seen in apoplexy, the use of this salt will often relieve the existing condition, partly by its stimulating action on the terminal capillaries, and also by its expectorant action on the bronchomucous membrane.

4. By keeping up the alkalinity of the blood, and preventing further thrombosis.

I do not claim this drug as a specific, but only an auxiliary to other remedies. In the treatment of a case of cerebral hemorrhage, the following would seem to me the order of treatment:

1. The prodromal symptoms which threaten an attack of apoplexy, by prompt venesection and catharsis.

2. To relieve the period of reaction after paralysis has taken place by arterial sedatives, preferably aconite.

3. To remove the exudation and all retrograde changes in the clot, anæmia, pulmonary congestion, and further thrombosis, by the free use of carbonate of ammonia.

4. To support the system by nourishing yet unstimulating diet, and by the use of medicines which nourish the brain tissue, such as syr. lacto-phosphate of lime, cod-liver oil, and the phosphide of zinc.

5. To increase the muscular development by massage-frictions, electricity, and strychnia.

The carbonate of ammonia should never be given in cerebral hemorrhage until the period of reaction has fully taken place, say from ten days to two weeks.

It should then be given continually for at least a month or more, or until the retrograde changes in the clot are accomplished.

In thrombosis and embolism if the diagnosis can be clearly made it should be given at once.

The dose used was 5 grs. three times daily in 3ss. of the solution liquor ammoniæ acetatis.

There is one class of cases in which the carbonate of ammonia has not acted well in my hands, viz., cerebral hemorrhage associated with interstitial nephritis and hepatitis. In these cases I

have had good results from the phosphate of sodium, 20 to 30 grs. three times daily, in the infusion of dandelion given after meals, and small doses of corrosive sublimate, 1-24 gr. three times daily before each meal. I have sometimes combined it in a pill with digitalis and squill.

## MEMBRANOUS CROUP; DIPHTHERITIC CROUP; TRUE CROUP.

The April number of *The American Journal of the Medical Sciences* contains an elaborate clinical study of true croup, from the pen of Dr. J. Lewis Smith, of New York. He fully considers the etiology, anatomical characters, diagnosis, prognosis and treatment. What ever the cause, the anatomical characters, the clinical history, and the required treatment, are so nearly identical that attempts to differentiate the disease when produced by other agencies than diphtheria from that due to diphtheria, have proved futile and unsatisfactory in localities where diphtheria occurs except in a few instances, as, for example, when croup has been manifestly caused by swallowing or inhaling some irritating agent.

Dr. Smith holds that inflammation of the laryngeal and tracheal surface, whatever its cause, whenever it reaches a certain grade of severity, may be attended by the exudation of fibrin and the formation of a pseudo-membrane; but such a result more frequently occurs in the inflammation caused by diphtheria than in that produced by other agencies. In diphtheria a moderate laryngotracheitis is attended by the pseudo-membranous formation. Dr. Smith's experience leads him to believe that not more than one in eight cases of croup has recovered by medicinal treatment which began in the first week of diphtheria, and in which the symptoms were so pronounced as to indicate more or less laryngeal stenosis. The exudation in the first week of diphtheria, or in its active period, occurs so rapidly, and in such large quantity, that no one of the medicinal agents or modes of treatment, which physicians commonly prescribe, is sufficiently prompt in its action to prevent the formation of the pseudo-membrane to an extent that soon endangers life.

Croup occurring in the second or third week of diphtheria, since it is attended by less abundant and less rapid exudation than when it occurs during the acute stage, can be more successfully treated under the persevering use of solvent inhalations, and a larger proportion than one in eight, perhaps one in three, recovers by the early and continuous or almost continuous use of inhalations.

Still the mortality is so large, and the suffering so great in croup, at whatever stage of diphtheria it occurs, that we cannot rely on the slow action of medicines or inhalations, and surgical treatment is in most instances required to diminish the suffering and afford the best chances for saving life.

Under the head of medicinal treatment, he strongly recommends trypsin as a solvent of false membrane. Of calomel, he says: The experience of many physicians justifies the belief that mercury, and especially calomel, employed within certain limits in the commencement of a pseudo-membranous inflammation does exert some controlling action on this disease. That it did much harm formerly when physicians prescribed it as freely as we now employ potassium chlorate, to the extent in many instances of increasing the cachexia and causing mercurialism should not deter us from its judicious use. In the ordinary form of diphtheria he would not advise the use of calomel, or would limit its employment to one or two doses of six to ten grains in the commencement of the disease in robust cases. But in croup, since the danger is not from the cachexia or blood-poisoning so much as from the laryngeal stenosis, which is apt to develop rapidly, that medicine is indicated, and should be prescribed, which most strongly retards the exudative process, and aids in liquifying and removing the pseudo-membrane, provided that it produce no deleterious effect which renders its use inadmissible. Hence it is proper to prescribe calomel in larger doses and for a longer time in the treatment of croup than in other forms of membranous inflammation, if it fulfil the indication as it seems to in a measure. In his own practice, however, calomel is not prescribed after the first or second day, since Dr. Smith prefers the use of other remedial measures, which are efficient, and are less likely to produce injurious effects. The subject of surgical treatment is also fully discussed, and Dr. Smith holds that we can claim for tracheotomy judiciously performed, and at a sufficiently early stage, the cure of one in every three patients on the average.

### THE RECTUM.

We are glad to see a more or less general disposition to give that patient and long suffering organ, the uterus, a much-needed rest. Attention of late seems concentrating on its next-door neighbor, the rectum.

Many of our exchanges are devoting a large amount of space to a discussion of rectal diseases and normal and abnormal rectal conditions. Rectal reflexes have all of a sudden been found to be of almost universal prevalence. If a lawyer gets the heartburn, or a minister weakens in the preparation of his Sunday sermon, the probability is that there is something wrong with his rectum.

A late number of one of our exchanges contained four articles by as many different writers, besides an editorial, all calling attention to the rectum; and then it was plain to be seen that only the vestibule of the subject had been entered, as it were. A prominent surgeon of this city has not only fringed it, but pocketed it, and, in his enthusiasm, he seems to be conscienceless, and to want

to walk off with the universal rectum without a show of compunction.

Whether the rectum will stand as much steady and unremitting abuse as the uterus has done in the last fifty years, is a question.

It bids fair, however, to be a bigger bonanza to the doctors than ever the womb has been. It appertains to both sexes and all ages. From the great-grandfather to the neonatus, the rectum offers itself for inspection and treatment. And the beauty of it is, it suits all tastes in its tolerance of attention. The surgeon can cut it, tear it, cauterize it; blister and burn it; he can expand it, contract it, pinch it and pucker it; plug it and unplug it. The barber can barber it; the leecher can leech it; even the midwife can anoint it, syringe it and empty it.

The doctor can doctor it in any way he pleases. It takes big doses with composure and little doses with a quick response.

It is susceptible of medication both directly and indirectly, and it is a portion of the economy so universally necessary to the comfort, health and life of every single member of the human family that in its possibilities, there is, so to speak, no end to it.

However it may be treated, whether by expert or neophyte; it is senseless, earless, eyeless. However much the viscus may be damaged, in the course of its experiences, its hapless owner can't see it and be a reliable witness to malpractice in a court of justice. He can't by sight count its scars, measure in inches the depth of his sphinctral misery. Any error in diagnosis or failure in treatment, while necessarily fundamental and possibly serious in its consequences, is easily covered up for, with a little alum or tannin properly applied, so far as giving anything away is concerned, the rectum may be rendered as "tight as a drum."

The failure, should it occur, may be attributed to a "cold," or to some indiscretion in diet, or to atmospheric or telluric disturbances, to all of which the rectum is highly sensitive.

A sudden and unforeseen onset of microbes may upset the calculations and predictions of the most skilful and astute physician and render negative his best endeavors.

To the coming doctor the rectum presents an opening compared to which a malposed womb or dislocated ovary is nothing worth a thought.

In a word, the womb of the future is pregnancy with golden possibilities regarding the rectum.—*The Medical Era.*

### PRESCRIPTION FOR ALOPECIA.

Oil of sweet almonds and stronger liquor of ammonia, of each, 1 ounce; spirit of rosemary, 4 ounces; honey water, 2 ounces. Mix. This lotion is to be rubbed well into the roots of the hair and over the scalp, and the head should afterwards be washed with clear, soft water—rain or distilled water if possible.

## HOW TO DIAGNOSE GONORRHOEA IN THE FEMALE.

The difficulty of differentiating a specific vaginitis from a simple or catarrhal inflammation of the vagina, has probably worried most of our readers. A mistake in diagnosis in these cases is also a matter of very considerable importance. The happiness of a home may hang on the issue. It becomes the physician in such a case to hew the line, let the chips fall where they may; but he must be particularly careful that none of them fall on his own toes. There has, up to the present time, been no pathognomonic sign which might serve as a guide in such a perplexity. At a recent meeting of the Paris Obstetrical and Gynecological Society, however, Martineau suggested one which may answer the purpose. The pus of the specific vaginitis is said to be always acid, while in the simple variety it is alkaline. A little piece of litmus paper, therefore, will tell the story. The importance of this discovery cannot well be over-estimated. Both on account of social and medico-legal reasons, its importance is very great.—*Medical Age.*

## INSTRUCTIONS CONCERNING THE MANAGEMENT OF DIPHTHERIA.

According to the *Journal de Médecine de Paris (Archives of Pediatrics)* the Council of Public Health of Paris offers the following concerning measures which should be taken for the treatment of diphtheria:

**General Instructions.**—Diphtheria is a disease which is markedly contagious. All intercourse of children with diphtheritic patients should be avoided. There is no substance known which will surely prevent diphtheria. It is very important to carefully watch the beginning of every throat trouble. It is necessary to nourish children to the highest available point, especially in time of an epidemic, and not to subject them to the prolonged action of a moist low temperature.

Precautions when diphtheria appears in a family:

1. It is indispensable that every one should be separated from the patient, who is not concerned in caring for him. This applies in particular to the other children.

2. Those who are engaged in caring for the patient must avoid embracing him, inhaling his breath, and being very near him during paroxysms of coughing. If the attendants have any small wounds upon any portion of the body which is liable to come in contact with the patient, they must be particular to keep them well covered with collodion. They should take pains to keep up their nutrition, and go out several times daily into the open air. The hands and face should be frequently washed in a weak solution of boric or thymic acid.

3. The health authorities should be promptly notified at the first appearance of the disease.

Measures of disinfection: 1. Substances which have been expectorated or vomited should be disinfected with a solution consisting of fifty grams of chloride of zinc, or sulphate of copper, to a liter of water. Linen, and all clothing soiled by the patient, should be immediately soaked in one of these solutions, and then placed in boiling water and kept there for at least an hour. All vessels and utensils which have been used about the patient should also be immersed in boiling water, immediately after they have been used.

Whatever be the issue of the disease, the sick-room must be thoroughly disinfected. The operation may be done as follows: All openings into the room having been closed, a pan containing sand may be placed on the floor in the middle of the room; upon this some burning coals may be laid, and upon the coals a quantity of sulphur, varying with the size of the room, may be ignited. (Twenty grams of sulphur to the cubic meter would be sufficient.) The room should remain closed for twenty-four hours, and then it may be freely ventilated. All the clothing, linen, and coverings, which have been used in the sick-room must be thoroughly disinfected with one of the solutions referred to. The mattresses should be opened and left in the room during the process of fumigation.

## REPORT OF A CASE OF NASO-PHARYNGEAL CATARRH.

Mrs. C.—, age 45, presented herself at my office, for treatment for catarrh of naso-pharynx. On examination of anterior nares, the walls of nasal cavities were found almost entirely covered with incrustated secretion. Posterior rhinal examination revealed the same condition, differing in the latter, only the incrustations were thicker and more extensive, from the fact that a more capacious chamber existed for their formation; the incrustations were not observed to extend below the superior margin of vellum; it is needless to state, in this case, the odor was stifling and sufficient to impregnate the air of the room in a very short time. Having removed the incrustations, I found the mucous membrane of the naso-pharynx a deep red or rather a livid hue, with several points of abrasion in the mucous membrane; the tissues, both soft and hard, were atrophied to a great degree; the nasal cavities were increased to three or four times the size of normal lumen; the cavity of the vault of pharynx was immensely enlarged; her health, of course, was much reduced from this exhaustive inflammation, which had continued to a greater or less extent for twenty-five years. She complained of cephalalgia, neuralgia, rheumatism, indigestion, constipation, palpitation, and a number of other minor symptoms or sequences of catarrh. With the existence of these unfavorable conditions, she began treatment.

Through cleansing of the diseased mucous membrane was instituted;— this cleansing was

performed in the mildest manner possible, compatible with entire success in the removal of all secretion. The detergent used was sodium chloride, water and listerine, sprayed by the use of compressed air, rather forcibly, until the crusts were loosened or removed; then mildly until the surface was entirely free of all secretion. In case the tenacious purulent matter cannot be removed by the spray, a bit of absorbent cotton on a probe, gently applied, will accomplish the desired result.

After thorough cleansing, the diseased membrane was covered with a coating of vaseline in which was intimately mixed a little oil eucalyptus and resorcin. This treatment was applied daily for three weeks, then every other day for two weeks, then twice a week for a while, then once a week for some time; during the interval between visits to my office she was instructed to use as a home treatment, daily, the detergent solution, given above and fluid cosmoline. The constitutional treatment consisted of tonics and aperients with corrections in dietetic errors. Under this treatment the patient rapidly improved, and at present writing, which is eighteen months after treatment began, her breath is inoffensive, hard crusts have ceased to form, and the mucous membrane has become notably thicker; though not perfectly well, the case has been improved, her general health greatly restored, and she is able to take her place in society from which she was ostracised. In conclusion, we wish to state that the above is one of those cases which are generally regarded as incurable, and doubtless an absolute cure is impossible, but the degree of palliation and improvement is so great that it is well worth the treatment.—*N. R. Gordon, M.D., Springfield, Ill.*

### INCONTINENCE OF URINE IN CHILDREN.

The *Medical World* thus abstracts Eustace Smith:

"Of medicines which diminish irritability, belladonna takes the first place, but it is important to be aware that this remedy, to be effectual, must be given in full doses. Children have a very remarkable tolerance for belladonna, and will often take it in surprising quantities before any of the physiological effects of the drug can be produced. In obstinate cases of enuresis the medicine should be pushed so as to produce dilatation of the pupils, with slight dryness of the throat. In children of four or five years of age, it is best to begin with twenty-five or thirty drops of the tincture of belladonna, given three times in the day, and to increase the dose by five drops every second or third day, of course watching the effect. Ergot is another remedy which is often very successful. For a child of the same age, twenty drops of the fluid extract may be given several times in the day.

Bromide of potassium, benzoic acid (dose five to ten grains) and benzoate of ammonia, digitalis,

borax, cantharides, camphor and chloral have all been recommended as specifics in this complaint. Sometimes a combination of several drugs seems to be more effectual than one given alone. I have lately cured a little girl, aged four years, who had resisted all other treatment, with the following draught given three times in the day:

R Tinct. belladonna,..... gtts. j,  
Potas. brom.,..... grs. x,  
Infus. digitalis,..... ʒ ij,  
Aquam ad..... ʒ ss.  
M. Ft haustus.

When the incontinence continues in the day as well as at night, strychnia should be combined with the sedative, so as to give tone to the feeble sphincter. In these cases, too, cauterization of the neck of the bladder, with a strong solution of the nitrate of silver (ʒj—ʒ j. to the ounce of water) has been found successful."

### PILOCARPINE IN CROUP.

By John H. Ownings, M.D., of Deer Lodge, Mont.

December 16, 1883, I was called at 4 p. m. to see Lauretta, age 4 years, daughter of J. McA. On arriving found pulse quickened, hoarse whispering voice, short ringing metallic cough, and stridulous respiration. Upon examination of fauces, found a fibrinous patch on the right tonsil about the size of a large grain of wheat. Respiration 36. Tongue moist, but covered with a yellowish white fur. I learned that she had awakened about 2 a. m. with croup coughs and that she had had an attack of croup one week before, which had been relieved by vomiting with syrup ipecac and lobelia, but had had no return of the trouble until this a. m. Cave turpeth mineral, gr. 3, and after vomiting freely ordered calomel, ½ gr.; pulv. ipecac, ¼ gr., to be given every hour, with hot fomentations to neck.

9 p. m. Patient much the same. Gave pulv. alum, 1 dr., which was followed by copious vomiting. Hot fomentations and muriate and ipecac continued, promising to call in morning.

7 a. m., 17th. Patient growing worse. Rough hissing or crowing sound both on inspiration and expiration.

Gave turpeth mineral, gr. 5, and ordered tr. verat. viride in ½ drop doses with potassium bromide, gr. 10, every hour, hot fomentations continued, muriate and ipecac discontinued.

11 a. m. No perceptible change.

4 p. m. Stridulous respiration, increasing loss of voice. Gave turpeth mineral, 5 grs., which was followed by scanty emesis. Ordered patient to be kept enveloped in steam from slacking lime, and to give:

R. Tr. eucalyptus, ʒ v.  
Mur. pilocarpine, gr. ½  
Vin. pepsin, ʒ j.  
Syrup tolut. q.s. ad ʒ iv.

Sig.—Give a teaspoonful every half-hour.

8 p. m. Called Dr. M. in consultation, for the purpose of performing tracheotomy. Breathing somewhat easier. Gave 3 grs. turpeth mineral, which was followed by vomiting of a large quantity of mucus with shreds of fibrinous membrane. Ordered treatment continued, promising to return in a few hours.

2 a. m., 18th. Breathing great deal better. During last act of vomiting a large quantity of membrane came away, and is now expectorating a good deal of tough, yellowish fibrin, with frothy sputa.

6 a. m. Crowing cough gone, breathing easy, has been taking beef tea and wine. Ordered eucalyptus and pilocarpin to be given every hour, with generous doses of wine and beef tea.

4 p. m. Patient still improving: breathing natural.

19th, 10 a. m. Patient quite bright: has taken some solid food; cannot speak out loud; has had action of bowels, but urine very scanty. Ordered nitre, juniper, and digitalis, and the eucalyptus and pilocarpin stopped.

21st. Patient convalescent, and visits discontinued.

26th, 2 p. m. Called again to see this little patient, and found a return of disease, with all its horrors. Resumed eucalyptus and pilocarpin, giving it every hour, and directed that three grains turpeth mineral be given every four hours, with lime steam and hot fomentations.

9 p. m. With every act of vomiting shreds of membrane are given off, tinged with blood.

27th, 9 a. m. Patient better. Treatment continued, lengthening the interval between the doses of eucalyptus and pilocarpin to two hours.

28th. Patient still improving. Eucalyptus mixture every four hours, and the diuretic given three times a day.

30th. Patient convalescent.

Since the date of the foregoing case I have had three others, and treated them the same. Two recovered, one died; the latter, some twelve miles from town, I visited twice, and in view of the poor nursing the child received, do not think the treatment had a fair chance.

I have also used the eucalyptus and pilocarpin in fifteen cases of diphtheria, with only two deaths. Tincture iron and quinine, with whisky, were given freely, but I am inclined to think that to eucalyptus and pilocarpin I owe my success in this disease. I have used pilocarpin freely in follicular tonsillitis with the best of results, and mention these facts for the purpose of calling the attention of the profession to them, believing that, if properly used, they will not disappoint.

Dr. T. Gaillard Thomas gives it as his opinion that the diagnosis of pregnancy at any time less than three months from its inception is an impossibility, and insists that this fact remembered in examining a woman whose menses have stopped, would guard the physician against error.

## THE CONTAGIOUS SKIN DISEASES.

Dr. Arthur Van Harlingen very particularly remarks, in the *Polyclinic*, that one of the first questions which occurs in the study of skin diseases, and usually the first one which the patient puts to the physician is, "is this disease contagious?" It is a question that ought to be answered at once, and as the number of the contagious skin troubles is small, they ought to be thoroughly studied in order that the patient may be given the proper answer to his question unhesitatingly. The dermatic affections which are contagious are all of the syphila-dermata, although to a greater or lesser degree. Then we have scabies, the various forms of pediculosis, ringworms, parasitic sycosis, favus, linea versicolor, impetigo contagiosa, molluscum epitheliale (*m. contagiosum*), and some of the rarer troubles, such as farcy. If, as is asserted by a number of good authorities, lupus, lepra and other affections depend upon specific bacilli they are, to a greater or lesser degree, contagious also, and might be included in such a list. The supposition of such a quality at all events would do no more than diminish the danger of such an accident occurring, and could do no possible harm.—*St. Louis Med. Jour.*

## NITRO-GLYCERINE, NITRITE OF AMYL AND NITRITE OF SODIUM IN CARDIAC AND RENAL DISEASES.

Nitro-glycerine and nitrite of amyl have for some time been extolled in the treatment of mitral and aortic diseases, and also in granulated kidney. In a great number of cases these agents act very efficiently, relieving and dispelling some of the most alarming and conspicuous symptoms, such as chæmicranca, the array of phenomena which characterize a paroxysm of angina pectoris, and also many of the phenomena which indicated the presence of uremic poison. As these affections are manifested by more or less cardiac weakness and high arterial tension, the *modus operandi* of these medicaments consists in energising the heart's action and lowering the blood-pressure, this wise relieving anæmia and venous stasis, aiding, thereby, the elimination of effete matter through the renal excretions.

Nitro-glycerine, which may be administered either in solution one per cent, or in pill form, has the great disadvantage of being uncertain in its action. Sometimes, one single drop or one pill produces very severe phenomena, referable to the head; others, a dose tenfold larger receives no response from the system. Nitrite of amyl possesses not the inconveniences of nitro-glycerine; is of easier and readier administration (from 5 to 10 drops by inhalation), but its action is transient and ephemeral. It is adaptable to cases of great emergency, as the advanced guard of other potent agents, which require longer time to provoke their physiological action.

Nitrite of sodium is calculated to supersede the other medicaments. It is odorless and without

aste, freely soluble in water, and, in the dose of one grain, three times a day, is an efficient medicament, in the same pathologic conditions wherein nitro-glycerine and nitrite of amyl find indications.

Cerebral phenomena and others referable to the nervous system, when induced by this agent, are of a mild and transitory character, and the benefits derived from it are lasting and manifested a few hours after the initial dose, if it meets with a favorable response from the organism.

#### THE TREATMENT OF SICK-HEADACHE.

Dr. W. Gill Wylie (*N. Y. Med. Jour.*), 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.—*Detroit Lancet.*

#### TREATMENT OF ECZEMA.

Henry J. Reynolds, M.D., Prof. of Dermatology in the College of Physicians and Surgeons of Chicago, read a paper on this subject at the Illinois State Medical Society.

Therapeutically speaking, he regards the disease as always either acute, sub-acute, or chronic, regardless of its clinical name or location, and arranges the treatment accordingly. In the acute, as in all other acute inflammations, the great principle necessarily involved is *rest*, which implies not only quietude of the member or part, but *rest from all irritating influences*. Soothing and protecting measures, therefore, are indicated in this stage, among which may be mentioned carron oil, poultices, etc. In the sub-acute as in all other stages and forms, scratching must be strictly prohibited, as it is the most fruitful of all sources of aggravation.

He uses in this and the chronic condition (either of which may at any time develop acute symptoms and require the treatment changed accordingly) pure, impalpably fine boracic acid as a dusting powder; having first gotten rid of crusts and scales by soaking with oil and washing with soap and warm water. In the chronic, however, he uses greater stimulating measures, in the way of green soap frequently rubbed in during washing. He thinks bandaging and strapping advisable whenever practicable, prefers the cotton roller to the rubber, where there is much exudation or maceration of the skin. He has but little faith in the popular skin remedy, arsenic, in this or any other disease; all he knows *positively* of the remedy is that you *can* do harm with it. Chrysarobin, internally, as recommended by Stocquart, he has tried without any benefit.—*St. Louis Med. Jour.*

## THE CANADA MEDICAL RECORD

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MONTREAL, DECEMBER, 1885.

#### THE LATE DR. MARSDEN, QUEBEC.

The sudden and unexpected death of Dr. Marsden, of Quebec, which took place on the morning of the 16th of December, has cast a deep gloom over the city where he has so long resided, and among the profession of the two older Provinces of the Dominion, by whom he was well known and appreciated. Although advanced in years, it seemed to his friends that he preserved the keenness of intellect and activity of body of a man twenty years his junior. For the two months preceding his death Dr. Marsden, once every week, travelled to Montreal to take part in the deliberations of the Provincial Board of Health, of which he was a member. The writer of these lines sat with him on this Board, and when, at the meeting held on the 15th of December he complained to him of feeling so unwell as to be obliged to leave before the sitting was closed, he little thought, as he shook hands with him, that his end was so near. Accompanied by one of his colleagues on the Board, Dr. C. E. Lemieux of Quebec, he took the night train home. During the night he grew rapidly worse, and had it not been for the constant attention of Dr. Lemieux, he would have died before reaching Quebec. He was alive, however, when the train reached there, and very gently removed to his home, where, in the presence of his aged wife, he quietly passed to his rest. The death of Dr. Marsden was a typical close to an active life, and to a certain extent he fell a victim to a cause—that of the public health—to which he devoted a large part of his life. To a person of his years a weekly journey at this season of the year to Montreal was no small undertaking, and it was in consequence of a cold caught in the sleeping car that pulmonic congestion came on and terminated a valuable life.

Dr. Marsden was born at Bolton, Lancashire, England, on February 18th, 1807, and came to

Quebec in 1812, where he has since resided. He was educated at the Royal Grammar School there, and completed his medical education in London and Paris. He had been a medical examiner for more than thirty years, and ranked high as a medical jurist and consulting physician. Before the incorporation of the Quebec Medical School and Laval University, he for many years delivered, with great success, courses of lectures on Anatomy and Physiology, Surgery, Materia Medica and Botany. Dr. Marsden largely contributed to the medical press of the Dominion. From 1827 up to recently his pen has been devoted to science and literature, poetry and prose. In medicine and surgery he has written much for the London *Lancet* and for our Canadian Medical Journals. From 1851 to 1854 Dr. Marsden took a large share in the editorial management of the Quebec *Mercury*, writing on the question of public health and quarantine. He published a complete history of Asiatic Cholera, its etiology and pathology commencing with its outbreak in India in 1817. He was an ex-president of the College of Physicians and Surgeons of the Province of Quebec, of which he was senior Governor. He was also an Honorary Fellow of the Medical Botanical Society of London, a Corresponding Fellow of the Medical Society of London, an Honorary Fellow of the Lyceum of Natural History, and of various other learned bodies and societies, and had the degree of M. A. conferred upon him by Bishop's College, Lennoxville.

He had been President of the Quebec Medical Society and also of the Canadian Medical Association, of which he was one of the principal founders. He was assessor of the College of Physicians and Surgeons at Laval University.

There are few citizens of Quebec who will be more missed than the deceased, as he took a very active interest in all that concerned her welfare for about half a century. Whether in civic affairs, in the affairs of the Church of England, of which he was a devoted member, of our charitable institutions, or those connected with his profession, he was always prominent and zealous. At the time of his death, Dr. Marsden was chairman of the Commission of the Marine Hospital, and he was lately indefatigable in his efforts to prevent the small-pox scourge from visiting that city as he was formerly in his doing his best to quarantine cholera. The life just ended was mainly spent in the prevention and alleviation of the ills of his

fellow-creatures. Ripe in years he descends to the grave, esteemed and regretted by all who enjoyed his acquaintance, leaving the beloved partner of his life for more than fifty years to mourn her irreparable loss; and to her we extend our most heartfelt sympathy and condolence.

#### LOCAL AND GENERAL.

St. Cunegonde still retains the unenviable notoriety that attaches itself to a community careless of small-pox. It remains to be seen whether the Central Board of Health and the Civic Board possess between them sufficient backbone to insist upon proper sanitary measures being carried out. In the meantime it appears strange that such a large force of isolation police should be sent out to assist in barricading the municipality when they were totally unarmed either with the material or legal requirements of offence or defence.

A company of volunteers with loaded rifles are worth ten times their number of special policemen. The average French rough knows from previous experience that it is his special privilege to shower stones, bottles and other description of brickbat upon the policeman's defenceless head, and he is aware, too, that he is pretty sure to escape the punishment that ought to follow such cowardly conduct. If the better portion of this island were not specially interested in rooting out variola from St. Cunegonde the inhabitants of that favored section might have the disease to their heart's content, but, unfortunately, the "sheep" mingle with the "goats," and unwilling victims are the result. In the city proper there is now very little small-pox; it has burned itself and has been vaccinated out of existence.

Apropos of this, an "Anti-Vaccination League" has been started in this city for the purpose of enlightening the public on the dangers of that serious and startling operation. Doubtless if a "Pro-Small-pox Society" were begun it also would receive a certain amount of support. In connection therewith a paper advocating the value of small-pox, and called, "The Weekly Variola," might find favor among the members. Evidence might be found to show that small-pox "clears the blood" of various "humors," and is not that odious affection which some persons imagine it to be. Statistics could be brought forward to show that the healthiest countries are those in which small-pox has raged; the names of eminent scientific and literary men and



women who were fortunate enough to get the beneficent malady might be published in large type, pointing out at the same time what increased vigor each exhibited after recovery; certificates testifying to the better health enjoyed by patients after a couple of months' quiet in St. Camille or St. Saviour's would be forthcoming—in fact, about as many special pleas on the side of universal variolation as are usually adduced to bolster up the worn-out creed of the Anti-vaccinationist. Increased facilities might also be arranged for the successful propagation of this desirable blessing among the rank and file of the Society.

When the supply of pure "picotte" runs low here, resort might be had to inoculation, or a few variolous patients might be "imported" from St. Cunegonde for the exclusive use of those members who were not fortunate enough to have previously contracted the disease. The "League" has been started rather late in the day, for anti-vaccination is fast getting to be a dead issue here, but the "Pro-Smallpox" might still have months of usefulness before it, as there is still a fair percentage of the community who have not yet indulged in the delights of the disease. I am, of course, aware that certain anti-vaccination "martyrs" have been threatened with the law, but if they will only use their influence to have the "League" converted into a "Society" of the kind described above, and will carry out its provisions in detail, although the membership of the Society may in time diminish, from natural causes, yet the *raison d'être* of the League will have departed and legal proceedings may be dispensed with!

To speak seriously for a moment, because the subject is a very serious one, it passes my understanding, first, how men of good judgment in other affairs (and the leaders of this movement are, to my knowledge, men of that stamp) can so contemptuously reject evidence of a kind which has so successfully appealed to minds of all kinds and conditions; and in the second place how, having decided to oppose vaccination, they should attack it at that point where its greatest strength lies, viz., its efficacy and freedom from danger. Something may be said against the expediency of *compulsory* vaccination, but the merest tyro, the most superficial observer of the epidemic just leaving us, must acknowledge the protective value and trifling character of the procedure called vaccination.

Somebody should protest against the Pasteur hydrophobia rage—against the unwise publication of sensational newspaper reports, and against the absurd conclusions arrived at from the inoculations already made by him. Pasteur may be depended upon to tell his own story correctly, but the value of rabious inoculation can only be properly placed when we know (1) how many of Pasteur's patients were bitten by animals suffering from *genuine* rabies. (2) Whether the percentage of recoveries is greater in these instances than in cases where other treatment has been exhibited.

I am inclined to believe that only a very small proportion of patients who take the pilgrimage to Paris for treatment are in any real danger from hydrophobia, and that this sensation, like many another that has in the past agitated the human mind, will in time give way to something newer or more attractive. In the interim everyone will wish that the noble French scientist will be able to add from the rewards of medicine to the lustre which surrounds his successful efforts in other departments of science.

Dr. Chadwick of Boston has given us his experience of "ten cases of pregnancy complicated with fibroids, with remarks." The results are as follows:

Miscarriage.....	1 case
Recovery of mother.....	7 cases
Death of mother.....	2 cases
Living child.....	7 cases
Stillborn child.....	2 cases

He says that intra-uterine disinfectant douches should be begun long before secondary symptoms set in.

P. A. LAVER, M.D.

MONTREAL, Dec. 28, 1885.

#### REVIEWS.

*Lindsay & Blakiston Visiting List for 1886.*

This list, published by P. Blakiston, Son & Co., of Philadelphia, is advertised in our pages. Reference thereto will show the price at which it can be obtained. We still use it and have done so for twenty years, and believe it, take it all in all, to be the best Visiting List issued. If this should be read by any medical man who has not yet adopted the plan of using a Visiting List, we advise him not to delay longer. Its use will save its value ten times over every week of the year.