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CANADA
MEDICAL RECORD

OCTOBER, 1899.

NOTES FROM THE CLINIC OF DR. F. W. CAMPBELL.

MONTREAL GENERAL HOSPITAL.

Headaches of nasal origin generally are present when the person awakens in the morning. Ocular headaches (and oculists claim that 80 per cent. of all headaches are ocular) come on later in the day after using the eyes—particularly much reading.

Painting the cracked nipples of nursing women with the white of an egg or applying a lotion of 20 grains of tannin to an ounce of glycerine (Price's) will often cure them. Both should be applied three or four times a day with a camel's hair pencil (brush).

A condition of general nervousness, sleeplessness, ringing in the ears, vertigo and spinal irritation is frequently due to an excess of uric acid in the blood, and can be often successfully combated by the persistent use of alkalithia.

The vomiting of pregnancy is always annoying, frequently causes marked emaciation, may produce abortion, and at times may place the patient's life in jeopardy. Among the internal remedies are oxalate of cerium (a favorite of the late Sir Jas. Simpson) ingluvin, drop doses of vin ipecac. Massage of the stomach and duodenum night and morning will often relieve. In severe cases, paint the os uteri with a 20-grain solution of nitrate of silver.

Massage of an infant's bowels is most useful in infantile constipation.

All infants up to the age of at least two years ought to

wear a binder of flannel to protect the bowels from the various changes of temperature so frequent in our climate.

Pleurodynia (rheumatism of the chest muscles) is very often relieved by painting them with equal parts of liniment and tincture of iodine. In severe cases I have successfully used the liniment. It is better than mustard, for it cannot be removed when the sharp sting makes its appearance.

A heavily coated (white) tongue with anorexia and general listlessness is nearly always dissipated by two powders, each containing five grains of rhubarb and eight grains of hydrarg. cum. creta, given four hours apart and followed in three hours by a wine glass of either Apenta or Hunyadi Janos water.

Supra-orbital neuralgia is often relieved by 10-grain doses of antikamnia, repeated every 4 hours.

Sulphide of calcium in three-grain doses has proved most successful in the treatment of boils. Locally much relief has followed the application of resinol ointment.

Dilute sulphuric acid in doses of five to eight drops in a tablespoonful of water every hour or two he has found very useful in persistent hiccough.

Before administering ether to patients who have catarrh of the nasal passages he advises to wash these out with an alkaline solution. This clears out the viscid secretion, and, therefore, the breathing is much easier and anesthesia is produced more quickly and with much more facility.

The bumps and bruises to which the majority of children are victims should be treated with fomentations of hot water. If used early there will be little or no swelling.

Intractable cases of sciatica are often greatly benefited by the administration every few hours of one drop of a one per cent. solution of nitro-glycerine in a teaspoonful of water.

Urticaria, especially that form due to the use of fish, lobsters and oysters, is nearly invariably relieved by a full bath of mustard water of the strength of two tablespoonfuls of mustard to an ordinary bath.

Children who are martyrs to hiccough can get much relief by a flannel bandage around the stomach, thus restraining the action of the diaphragm.

A drop or two of a solution of atropine of the strength of four grains to the ounce is recommended by otologists for the earache of children.

Puerperal vomiting is written about lately as being promptly relieved by injecting half a drachm of chloral hydrate into the rectum.

For puritus ani or vulva, dermatologists recommend an ointment of vaseline containing thirty grains of calomel to the ounce.

Persons who are subject to red eyelids should bathe them in water, night and morning, containing about two teaspoonfuls of borax to half a pint.

The excitement and delirium of delirium tremens is nearly always promptly controlled by the hypodermic injection of 1-100 to the 1-50 of a grain of hydrobromate of hyoscine.

A strong and healthy looking man presented himself at the Clinic complaining of a persistent and harassing dry cough, which had lasted over two months in spite of treatment. Dr. Campbell suggested an elongated uvula as a possible cause. On examination the uvula was found fully an inch long, swollen and œdematous and resting on the tongue. A gargle of a drachm of alum to eight of water was ordered. In a week the improvement was marked, and in two weeks the cough had entirely disappeared.

A woman complaining of a sore throat presented herself. Examination revealed right tonsil swollen and red, with three distinct fibrinous exudations, the result of ruptured cellular tissue, a typical case of tonsilitis. Such appearances when viewed and discovered by the laity at once excite the suspicion of diphtheria, with attendant excitement. The diagnosis is readily made between the two diseases. The exudation in tonsilitis is distinctly yellow, while in diphtheria it is of an ash gray color. A gargle of chlorate of potash one drachm, glycerine half an ounce, tincture of muriate of iron two drachms, water eight ounces, was ordered, and in two days the tonsil was clean and the patient rapidly convalescing.

Constipation is a disease very commonly met with among

the frequenters of the Clinic, and the prescribing of oatmeal and such coarse foods to those suffering from it was alluded to. It is usually successful in persons up to sixty years, especially if following out-door employment. If the patient has passed sixty years it was better to avoid it as he has seen cases of very obstinate constipation follow its use. This is due to the muscular coat having lost its resiliancy, and a condition of paresis ensuing.

A refreshing drink for a feverish patient is a tumblerful of cold water containing a teaspoonful of sweet spirits of nitre. A small quantity, say a wine glass, may be given at frequent intervals.

A case of severe hiccough was promptly relieved by a half drachm of pure ether in a wine glass of water. This hint was taken from the British *Medical Journal*, and had been used in a case where all the ordinary therapeutic means had failed.

Ecthol was tried with success in two or three cases of pimples on the face. It was given internally in teaspoonful doses three times a day; also applied locally several times a day, having previously steamed the face.

Resinol ointment is very satisfactory as a rule in pruritus ani and vulvæ.

Progress of Medical Science.

MEDICINE AND NEUROLOGY.

IN CHARGE OF

J. BRADFORD McCONNELL, M.D.

Associate Professor of Medicine and Neurology, and Professor of Clinical Medicine University of Bishop's College; Physician Western Hospital.

CHOICE BETWEEN SEA VOYAGES FROM THE STANDPOINT OF THERAPY.

Weber (*Zeitschr. f. diatet. und physikal Therapie*, 1899, Bd. III., No. 1) divides voyages for restoration of health into seven classes, viz.: Across the Atlantic; to Madeira and the Canaries; to the West Indies; to the temperate or subtropical part of South America; to the Cape of Good Hope; to the East Indies and Far East; and to Australia and New Zealand. He naturally excludes from consideration all localities which are either too cold or too pestilential. Journeys across the Atlantic are too brief, except as a mere change for a hard-working business or professional man.

Trips to the Canaries, etc., while brief, have produced wonderful results in cases of profound mental depression, neurasthenia, and in convalescence from severe affections. The great Humboldt praised Teneriffe as the finest spot in the world for recuperation.

Journeys to the West Indies must be made in the winter, and the Bahamas and Jamaica are the best localities to visit. Weber warns against St. Thomas as unhealthy. The West Indies are adapted only to those invalids who thrive best in a warm, moist climate.

With regard to South America, it is best to go straight to Buenos Ayres or Montevideo, not only because the voyage is longer, but the locality is both cooler and healthier, and it is better from the social standpoint. This trip, including a sojourn after arrival, is especially adapted for phthisis in the second stage.

Personally, Weber likes the trip to Cape Colony better than any other. It takes only six weeks (from London) to make the round trip on the regular packets;

hence it is an ideal short voyage for overwork, convalescence, etc. The consumptive will find many health resorts for a prolonged sojourn. The elevation of the South African plateau is one of the valuable elements in a sojourn in that country, analogous, in fact, to Colorado in the United States.

One objection to the Far East is the necessity of a trip through the Red Sea, with its mean annual temperature of 90°. People who suffer frem winter diseases, such as catarrh, bronchitis and rheumatism, may pass the cold months to advantage by a trip to China and Japan.

As the Cape Colony trip is the ideal for a short voyage, a journey to Australia or New Zealand is correspondingly admirable as a long journey. The round trip (from London) requires in the neighborhood of three months per steam vessel and twice as long by sail. It is, therefore, adapted for a higher degree of invalidism than the Cape Colony voyage.

The modern significance of sea voyages for health is bound up in the continual improvements in transportation and the multiplication of tourist agencies, by the aid of which people of moderate means are enabled to reach remote parts of the world and return home within a surprisingly short time and at an expense not much in excess of the cost of living at home. For obvious reasons the sojourn at the terminal point is usually so short that it is entirely subordinated in importance to the voyage itself. Since, under these circumstances, most patients or travelers have to conform to the arrangements of steamship companies and tourist agencies, the physician's chief function is to determine the length of time necessary for restoration of the patient's health, and then to choose a trip of corresponding length, paying due heed to all such matters as the temperature of the waters traversed, the likelihood of storms, and the sanitary condition of the terminal point, all of which vary more or less with the season of the year.

EXTREME ANEMIA, AFTER POST-PARTUM HEMORRHAGE, TREATED WITH NUCLEO-ALBUMENS AND BONE-MARROW.

By C. F. BACHMANN, Ph.D., M.D., Allegheny, Pa.

Late private assistant to Prof. O. Huebner, Univ. of Berlin; Privat Docent Charity Hospital, Berlin; also assistant to Prof. Von Leyden, etc., etc.

The prompt and decisive results obtained in the following case of anemia, secondary to a severe post-partum hemorrhage, induce me to report it for publication:

Mrs. O. T., white, aged 23, primapara, weight 145 pounds; two years ago had typhoid fever, from which she completely recovered. About a year ago she became pregnant. The course of pregnancy was normal, with the exception of a slight edema and a varicose condition of the veins of the lower extremities. On January 2, 1899, she was taken in labor. Position, R. O. P. Owing to an excessively large head, I was obliged to apply the forceps without anesthesia. The placenta was firmly adherent, and, after an hour's wait, was delivered by hand. Scarcely had the placenta been delivered when a frightful hemorrhage occurred. I scooped out all clots and fluid blood and controlled the hemorrhage by injections of hot water, compression and tamponage. So much blood had been lost as to cause a sub-normal temperature and a small, weak pulse of but 32 to the minute; extreme anemia, great shock and prostration, thirst, sighing respiration, etc. I administered strychnine sulph., gr. 1-20, hypodermically; also, brandy and ext. ergot. The hemorrhage occurred at about 8 a.m., and by noon the patient had revived to some extent, but was suffering from nausea and occasional vomiting, for which I prescribed Liquid Peptonoids and Elixir Lactopeptine with good effect.

January 3, I found the patient somewhat improved, but very weak and almost bloodless, her lips being literally "as white as snow." I then ordered Hemaboloids (a preparation of the iron-bearing nucleo-albumens of the vegetable food stuffs, reinforced by bone-marrow, beef peptones and nuclein) ʒij every three hours; also stimulants and a nourishing liquid diet. The excellent results obtained from this treatment are best shown by the following table:

	Weight. Lbs.	Hemoglobin. Per Cent.	Red blood Cells.
January 3	135	61	3,450,000
January 7	138	66	3,509,000
January 14	140	71	3,760,000
January 21	140½	76	4,005,000

I did not see the patient again until February 12, when she appeared well and strong, and, to use her own words, felt "tip top." Weight, 140 pounds (the slight decrease probably due to excessive nursing); hemoglobin, 8½; red cells, 4,210,000. Patient was last seen a few weeks ago and was in first-class condition. Considering the profuse hemorrhage and the extreme secondary anemia, the result in this case was indeed satisfactory. I have prescribed this pre-

paration quite extensively, and find it of great merit as a readily assimilable tonic in anemia, from whatever cause—chlorosis, convalescence, etc.

Since this case I have used Hemaboloids in several other cases of convalescence from labor with gratifying results.—The *Medical Council*, July.

THE TREATMENT OF ITCHING.

In *Treatment* of December 22, 1898, SAVILL tells us that the treatment of general pruritus and prurigo merits very careful study, for it makes the lives of many people unbearable. He has met with two cases which resulted in insanity, and one which led to suicide. Baths and other local remedies are sometimes of use. A creolin bath, for instance (in the proportion of 1 drachm to 10 gallons), or an alkaline bath (bicarbonate of sodium 8 ounces, water at 90° F. 30 gallons). Plain warm water sometimes relieves, but not infrequently patients say that it aggravates the condition. Ointments and lotions are practically of very little use, because of the wide distribution of the trouble. A lead and zinc lotion may be tried, or preparations containing a little calamine or bismuth. Hydrocyanic acid seems to have a local sedative action, and a lotion of equal parts of liquor ammoniæ acetatis, methylated spirit and rose-water is pleasant, because it is cool. But all these measures are only palliative.

We must turn, therefore, to constitutional remedies. Hebra recommended carbolic acid internally in doses of one-half grain. Tincture of gelsemium, twenty minims given thrice daily, has been known to relieve. But perhaps the best of the internal remedies hitherto in use is chloral hydrate, ten or fifteen grains thrice daily. However, it is unfortunately attended by narcotic properties, and a dangerous habit may be induced, and the moment it is left off the itching returns as badly as before. Pilocarpine internally, by promoting perspiration, is sometimes useful, as already mentioned. The bromides would theoretically be indicated here, and in cases attended with a marked neurotic element they are useful. But in ordinary cases of prurigo and pruritus, beyond the fact that they induce sleep, and help the patient to cease scratching, they are in his experience absolutely useless, though he has tried them many times.

In 1896 Dr. Savill first tried calcium chloride in large doses, the idea having occurred to him after reading Professor Wright's researches into the effect of this remedy in increasing the coagulability of the blood. The fact that cases

of prurigo are frequently attended by erythematous or urticarial exudations seemed to him to point to a tendency in the blood in such cases to exudation, and therefore to increased fluidity—that is to say, diminished coagulability. Consequently, whatever would increase the coagulability might, he thought, relieve this troublesome symptom. The favorable results attending the administration of calcium chloride in the first few cases induced him to try it more extensively, and in almost every case the effect was very striking. Seven cases were published in 1896. Since then many observers have tried the same remedy, and on all hands he has received striking confirmation of the efficacy of this remedy, not only in cases of general prurigo, but also in relieving the itching which accompanies all kinds of eruption.—*The Therapeutic Gazette.*

THE TREATMENT OF OBSTINATE CONSTIPATION BY MASSAGE APPLIED TO THE HYPOCHONDRIUM.

BERNE has reported the treatment of this class of patients by massage applied exclusively to the region of the gall-bladder, just below the diaphram, for the purpose of increasing the flow of bile and improving the activity of the abdominal contents. This method is particularly useful in those cases where there is relaxation of the abdominal wall and a general tendency to enteroptosis. It is well, however, not to employ this treatment should there be any possibility that the patient is suffering from gall-stone, since massage might produce a cholecystitis.

The operator passes the tips of his fingers and the ball of the thumb over the soft tissues immediately below the ribs, following the line of the lowest rib, making continuous and deep pressure, the patient laying on the back with the knees drawn up and taking a full inspiration so as to push the liver down under the operating hand. The massage lasts for about ten minutes each day, and it is stated that ten or twelve treatments are usually efficacious, but the treatment should be continued for thirty or forty days if the result is to be lasting.

As a proof that this treatment increases the flow of bile into the intestine, we find that the stools become less fetid, contain a greater quantity of bile, and that the constipation is decreased.—*Revue de Thérapeutique Médico-Chirurgical,* Dec. 1, 1898 ; *The Therapeutic Gazette.*

THE TREATMENT OF FALLING OF THE HAIR BY SIMPLE IRRITATION.

JAQUET (*La Presse Médicale*, Dec. 10, 1898; *The Therapeutic Gazette*), acknowledging that irritation must form the basis of all successful treatment directed toward making the hair grow, holds that this irritation should be intermittent rather than constant, and should not be carried to the stage of exudation—that is, it should stop at the point of producing simple hyperemia.

Personally afflicted with falling of the beard, he began treatment by making repeated firm pressure with the bristles of a stiff brush upon the bald area. In a few seconds the skin became red and warm, and this effect lasted from thirty to fifty minutes. Treatment was repeated night and morning until the part became distinctly tender. In four months the bald spot was entirely covered with hair.

Other patients on whom this treatment has been tried have experienced the same benefit, the treatment in their cases being repeated sometimes four to six times a day. The irritation should never be carried to the exudation stage. Together with this form of irritation the author suggests a vigorous friction with a dry brush over the whole area, and holds that by this treatment not only can baldness be prevented from appearing, but can be cured after it has developed.

The brush should be kept perfectly clean, since it produces many breaks in the epidermis, sometimes even causing slight bleeding.

THE TREATMENT OF INDIGESTION OF INFANTS.

Indigestion of infants is too frequently ignored by parents, especially young mothers, until at last is engrafted gastro-intestinal catarrh, when at once they become alarmed, and justly too, and seek advice, either from the tradition-burdened grandmother or the physician. It is the physician's luck to be called after all domestic means have failed. He is supposed to effect a cure forthwith, even though he first has to remove the trouble caused by the lotions, potions, etc., which have been administered by the mother. If the mother had as vigourously watched the cause of the disturbance (faulty feeding) as she applies home remedies, the chances are that the child would have had no trouble. Infant feeding, then, should receive careful study by the mother, and attention be paid to the details by hygienic care. These measures would do much toward preventing indigestion and gastro-intestinal catarrh.

Treatment, too, of the diarrhœa, which becomes a factor in the prognosis, should also receive attention. The use of mineral acids, bismuth and pepsin is well known, and also the use of Lactopeptine which has been commended by J. Lewis Smith, who attests its usefulness in these cases.

For several years we have used Lactopeptine in the indigestion of infants; in fact, it is much of a routine treatment, and the results have always been highly satisfactory. Infants need it when indigestion is more or less chronic, and it will do valiant service in correcting the difficulties of digestion here encountered. In addition to medical care, much attention must be given to the hygienic surroundings of the child, its bath, its outdoor life, its exercise, the water it drinks and the quality and quantity of food taken.—F. P. Norbury, M. D., in *Medical Fortnightly*.

CHLORIDE METABOLISM IN PNEUMONIA AND ACUTE FEVERS.

HUTCHISON (*The Journal of Pathology and Bacteriology*, 1898, vol. v, p. 406; *American Journal of the Medical Sciences*) has made a careful clinical and pathological study of chloride metabolism in pneumonia and acute fevers. There is an exhaustive review of the literature, to which are added the results of the writer's personal work.

The following is the author's summary of clinical facts:

1. During an attack of croupous pneumonia the chlorides in the urine are greatly diminished or may even entirely disappear.

2. A comparison of the intake and output shows a true retention of chlorides within the body. The amount retained averages about two grammes of sodium chloride for each day of the disease.

3. The diminution lasts usually for one or two days after the crisis, and is succeeded by a sudden and excessive secretion, the amount of chlorides in the urine now rising considerably above that in the food.

4. The degree of the diminution varies considerably in different cases, but bears no relation to the degree of fever present, to the extent of lung involved, or to the presence or absence of albuminuria.

5. The chlorides are the only constituent of the urine which is diminished in pneumonia; the phosphates and sulphates tend, like the urea, to be increased.

6. Diminution of chlorides is not pathognomonic of pneumonia, but may occur in other acute fevers, notably in typhus and acute rheumatism, but is more constant in croup-

ous pneumonia than in any other febrile disease. In cases of malaria the chlorides are actually increased during the febrile period.

7. As croupous pneumonia is the only pulmonary disease in which diminution of chlorides occurs to any appreciable extent, an examination of the urine may prove of great value in the diagnosis of pneumonia from other causes of consolidation of the lung, and from empyema, pleurisy, etc. It must be borne in mind that the chlorides may be markedly diminished in some cases of disease of the stomach, notably in dilatation.

8. The degree to which the chlorides are diminished is no criterion of the severity of the disease in any particular case, and is of no help in forming a prognosis.

Hutchison summarizes the pathological facts as follows:

1. The absorption of the chlorides from the alimentary tract goes on normally in acute fevers, and no vicarious excretion occurs by the skin, bowel, sputum, or other channels.

2. The sputum in pneumonia is very rich in sodium chloride, containing sometimes as much as 19 per cent. in the solid matter; but in spite of this fact the total amount excreted daily in the sputum is small.

3. The inflammatory exudate contains from 2 to 4 per cent. of sodium chloride in its solid matter, or not more than three times as much as the same weight of normal lung. It is thus not really very rich in chlorides, and the amount of the latter contained in the whole exudate will not account for more than one-third to one-half of the total amount of sodium chloride retained in the body during an attack of pneumonia.

4. The difference in composition between the exudate and the sputum indicates that the latter is not derived directly from the former.

5. The theory that the chlorides are retained because of a temporary functional disability on the part of the kidney to excrete them is negatived alike by the results of experiments and by a comparison of the composition of the urine of pneumonia with that of acute nephritis where diminution of excretory powers undoubtedly exists.

6. Examination of the blood from cases of pneumonia shows that the chlorides in it are diminished, but there is no evidence that they are present in any unusual form of combination. Their failure to appear in the urine must be attributed to the very delicate adjustment of the amount excreted by the kidney to the amount contained in the blood at the time.

7. There is no evidence that the chlorides tend to accumulate in any particular organ in pneumonia, but, on the other hand, all the organs, and the fixed tissues in general, seem to be somewhat richer in chlorides than normally.

8. Attempts to produce chloride retention in pyrexia artificially induced by the injection of the pneumococcus and by other means have failed.

9. As to the reason for the passage of chlorides out of the blood into the fixed tissues in pneumonia, one can merely speculate. Hutchison is unable to agree with the view that the chlorides are retained secondarily and as the result of the retention of a considerable quantity of water. The increased excretion of chlorides in malaria is probably to be attributed to increased arterial tension in the kidney during the pyrexial stage of that disease.

DIETETICS IN THE SUMMER DIARRHŒA OF INFANTS.

S. Henry Dessau (*Clinical Recorder, The Medical Times*) is of the opinion that in an acute attack of summer diarrhœa in a child under two years of age all albuminous and starchy foods should be withheld at once. Milk and the milk foods only tend to furnish fresh fuel for the growth of pathogenic bacteria in the gastro-intestinal tract. Give instead toast-water, made by laying in a large bowl two pieces of stale white bread toasted brown on both sides; pour on boiling water till covered; add a pinch of salt and allow to stand till cool. The clear water is then poured off into a fruit-jar and kept cool by the ice. Barley-water, made by boiling a handful of pearl barley in a pint of water for an hour or more, a pinch of salt being added, can also be prepared, and after it is cool the supernatant liquid can be poured off for use. From one to three tablespoonfuls of either of these foods can be given every hour or two, for 48 hours if necessary. They contain a considerable percentage of nutriment which is easily digested, and, if properly prepared, are rarely vomited. Alcoholic stimulants may be added if necessary. These drinks should always be given cold, as they are thus more grateful to an exhausted and feverish infant.

When the vomiting and stools have improved, which with proper therapeutics usually occurs within 48 hours, nursing may be resumed at intervals of either two, three, or four hours, according to age.

In deciding the question as to the best form of food to use with artificially fed babies, it must be borne in mind that

the food that is the cheapest and easiest to prepare is the best for most persons. If sterilized milk be used, it should not be for longer than the summer months, on account of the tendency to produce rachitis. The modified milk is expensive, and can only be obtained in the large cities.

For ordinary cases a mixture of cow's milk, diluted one-fourth with water and containing a little cane—or milk—sugar and a pinch of salt or sodium phosphate is to be preferred. A double boiler lined with porcelain, or made of agateware, can be obtained at any good house-furnishing store; into this the prepared milk is placed, and the water in the outer vessel is allowed to boil for 15 minutes. The inner vessel is then rapidly cooled by standing in cold water and the contents poured into a well-scalded tight fruit-jar, and kept by the ice until required for use. The entire quantity required for use during the day can thus be prepared at once.

Occasionally it will be found that some other food must be used for infants recovering from a severe diarrhœa. A combination of barley-water or barley-flour, a tablespoonful, rubbed smooth in a little water and added to the diluted milk may then be used with good results. To insure the thorough digestion of the starch that this contains, lactopeptine should be administered.

Overfeeding should be carefully avoided. Every step in the preparation of the food and in its administration must be made with scrupulous cleanliness, and after each feeding the child's mouth should be wiped out with a bit of absorbent cotton wrapped around the little finger and then soaked in a saturated solution of boric acid. If the child appears thirsty, plenty of water that has been boiled and cooled should be given rather than too much food, for water is as necessary to the child as it is to the adult in addition to the food.

RED SPECTACLES FOR SEASICKNESS.

Bright red spectacles accompanied by internal doses of calomel form a new German specific against seasickness. It is deduced from Epstein's investigations on the influence of color on the blood-vessels in the brain. Seasickness is due to lack of blood in the brain; while red sends blood to the brain with a rush. By looking at one point for some time through the red glasses the patient is cured radically. —*Scientific American.*

THIOCOL IN PULMONARY TUBERCULOSIS.

Maramaldi (*Therapist*, May 15, 1899) draws the following conclusions from his experience with thiocol in the treatment of pulmonary tuberculosis:

(1) Thiocol exerts a beneficial influence not only on functional, but also on anatomic alterations.

(2) In advanced cases, in which cavities were present, a more or less considerable improvement was obtained. Those who are still in the early stage of pulmonary tuberculosis may be completely cured.

(3) Thiocol acts in the following manner: The fever immediately abates, and within a few days ceases completely. Night-sweats also cease. (These effects are obtained even in advanced cases.) Cough and expectoration diminish, and then cease. On patients whose sputum shows, under microscopic examination, numerous bacilli of Koch and elastic fibres, thiocol produces a decrease of both; and when, at the beginning of the cure, bacilli were rare, they immediately disappeared.

(4) The pain in the chest, as a rule, very soon disappears. The general state of the patient improves. Appetite is excited. Strength returns.

(5) Thiocol has never produced any disorder in the stomach or the bowels. Nay, in some cases in which, at the beginning of the cure, there was some trouble in digestion, it has disappeared under the influence of thiocol. By thiocol it is also possible to relieve the disorder of the bowels. The antiseptic action of the thiocol is valuable against intestinal fermentations.

(6) The dose to be administered is from fifteen to forty-five grains per day. Whenever I have prescribed a larger dose than forty-five grains per day, the patient has always experienced intolerance to thiocol. On this point I cannot agree with Shwarz, who states that he has given as much as 150 to 225 grains a day. To recapitulate: I am firmly convinced that thiocol is a gem of modern therapeutics, and that it is destined to be of great service to physicians in the treatment of pulmonary tuberculosis. Among the patients that have been treated by me with thiocol, those who came in the *very early* stage of the disease, before cavities were present, have been *rapidly cured.* Patients in whom the disease was moderately advanced have likewise rapidly recovered. Of the very advanced cases, many have shown marked improvement, and many patients that I have declined to treat as being too far advanced, but who pleaded so hard for the treatment that I could not refuse, have

impressed me by the wonderful improvement they have shown.

No other medicament produces such successful results. I consider myself, therefore, in duty bound to communicate these results to my colleagues, and to invite them to experiment and use thiocol in their practice in treating pulmonary tuberculosis.

[Thiocol is a derivative of guaiacol, but, unlike most compounds of the latter, is soluble in water. Chemically, it is guaiacol-sulphonate of potassium, and appears as a white crystalline powder having somewhat the odor of guaiacol.—*Univ. Med. Magazine.*

VASOGEN—A NEW SOLVENT.

Vasogen is a vehicle which possesses the property of penetrating the pores of the skin more quickly than any other substance. It is an admirable solvent, holding in clear solution iodine, iodoform, creosote, guaiacol, etc., and remedies dissolved in it are quickly absorbed. Chemically, vasogen is an oxygenated hydrocarbon, *i. e.*, a partly oxidized hydrocarbon, and has the power of rendering drugs which are incorporated with it soluble in water or emulsifiable with it. Employed externally, it forms emulsions with the secretions of the body, and thus becomes rapidly absorbed. This fact has been proved beyond question by the presence of the drug in the urine after inunction with iodine, iodoform, creosote and mercury vasogen. Iodine, creosote, etc., when dissolved in vasogeny, do not irritate the skin or mucous membranes, and can be used extensively both internally and externally.

For external use, liquid vasogen preparations are poured into wounds or are applied to them on cotton or lint; they are also painted upon the intact skin or rubbed into it with the hand. Internally the vasogens are taken in gelatin capsules or mixed with milk, coffee, tea, wine or cognac. The following remedies in combination with vasogen are largely used: Iodoform, iodine, creosote, menthol, beta-naphthol, camphor-chloroform, ichthyol, guaiacol, sulphur and tar. These preparations are made by dissolving the various medicaments in the liquid vasogen during its process of manufacture. Mercury vasogen ointment (33⅓ per cent. and 50 per cent.) is a special preparation with inspissated vasogen. It may be obtained in handy capsules containing 3 and 4 grammes each, can be rubbed into the skin much quicker and more thoroughly than the official blue ointment, is far more pleasant to use, and costs no more.—*Pharmaceutical Era, The Post-Graduate.*

SURGERY.

IN CHARGE OF
ROLLO CAMPBELL, M.D.,
Lecturer on Surgery, University of Bishop's College; Assistant-Surgeon, Western Hospital;
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THE DIAGNOSIS OF JOINT TUBERCULOSIS.

By DR. JAMES K. YOUNG, Philadelphia, Pa.

The importance of making a correct diagnosis in cases of joint tuberculosis is evinced by the large number of such cases occurring in surgical practice. In estimating the relative frequency of joint tuberculosis some years ago, for another purpose, the writer found that nearly thirty-one per cent. of all cases of joint disease applying at a dispensary for special orthopedic diseases were cases of joint tuberculosis. In fact, the great frequency of cases of joint tuberculosis has led at the present time to classifying almost all cases of chronic joint diseases as cases of tuberculosis. Dr. J. Collins Warrin in discussing the subject of tuberculosis of bones and joints, at the last meeting of the American Orthopedic Association, referred to a demonstration given some thirty years ago by Professor Sayre, during a lecture of Professor Gross's, in which he demonstrated the tuberculous diseases of the bone. While Professor Gross did not agree with the speaker on this occasion he professed a great admiration for Dr. Sayre, and proposed to let the students have the privilege of listening to his views on this subject. At the present time the pendulum of opinion has swung to the other extreme, and the profession is in danger of attributing all chronic diseases of the joint to tuberculosis.

The early diagnosis of tuberculous diseases of the joints is most important, because it is at this early period that most can be accomplished by medical and surgical treatment. In considering the early diagnosis of joint tuberculosis it is well to consider, in connection with the cause of the disease, not only the age of the epiphysis entering into the formation of the joint, the needs and the appearance of the nutrient artery supplying this part, but also the effect of superincumbent weight upon the part, the important question of heredity, together with the occurrence of traumatism as a causative factor.

Attention has already been called by the writer to each of these subjects, and they need not be considered in detail here; suffice it to say that heredity plays, in almost all these cases, an important factor; and it is particularly interesting to observe that frequently children are affect d by tubercu

lous diseases of the joint from a tuberculous father, the mother apparently being in perfect health, or having only a slight degree of anæmia. The most frequent disease with which this affection is confused, in the early period, is rheumatism of the joint, particularly in young children.

Rheumatism of single joints is an exceedingly rare disease in children, and most of such cases, which are diagnosed as rheumatism of the joints, afterwards fall into the hands of specialists to be treated as tuberculosis. If there is no other symptom of rheumatism present in the individual the patient should be carefully examined for tuberculosis joint disease, because in the majority of cases it will be found to be of this character.

The two symptoms which are most positive of joint tuberculosis are spasms and atrophy: the spasm of the muscles which accompanies this affection is tetanic in character, and occurs very early in the disease. Its presence is followed soon by atrophy, or wasting of the muscles, and these two symptoms are always present in tuberculous joint affections, no matter which joint may be the seat of the disease. The spasm of the muscles occurs in connection with every joint in the body affected by tubercular disease. In spine disease, particularly in the lumbar region, it is one of the earliest symptoms which occurs, and often before the occurrence of deformity, spasm of the Psoas and Iliacus may sometimes be detected. In hip disease the adductors are among the first, and at the knee joint the ham string tendons may frequently be found to be contracted at a very early stage of this affection. The joint disease which, at the present time, is most frequently confounded with tuberculous diseases is specific or syphilitic disease. Cases of this kind not infrequently pass through the hand of very good practitioners, having been treated for tuberculous diseases without any benefit, and are afterward promptly cured by treating them for the disease which is present. The differential diagnosis of this affection of the joint is so important that I have tabulated the differential diagnosis from chronic synovitis, chronic articular arthritis and syphilitic arthritis.

NON-TUBERCULAR CHRONIC SYNOVITIS.	TUBERCULAR CHRONIC ARTICULAR ARTHRITIS.	SPECIFIC SYPHILITIC ARTHRITIS.
1. Marked effusion, capsule thickened.	1. No fluctuation, capsule not thickened.	1. Slight effusion, capsule thickened.
2. Joint outline enlarged and obliterated.	2. Joint outline distinct and clear.	2. Joint outline distinct, enlarged and indurated.
3. Motion nearly normal.	3. Motion limited.	3. Motion limited.
4. Reflex muscular spasm absent.	4. Reflex muscular spasm present.	4. Reflex muscular spasm absent.
5. No atrophy.	5. Marked atrophy.	5. Atrophy slight.
6. Pain absent.	6. Pain acute upon motion.	6. Pain moderate upon motion.
7. Night cries absent.	7. Night cries present.	7. Night cries absent.

With a history of the diathesis present in the patient, from the chart above a diagnosis may, in most cases be made. If there is any doubt in regard to the nature of the affection the use of constitutional remedies, large doses of iodide of potassium, together with the use of mercurial ointment locally, will, in a short time, render the diagnosis clear.

A very important means of diagnosis is now in our possession in the use of the Roentgen Ray photography. In cases of advanced tuberculosis a positive diagnosis can frequently be made by the use of the X Ray photographs. The appearance of the cartilages and bones is irregular and roughened, a condition easily distinguished from the clear and distinct outline furnished by similar photographs in cases of chronic synovitis. In specific arthritis deposits of fibrous tissue may sometimes be detected by means of X Ray photography. These will obscure the normal outline of the joint, and there will not be the roughened, irregular and worm-eaten appearance of the tuberculous disease. In examining the pictures taken by the Roentgen Rays it is best to hold them to the light and look through them from behind, in this way obtaining a view of the part as it appears in its natural position. A picture should also be taken of the sound joint on the opposite side, in exactly the same position as the picture of the diseased part.

The occurrence of abscesses in tuberculous disease is often of diagnostic value, particularly as their origin and course are very typical in many cases. From the origin and course of the abscesses the exact location of the primary focus of the disease may frequently be determined. The examination of the pus escaping from sinues connected with tuberculous abscesses is usually negative, and very little assistance is added in making a diagnosis by examining the pus. The examination of portions removed during the operations frequently reveals the presence of the bacilli of tuberculosis. The examination of the blood in cases of suspected tuberculosis of the joints is of considerable value, as marked anæmia or leucocytosis is frequently a forerunner of a tuberculous outbreak in a joint.

In conclusion, the most important symptoms for the early diagnosis of tuberculous diseases of the joints will be found in the spasm and atrophy which accompany this condition.—*Jour. of Tuberculosis.*

RECTAL DON'TS.

1. Don't venture a diagnosis until after a careful examination.

2. Don't turn a speculum while in the rectum and you will avoid much pain.

3. Don't force the finger or speculum into the bowel; wait until the sphincter becomes accustomed to it by gradual pressure and it will slip in.

4. Don't go into details when explaining the technique of an operation to a patient.

5. Don't fail to operate at the earliest opportunity; your patient may change his mind.

6. Don't omit to prepare your patient for operation; and opium will not be required to tie up the bowels.

7. Don't use suppositories for post-operative pains; relieve it promptly by hypodermic injection.

8. Don't fail to move the bowels on the third or fourth day, or impaction and severe pain may follow.

9. Don't give solid food for the first few days.

10. Don't mistake hemorrhoids, polypi and prolapsus, the one for the other.

11. Don't use mechanical dilators; the fingers are better and less dangerous.

12. Don't sever the sphincter obliquely, but at right angles.

13. Don't agree to cure pruritus ani or cicatricial tissue stricture within a specified time, and embarrassment will be prevented.

14. Don't divide the sphincter but once in a multiple fistula; make the branch sinuses communicate externally with each other and with the rectum by the main tract.

15. Don't pack the wound following the operation for fistula too tightly or granulation will be arrested.

16. Don't forget to inform your patient that incontinence is a possibility under the most favorable circumstances.

17. Don't operate for fistula on patients suffering with acute phthisis, or acute Bright's disease.

18. Don't keep patients suffering from tuberculous fistula in the house, but give them the benefit of sunshine.

19. Don't fail to divide all branch sinuses, otherwise a second operation will be required.

20. Don't fail to ligate or twist all bleeding vessels.—Dr. Gant, *Med. Fortnightly*, May, 1899.

UROTROPIN IN THE TREATMENT OF CYSTITIS.

Kelly (*Therapist*), realizing that cystitis is due to the invasion of the bladder by micro-organisms, says that the first indication for treatment is to render the urine antiseptic. For this purpose he has tried, with a certain amount of success, salol, ammonium benzoate, guaiacol, resorcin, benzonaphthol, sodium salicylate, creasote and other preparations. They are all helpful in making the urine antiseptic, but no one of them has given him the complete satisfaction which he has had from the use of urotropin, a non-toxic and non-irritating derivative of formic aldehyd. It is formed by the action of four molecules of ammonia on six molecules of formaldehyd, and was first introduced to the profession by Nicolair in 1895, who asserted that it possessed the power of dissolving uric-acid concretions, and also that, taken *per ora*, it prevented the development of bacteria in the urine. In cases of phosphaturia and cystitis its action is almost a specific one. It appears in the urine as early as fifteen minutes after its administration, and its presence can be recognized twelve hours later after a dose of 7½ grains. It is soluble in 1.2 parts of water at 68° F., and the reaction of its solution is faintly alkaline.

If the condition of the patient is a very bad one large doses of the drug should be given, as much as 20 grains twice a day; and if the urine is strongly alkaline, a little dilute mineral acid should also be given until the reaction is improved. Kelly gave these remedies to a man aged thirty-five years, who had suffered for a long time with cystitis. Nine days from the beginning of the treatment the urine became clear and slightly acid, and in fourteen days it was free from pus. This was the first time in fifteen years that he had passed clear urine. The dose of the urotropin was gradually diminished, and discontinued altogether in a couple of months. There was no return of the trouble.—*Med. News; St. Louis Med. and Surg. Journal.*

SYPHILITIC SCARS.

Geo. Henry Fox points out (*New York Medical Journal*, April 8) that these secondary lesions remain as a permanent record of the disease for diagnostic reference. While there is nothing absolutely characteristic in a single, small, rounded, smooth, white, depressed cicatrix—the number of these, their location and peculiar, grouped or semicircular arrangement "often proclaim their origin beyond all shadow of a doubt." When a group of these is situated upon the upper

third of the leg, especially upon the inner of the calf, the evidence of former syphilis is almost unmistakable.—*Denver Medical Times.*

ABORTIVE METHOD OF TREATING BUBO.

Professor Orville Horwitz (*Medical Fortnightly*, May 1) avoids difficult sequelae by shaving and sterilizing the overlying skin, making a small puncture with a bistoury to let out all the pus, irrigating the cavity first with hydrogen peroxide until the fluid comes out clear, and then with 1:5000 bichloride solution; next filling the cavity with 10 per cent. iodoform in vaselin, then applying a piece of ice to the part until the vaselin is hardened, finally dressing with a firm compress of gauze.—*Denver Medical Times.*

CYSTITIS.

A 1-10 to ½ per cent. solution of antinosine is said to be an excellent antiseptic for irrigation purposes.—*Denver Medical Times.*

IODOFORM INJECTIONS.

Sweet almond oil is probably the best excipient; the solution, when sterilized, being very stable.—*Denver Medical Times.*

TREATMENT OF ERYSIPELAS.

Seneca Powell claims excellent results from the local application of strong carbolic acid, left on for a few moments until the skin whitens, and then neutralized with alcohol.—*Denver Medical Times.*

FISSURES OF THE TONGUE.

The *Riforma Medica* (quoted in *New York Medical Journal*) gives the formula for a local application, consisting of one part carbolic acid, three parts tincture of iodine and ten of glycerin.

BIG G.

This once popular patent antigonorrheic remedy is said to consist of 15 grains each of berberine hydrochlorate and zinc acetate in 4 drams of glycerin and 7½ ounces of water, with boric acid added as a preservative.—*Denver Medical Times.*

HACKING COUGH.

Redmond Payne reports a case of persistent, hacking

cough due to a hidden, unresolved peritonsillar abscess, from which drops of pus were discharged into the pharynx (*Pacific Medical Journal*, June.) He also alludes to the not infrequent discharge of pus into the pharynx from an old otitis media, which may cause a hacking cough in the same way.—*Denver Medical Times.*

A METHOD FOR THE STERILIZATION OF URETHRAL INSTRUMENTS.

Dr. Gerald Dalton describes in the *Lancet* (February 18, 1899) a simple apparatus for sterilizing urethral instruments. It is an oblong metal box, eighteen inches long, four inches wide and four inches in depth, provided with two sliding open wirework trays, upon which the instruments are laid, while underneath is a layer of lint, stretched on another wire tray, the tray to be just off the floor of box. On the lint is sprinkled a thin layer of powdered paraform or trioxymethylene, which slowly gives off vapor, effectually sterilizing in twenty-four hours the instruments in the upper two trays (Guyon). The box is closed by a metal cap fitting closely. Formol may be used instead of its derivative, but is liable to injure soft instruments. Instruments may be left in the box for any length of time without harm. It is as well to immerse the instruments for a few minutes in a boric-acid solution just before use, since, if they are taken directly from the sterilizer and passed into the urethra, they may cause some little stinging sensation. All instruments should be thoroughly washed in soap and water, and dried before being placed in the sterilizbox, and the box itself should be kept at a temperature not below 560 F.—*Medical Record.*

SURGICAL HINTS.

(1) Whenever you suspect the presence of severe internal injuries, never allow the patient to get up and go about very soon. It is always of great importance to secure as long a period of rest and quiet as possible.

(2) In bony ankylosis there is no pain in voluntary efforts of motion; in fibrous ankylosis there is. In the first, if the physician tries passive motion, the pain is only where his fingers compress the part; in the latter there is pain all over the joint.

(3) In any of the forms of chronic superficial inflammation of the tongue it is unwise to use caustics. These agents

commonly increase the irritation, such cases showing marked tendencies toward malignant development, and must always be carefully watched.

(4) Never treat a severe burn on the flexor part of the joint without applying an appropriate splint to prevent as much as possible the occurrence of contraction. The need of skin grafting is especially great in all burns where the result of contraction would be deformity or disability.

(5) In dislocations at the shoulder-joint, a rapid test consists in applying a straight ruler to the acromion process of the scapula and the external condyle of the humerus. If it touches both joints at the same time there is dislocation, for normally the deltoid prominence prevents this.

(6) In young people complaining of pains and swelling in the neighborhood of a joint, especially about the long bones, examine very carefully to see whether the trouble is in the joint. If it affects the bone itself, the chances are in favor of malignant rather than arthritic trouble. If malignant the development is usually rapid. There are usually glandular enlargements. The tumor is uneven in density, the superficial veins increase fast, and the pain is more or less constant and of a shooting nature.

(7) To remove blood from the hands use soap only after washing in plain water.

(8) Sweeping and dusting should not be done just before an operation. Cover possible dust collectious with wet sheets.

(9) In amputations loose muscles retract more than those attached to bone. Hence sever the loose muscles first, so that the ends may be of equal length.

(10) If the wound is clean leave it alone; the best surgeons apply but one dressing.

(11) Wash out the nasal passages before giving ether to subjects of catarrh.

(12) Scalp wounds, if large, should be stitched, but stitches should be removed early.

(13) In felon find out if the bone is attacked. Amputation of the terminal phalanx is best delayed until the septic process is overcome.

(14) In frost bite do not amputate early. Use thorough asepsis, and maintain the patient's strength.—*International Journal of Surgery.*

SURGICAL OPERATIONS DURING HYPNOTIC SLEEP.

A. MacDonald, in the New York *Medical Journal*, gives in detail two cases of surgical operation during hypnotic sleep witnessed by him and performed by Dr. Schmeltz, of Nice. The one was amputation of the right breast performed on a girl, 20 years old. The patient appeared to feel very gay and from time to time laughed loudly; she took the most favorable attitudes to assist the operation, extending her arm to avoid the necessity of having it held. The operation was a success in every respect and cure was complete on the fifteenth day. The other case was one of ectropion of the lower left lid in a girl of 18 years; a V-shaped incision was made in the lid and the fragment removed; three pins were placed parallel through the ends of the wound and united by a metallic thread. During operation the eye remained wide open in spite of contact with instruments; the patient felt no pain, and when she awoke would not believe that she had been operated upon.

RUBBER GLOVES IN ASEPTIC ABDOMINAL SURGERY.

C. H. Richardson advocates the use of rubber gloves by all surgeons, believing that the hands are never absolutely sterile, regardless of the method used to accomplish that purpose. The hands should be washed as carefully in all cases as though gloves were not intended to be worn, and the best system to accomplish the purpose is minutely described. The difficulty of getting on the gloves satisfactorily can be obviated by sterilizing them as follows: wash the gloves in soda solution, inside and out, and holding for a minute over a heater or gas flame, reversing once; dust liberally the inside with dry-heat sterilized soapstone; wrap each pair in a double layer of gauze; they are placed on a towel in a formic-aldehyde sterilizer for two hours; wrap in the towel already at hand, mark size of glove with graphite, and they are ready at any time for use. They are sterile, dry, already powdered, and can be put on in ten seconds. —*N. Y. Medical Journal, Medical Review.*

THE GIBNEY TREATMENT OF SPRAINED ANKLE.

Dr. J. Howe Adams (*The Railway Surgeon*, January 10, 1899) describes the method as follows: Ordinary adhesive

plaster is cut into strips one-half inch wide, and in two lengths, about twelve and eighteen inches long. Taking up the foot as soon as the patient is seen and the diagnosis is made, one of the longer strips is placed around the ankle, parallel to the sole of the foot, beginning in front of the big toe, carrying the strip around the ankle just above the contour of the sole, and bringing the end back across the top of the foot to about the point where the strip began. It is well to place, overlapping this initial strip, a parallel piece. In placing these strips, care should be taken to draw them as tightly as possible, so that the bandage will fit snugly when finished. Having applied these strips, another strip should be placed at right angles to them, which makes it run parallel to the back of the leg. One of the shorter strips should be selected for this purpose. Beginning well behind and above the ankle, this strip should be carried down around the sole of the foot and brought up on the other side of the leg, making, as it were, a stirrup for the foot. The same precaution of applying the strip as closely as possible should be observed. Now the strips should be applied alternately, first one around the ankle parallel to the sole, then one parallel to the back of the leg, each one overlapping the one previously applied, running in the same direction to some extent. This procedure should be kept up until the entire foot is enclosed in a boot of adhesive plaster, having the appearance of a shoe in which part of the heel has been cut away. This dressing, properly applied, has a very neat appearance; over it can now be placed an ordinary roller bandage, which will serve to help the adhesive plaster to "take hold." The patient should now be cautioned to be careful for a day or two, when he can begin to move around rather freely. This dressing can be kept on until the pain and swelling have subsided, when it can be removed, and no especial further treatment is indicated. If the dressing becomes loose, it can be reinforced by additional strips placed over the loose one.—*Medical Record.*

THE TREATMENT OF GONORRŒHA.

One of our subscribers writes as follows:

"Would it be out of place to ask for a general discussion of gonorrhea in the male, and treatment, also asking for the treatment used at the Jefferson College Hospital? Also the results of the use of methylin blue in this disease, used either internally or by injection? Also the results of the use of ichthyol in this disease? Two or three weeks ago I was in

the company of some twenty or thirty physicians, and they also said that they would like to see this subject taken up."

For the following information I am indebted to Dr. H. R. Loux, who is officially connected with the Jefferson College Hospital:

Ichthyol has been tried, but, as the results did not seem to be specially encouraging, it was abandoned. The early trials of methylin blue gave sufficient encouragement to justify a series of very careful observations on a large number of cases. One hundred cases were thus carefully observed, with the following general results: It has been demonstrated that methylin blue will destroy the gonococci. Also it has noticeably lessened the average period of duration of this disease. While using methylin blue the following facts must be borne in mind: It changes the color of the urine to indigo blue. Unless the patient is warned of this fact it is likely to frighten him. As this stains the linens, the patient should be appropriately warned, or before he knows it he will be placed in an embarrassing position. If a nocturnal emission should occur, it will be blue also, and will stain the bed clothing if it should come in contact. Therefore, it is a good plan for a patient taking methylin blue to wear an apron day and night, which can be thrown away when soiled. The inconveniences just mentioned may impress the general practitioner as being objections, but we all know how troublesome the treatment of gonorrhea is, and slight objections should not stand in the way of the use of what is considered "one of the best remedies of the present day" by those who have used it extensively.

The following is the present treatment of a typical case of acute gonorrhea in the out-patient department of the Jefferson College Hospital:

After the usual general directions as to the condition of the bowels, dietary, avoiding use of bicycle and physical strains of all sorts, avoiding alcoholic stimulants absolutely, and the society of women as much as possible, etc., etc., the patient is put on the following: A one-grain tablet of methylin blue three times a day. At the same time a capsule containing balsam of copaiba five minims, and oil of cubebs ten minims three times a day. The tablet and the capsule may be taken both together or separated by an hour or so—it makes no difference. We all know that the general custom is to give copaiba after meals, to lessen the probability of disagreement with the stomach. The methylin blue seems to have no such action. No special details of administration seem to be necessary, the important thing being that the patient get a tablet and capsule three times a day.

At the same time the following astringent injection is ordered :

Plumb. acetas..... .....gr. xxx
Zinc. sulf..... .....gr. xv
Fl. ex. amarae
Tr. opii..... ..... aa oz. j
Aquæ..... .....q. s. oz. vj
M. Sig.—Inject morning and evening.

The internal treatment is continued until the discharge is stopped. The injection is continued until convalescence, but it is diluted one-half in the latter stages.

In the outdoor department of the Jefferson College Hospital the average duration of acute gonorrhea, treated as above, is about three weeks. Some cases convalesce sooner, and some cases continue four weeks.

Methylin blue is not used as an injection. It has been tried in this way, but no virtue seemed to come from it. As above given, the dose of methylin blue is one grain three times a day. Larger doses, say from two to two and a half grains, are liable to produce tenesmus, which, however, soon passes away under the usual management, the medicine being temporarily stopt. It should be borne in mind that methylin blue tends to cause constipation. This tendency should be combatted by appropriate measures. It must be borne in mind that the chief virtue of methylin blue seems to be the destruction of gonococci. This remedy is of no value in chronic cases where the gonococci are not present. Here we have tissue changes, which must be treated according to the conditions and indications present, local treatment being chiefly relied upon.—*The Medical World*, Philadelphia, Aug., 1899.

SIMPLE URETHRITIS IN THE FEMALE.

Skene recommends the use of hot water with a double catheter. After washing thus, Robert C. Harris (*Medical Times*, June) has found silver nitrate efficacious in acute cases. He uses a solution of sixty to eighty grains to the ounce, applied with an applicator, distending and swabbing the part through its whole length, doing this three or four times, then drying and making a final application. If whitening of the tissue is produced, salt water should be carried in to neutralize the excess of silver salt and prevent cicatrization.—*Denver Medical Times.*

Therapeutic Notes.

Uric Acid Diathesis.

℞ Sodii bicarbonatis.....gr. xlv
Acidi benzoici.....gr. xv
Sodii phosphatis.....gr. lxxx
Aq. buillient.....ʒ iss
M. Solve et adde
Aq. cinnamoni.....ʒ iii
S. Two teaspoonfuls 3 times a day.

Golding Bird.

Osteopic Pains due to Syphilis.

℞ Ext. aconiti.....gr. x
Pulv. glycyrrhiz.....ʒ i
Ext. glycyrrhiz.....qs.
M. ft pil No. xl. S. One night and morning.

Infantile Diarrhoea.

℞ Bismuth salicylate.....gr. xxiv
Gum arabic.....ʒ i
White sugar.....ʒ iss
Water to.....ʒ vi
M. To be kept on ice. S. One teaspoonful from three to six times a day.

℞ Mercurous chloride.....gr ii
Zinci sulphocarbolate.....gr. iii
Pepsin.....gr. xxx
Bismuth sub nitrate.....ʒ ii
Divide into 12 powders. S. To a child a year old one powder 3 times a day.

Vomiting in Children.

℞ Potas. bicarb.....gr. xxv
Acid citric.....gtt vi
Aq. amygdalae amor.....ʒ i
Aquæ.....ʒ ii
M. A teaspoonful every time vomiting occurs.

Lotion for Acne.

Precipitated chalk.....ʒ i
Glycerine.....ʒ iii
Spirits of camphor.....ʒ v

To be applied with a fine sponge or soft fine flannel, night and morning.

FOR FACIAL PAINS FROM CAREOUS TEETH.

℞ Acetanilide ..... gr. viii
Phenacetine .....
Citrate of Caffeine āā ..... gr. xv
M. Divide in eight powders. Take one every two hours. (From *International Dental Journal.*)

FOR DENTAL CARRIES.

The *Riforma medica* for June 7th ascribes the following to Dauchez. Introduce into the dental cavity, previously dried, a plug of cotton impregnated with one of the following preparations:

℞ Hydrochloride of cocaine, Menthol ..... } of each.. 1½ grain;
Liquefied crystals of carbolic acid..... 1 drop;
Essence of cloves..... 75 grains;
Camphorated alcohol..... 120 "
M.

Or—

℞ Orthoform, Carbolic acid, } of each..... 15 grains;
Camphor, Chloral hydrate, } of each..... 60 grains.
M.

THE TREATMENT OF INTERTRIGO.

The *Riforma medica* for June 22d gives the following as Besnier's formula:

℞ Quinine oleate ..... 1 part;
Lanolin ..... 30 parts;
Olive oil ..... 20 parts.
M. To be rubbed on twice a day, after which the parts are to be dusted with powdered starch.

AN OINTMENT FOR GONORRHŒAL RHEUMATISM.

Lemoine (*Correspondenzblatt fur schweizer Aerzte*, 1899, No. 7; *Medicinisch-chirurgisches Central-Blatt*, May 12th) recommends the following formula:

℞ Salol ..... 8 parts;
Menthol ..... 5 "
Ether ..... 8 "
Lanolin ..... 60 "
M.

IPECAC IN ATONIC DYSPEPSIA.

Lyon medical for July 2nd cites two formulæ of Dr. Mathieu's as follows:

1. ℞ Tincture of physostigma..... 6 parts;
   Tincture of ipecac..... .... 1 "
   Tincture of star anise..... 5 "

M. S.: Six drops, in a glass of Vichy, after each meal.

2. ℞ Tincture of ipecac
   Tincture of calumba, } ..... equal parts.
   Tincture of gentian,

M. S.: From fifteen to thirty drops after each meal, in two portions from half an hour to an hour apart, in a little water.

Jottings.

Dr. Crawford, in the *Therapeutic Gazette*, writing about enuresis says, if possible, find the cause. When anemia is present give some easily assimilated perforation combined with Nux Vomica. Often in both parents and child there is a rheumatic history. In such cases give the salicylates. Watch the alimentary canal. Belladonna is a valuable remedy, but is best combined with iron. Continue this for some time after cure has taken place. When weakness of the sphincter of the bladder, combine Nux Vomica with the Belladonna. If urine is highly acid give alkalies—of which the best is Liq. Potassæ. Let the patient drink freely of water or milk.

Kestin is a new remedy of the carbon compound. It is a liquid of a clear greenish color, slightly alkaline, and has been used with much success in eczemas, burns and gonorrhoea.

Dr. M. G. Price says that he has frequently aborted acute bronchitis with acetanilid and salol—2½ grains, equal parts—taken every four hours.

Carbolic acid, two drops with two drops of tincture iodine, given several times through the day, will control the severe diarrhœa of typhoid.

The New York *Medical Journal*, say that: The drugs which are in use for paralysis agitans, and from which some benefit in dissipating symptoms and fulfilling indications

may be expected, are hyoscyamus and duboisine, Indian hemp, opium, haematogenous agents such as arsenic and iron, and occasionally gelsemium and veratrum viride. Of these, the most important by far is the first mentioned. Given hypodermically, which is the preferable way when possible, or by the mouth, they promptly mitigate the severity of the tremor, and have a pronounced tendency to relax muscular rigidity. They are both powerful toxic agents, and must, therefore, be given with care.

The *Medical Sentinel* says: "When about to examine a septic case or one where syphilis is suspected, wash the hands in vinegar or dilute acetic acid, and the smarting will quickly disclose any little scratches or abrasions in the skin which might become starting points of infection, to which collodion may be applied."

M. Poukaloff in the *Press Medicale* thinks that calomel will meet the same indications as nitrate of silver in ophthalmia neonatorum, for which the latter drug is considered almost a specific, and that it has not the same inconveniences. The conjunctivæ should be carefully cleansed with a solution of boric acid and then dried with tampons of cotton, and the calomel carefully dusted over the mucous membrane in a thin layer. The method is applicable among the poor, as it requires to be repeated but once a day, and in the vast majority of cases is followed by a prompt amelioration of the symptoms, the duration of many af the cases not exceeding seven days. The author's observations are based upon fifty-seven cases of ophthalmia in which gonococci were noted in the discharge.

According to *La Medicine Moderne*, Simon, of Vienna uses small doses of sulphate of soda for the treatment of catarrh of the stomach. He usually gives from ten to fifteen grains of it in about six ounces of hot water, and under these circumstances the catharrhal condition, with its hyperacidity, passes away, and the sensations of pain and discomfort in the epigastrium with nausea are relieved.

Dr. Graham in the Georgia *Medical and Surgical Journal* for July, 1899, states that the drug treatment of acute dysentery resolves itself into five or six drugs—calomel, opium, ipecac, tannopine, salines and quinine. If seen early,

when there is a lead-colored or brown tongue, much benefit may be derived from giving calomel, 1-4 grain every fifteen minutes, until six, eight or ten doses are taken. An acid saline is then administered, after which bile usually begins to flow. This is nature's antiseptic, and no other can be compared with it. After this has been kept up for a sufficient time tannopine should be administered, combined with ipecac and opium, in the form of Dover's powder, or of each drug in single powder combination. Tannopine should be given in ten or fifteen grain doses every two and one-half or three hours. An ice-bag over the belly is preferred by the writer to any form of poultice. If necessary the bowels are irrigated with a bisulphate of quinine solution—one teaspoonful to a quart of cold water. The diet should be carefully adjusted to suit individual peculiarities and the stomach digestion. Stimulants should be used as indicated.

Dr. H. B. Chandler (M. D., Bishops' College, 1880), of Boston, Physician to the Boston Eye and Ear Infirmary, draws attention to the value of cassareep in the treatment of rebellious and often dangerous forms of eye disease such as corneal ulcers. He used it as an ointment containing ten per cent. of the drug. It causes no irritation however; there seems therefore no objection to employing it in much stronger preparations. This ointment was applied freely between the lids, and the eye subjected to massage so as to distribute it thoroughly into the retrotarsal folds, and, in the corneal cases, a protecting bandage was applied. When the patients were in the hospital this was repeated three times daily; in the out-door cases, morning and evening. No other treatment was employed except the use of atrophine and a wash of boric acid. In a few minutes, after the application of the ointment in new cases, the discomfort was much diminished, and the improvement was usually rapid, as compared with other modes of treatment. In a case of ophtalmia neonatorum the eye was thoroughly cleansed, the ointment of cassareep applied, and a supply given, to be used three times daily at home, after the usual wash. In two days the purulent discharge had entirely ceased.

THE

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Editorial.

COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC.

The half-yearly meeting of this the licensing body of the Province of Quebec was held in the city of Quebec on the 27th of September, and was largely attended by the governors or members. The Credential Committee, before whom candidates have to appear with their qualifications, met the previous day. Those whose papers were *en regle* had their license granted at once, and were thus able to proceed home the same day, thus saving a day's expense. Authority to do this was given to this Committee about eight years ago, but, owing to the then President of the College refusing to attend its meeting, it could not be carried out. To prevent any possible irregularity the action of the Committee this year was endorsed by the Board and authority given to continue it. Such cases as were irregular were referred to the Board for action. A very important step was taken by this Committee at its meeting held in Montreal last July, and reaffirmed by resolution at the meeting at Quebec, to the effect that holders of Imperial qualifications, except those possessing an Imperial University Diploma, must, in addition, present a certificate of registration from

the Council of Medical Education of Great Britain, thus establishing their right to practice there. This determination is entirely at variance with the custom which this Board has followed from its foundation up to the present year. There is, however, it must be admitted, something to be said in favor of this action and little to be said against it. For some years it has been evident to the College that the great majority of those who claimed a license on the basis of an Imperial qualification were gentlemen who had passed the University preliminary examination instead of that of the College of Physicians and Surgeons. They interpreted the law to mean that it was impossible for the Board to go behind this qualification and enquire where and under what conditions they had received their medical education in Canada. Fortunately for them this interpretation was accepted for very many years. Some years ago, however, during the presidency of the Hon. John Ross, he raised the question as to where an M.B. of the University of Edinburgh had passed his preliminary. He took the ground that, as our own graduates had to show where they passed this examination, it was only equitable that Imperial graduates should do the same. Upon consideration we think that no one will gainsay the soundness of this declaration, and its enforcement in the future might have been looked for. Such was not the fact, however, for the Credential Committee continued as before to issue licenses without question on Imperial Diplomas. This was followed by a condition of chaos which lasted the last three or four years—the action of the Credential Committee at one half-yearly meeting being sent topsy turvy at the next half-yearly meeting. No precedent could be quoted and held forth as a sure line of action. Such was the condition of things found by the Credential Committee of the present Board of Governors elected in July, 1898, and it has taken a year to grasp the situation. It has done so, and by placing on record an official resolution, which should be posted on the Bulletin Board of each medical school, every student will know what he has to do to obtain a provincial license. It might possibly have been well to postpone the enforcement of this resolution for

one year, as its immediate enforcement has put several candidates to some inconvenience and expense. However, the College thought otherwise, and, as it will not meet again for about ten months, there will be ample time for all interested to take the required action.

The Treasurer's account again showed a heavy falling off in the amount in the Treasurer's hands. On the 5th of July last the amount stood at $6,247.61, and on the 27th of September it had fallen to $3,840.83. Taking the receipts of the College from the time the present Treasurer assumed office up to 5th July last, and the balance handed over to him by his predecessor, he became possessed of a sum of $11,508.52, so that in a little over fourteen months the College has expended the sum of $7,667.69. The attention of the Board was very pointedly brought by Dr. Campbell to this heavy inroad on its assets. The explanation given was the large amount expended in auditing the books and ascertaining the actual position of the College, and that it was believed the annual contributions, which were coming in satisfactorily, would very soon largely increase the funds in hand. We hope such will be the case, but, at the same time, making a rough estimate, it would take nearly three years' contributions from every member of the College to place its assets at the figure at which they stood a little more than a year ago. We do not think this is likely to be accomplished. We ask, therefore, for rigid economy, where that is possible, and a vigorous collection of annual contributions. The present Board has the confidence of the profession. It was elected by an overwhelming majority, and it will not complain of lavish expenditure if good results. At the same time we must candidly say we were not prepared for such an output.

Since writing the above we have received an official copy of the resolution alluded to, and give it in full:—

Resolved,—That, in conformity to the laws of this province and the rules and regulations of the College of Physicians and Surgeons, Province of Quebec, the Credential Committee of said College can only recognize as being entitled to a license those who

1. Having obtained a *brevet* have followed four years of

regular medical courses in one of the universities of this province, and passed their examinations in the presence of assessors or before the Examiners of the Board.

2. Those who, having followed a regular and complete course in one of the universities of England or France, have obtained a medical diploma from such university.

3. Those whose names are inscribed on the Medical Register of England by virtue of the Imperial Act of 1886 (49-50 Vic., chap. 48) or of any act amending.

THE TRAINED NURSE.

Those members of our profession whose memory can recall the scenes of twenty-five years ago will willingly bear testimony to the vast improvement in Hospital and Private nursing between then and now. This improvement is greater to-day than it was even five years ago, and is due largely to two factors, viz., that a better educated class of women are enrolling themselves for the work and the increase of the term of pupilage to three years. To the busy practitioner the advent of this new nurse has indeed been a God-send, for she relieves him to an extent of which he is hardly conscious. This relief not alone consists in performing catherization and minor dressings, but of taking the pulse and temperature in a thoroughly reliable manner, all to be reported upon through the "chart," which is now everywhere seen in the sick room. Her duty is to be content to follow implicitly and faithfully the instructions of the physician in charge of the case. So long as she does this she is honestly filling the position and performing the duties of her profession. When she oversteps this domain, and enters a field where she is inclined to be critical, and at times to act unnecessarily on her own judgment, she is taking the first step which will lead to her downfall; against this fatal step she should be constantly on her guard. It is in the interest of the medical profession and the public that the nursing profession should be in the hands of women having a first-class education. If this was insisted on at all training schools, by means of a reasonably severe entrance examination, it would be the means of restricting to a certain extent the crowd which we fear seems anxious to enter for training.

We believe such restriction would be beneficial, for we already see symptoms of overcrowding in our city, and we hear and read of it as existing elsewhere. We believe the fault lies in the fact that the majority of nurses, after completing their training, settle in large cities, generally in the one where they received their training. If, instead of doing this, the larger villages and smaller towns were invaded, ample work could and would be found for them. The pay would of course be smaller than that demanded in the larger centres of population, but the diminished income would be more than offset by the lessened expenditure. In her smaller sphere, her social position would in all probability be superior to that held by her city sister. It is also a question of very considerable importance whether the nurses' fees are sufficiently elastic. We see no reason why they should not be elastic, and many why they should. Medical men vary their fees according to the status of the patient; as a rule trained nurses do not. This is a mistake, for employment for a portion of the year at the full rates, and the remainder of the year or most of it at reduced rates, will as a rule give a better income than holding out for full pay, and being half the time unemployed. In considering the financial possibilities of any calling, the demand is the basis on which to make calculation. It should, therefore, be well understood by all nurses that the population that can pay full fees for medical, surgical or obstetric nursing in our large Canadian cities is limited. It, therefore, can be supplied by a comparatively small body of nurses. Our nursing friends whose value we fully know should bear this fact in mind.

LIQUID AIR.

The fact that liquid air may be reduced from its gaseous condition to a liquid by a comparatively cheap method is one of the notable discoveries of the closing year of the nineteenth century. Liquefied air under enormous pressure has been possible for more than a century, but the expense made its use an impossibility. Now, however, that a cheap means of liquefying it has been discovered, it seems likely that it will ere long become an important factor in some of

our modern industries. That this is likely to be put to the test in the immediate future is certain, for in the city of New York it is now being manufactured at a cost of 10 cents per gallon. How useful it can be made will be understood when we state that it is 344 degrees colder than ice. The Texas *Medical News* informs us that contracts have been entered into between the company which manufactures the liquid air in New York and a large Fruit Company of Los Angeles, California, to supply it with liquid air for their refrigerator cars instead of ice. It is said to be a great improvement on ice refrigeration, substituting for the damp, mouldy cold of the ice method a very cold atmosphere—very destructive of germ life, and consequently preserves the fruit. Armour & Company have, it is said, also entered into a similar contract for the preservation of meat in transit. Another application of liquid air is to drive a fan, which has been in use during the past summer, for the purpose of cooling rooms, and from its cheap working is likely to displace before long all electric fans. This new fan consists of a round receptacle of varying size, "above which is a spiral top mounted on a standard," to which is attached a metal fan with wings. In order to start the fan the receptacle is filled with liquid air, a vapor from which rises and fills the spiral top. The heat of the atmosphere causes this vapor to expand and rush outward through the spiral grooves attached to the wings of the fan. This expanding force of the vapor causes the fan to revolve, and at the same time the air in the room is rapidly cooled to any desired temperature. In order to keep the fan in constant use it is only necessary to fill the receptacle once daily. The ordinary method of handling and carrying this wonderful substance is simple enough. It consists of a copper can, around which is an air chamber filled with wool or other non-conductor of heat. This chamber protects the liquid air contained in the central can from the action of the heated atmosphere on the outside, which would quickly boil it away if allowed direct access to the walls of the can containing it. By means of this simple contrivance the liquid air may be transported as conveniently and safely as milk or water.

When we consider the fact that liquid air is about 400 degrees colder than the atmosphere of an ordinary summer day, and that ice is 344 degrees hotter than this liquid, we at once realize the immense advantages which it possesses over ice as a refrigerating agent. A further advantage which it possesses over ice is the dryness of the cold produced. It is too early yet to predict to what uses it may be applied in medicine and surgery, but when we consider the inexhaustible and ever present source from which it is derived, it may well be claimed as the greatest and most useful discovery of the latter part of the nineteenth century.

Book Reviews.

The Treatment of Pelvic Inflammations through the Vagina. By William R. Pryor, M.D., Professor of Gynæcology, New York Polyclinic; Consulting Surgeon City (Charity) Hospital; Visiting Surgeon St. Elizabeth Hospital, New York City. With 110 illustrations. Philadelphia: W. B. Saunders, 925 Walnut street, 1899. Price, $2.00. Canadian agents, J. A. Carveth & Co., Toronto, Ont.

This book of 240 pages is an amplification of the author's lectures at the New York Polyclinic. As is well known, he is aggressive in his treatment, and in this work he gives his reasons for being so and the minutest details as to the method of carrying it out. Vaginal operations for pelvic diseases have been strongly advocated during the last few years by some of the ablest authorities, such as Pozzi, Segond, Byford and Henrotin, but the methods of carrying it out are not generally understood. By the very clear descriptions and the numerous illustrations Pryor has made his own methods very plain, although the reviewer doubts whether many of his readers would be able to perform the operations which the author apparently finds so easy. In his preface he says: "I can only hope that I may succeed in directing the attention of the general practitioner to a surgical treatment of the infectious pelvic diseases of women; and if I do so, he will find in these pages some hints which may be of service to him." In this we think he has fully succeeded. His article on gonorrhœal, puerperal and tubercular endometritis are among the best we have seen, while there are chapters on diseases of the tubes and ovaries and broad ligaments. Nearly one hundred pages are devoted to vaginal laparotomy, with or without the removal of the uterus and appendages, en masse or by enucleation. There is a chapter on vagino-abdominal hysterectomy in the puerperal state; another on after treatment of hysterectomy; another on accidents and complications, and one on secondary

hemorrhage. The article on intravenous injection of normal salt solution and the one on sterilization are particularly good. We notice that the author uses clamps in his vaginal hysterectomies for controlling the arteries. Jacobs, of Brussels, told the reviewer that he had found a great advantage to the patient in not using them as she was a very sick woman for two weeks after the clamps, while she was well in two days after the ligature. Of course it is a question whether there is more danger after ligatures of secondary hemorrhage. If we feel sure of the ligatures holding as well as the clamps we should certainly use the ligature. Pryor prefers to split up the uterus and remove it in two halves, and this has the advantage that it gives one more room for applying either ligatures or clamps. The author does not figure Olshausens unterbindungs needle which greatly lessens the difficulties of passing ligatures. His chapter on sterilization is particularly good, and should be read by every one who does gynæcological work at all.

International Clinics.—A quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynæcology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology and Dermatology, and specially prepared articles on treatment and drugs by professors and lecturers in the leading Medical Colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by Judson Daland, M D., Instructor in Clinical Medicine and lecturer on Physical Diagnosis in the University of Pennsylvania; Assistant Physician to the Hospital of the University of Pennsylvania; Prof. of Clinical Medicine in the Philadelphia Polyclinic, etc., volumes I and II with series, 1899. J. B. Lippincott Company, Philadelphia; Charles Roberts, Dominion agent, 1524 Ontario street, Montreal.

These volumes come laden with the choicest thoughts of the leading workers and thinkers of the medical world. The physician's spare moments cannot be better or more entertainingly employed than in reading one or more of the interesting and instructive articles which make up this Quarterly. They cover a wide range of subjects, and mostly those that are of burning interest at the present time; they are written in a terse attractive style, not exhaustive in scope, but elucidating limited features and varieties of disease and special forms of treatment. There are thirty-six articles in vol. I and thirty-five in volume II. Both are freely illustrated with plates and cuts. Among the many instructive articles the following are of special interest: Cold as an Antipyretic, by H. C. Wood, M.D., LL.D.; The Treatment of Tuberculosis, by Prof. J. Grancher; The Treatment of Brain-Fag Insomnia by Static Electricity; The Present State of the Treatment of Labor, by Prof. Eulenberg; Hernia in Children, a plea for radical cure as routine practice, by Robert William Parker, M.R.C.S., Eng.; The Use of Electricity in Surgery, by Alexander J. C. Skene, M.D., LL.D.; Super-heated Air as a Hæmostatic, by Dr. Hollander; How to give Digitalis in Organic Heart Trouble, by S. Jacoud, M.D.; Stuttering, its Cause and

Treatment, by Herman Gutzman, M.D.; Progressive Pernicious Anæmia, by Prof. Ernest Grawitz; The Relation of Local Meteorologic Conditions to the Influenza Epidemic in Philadelphia, by G. Howard S. Anders, A.M., M.D., also articles by Prof. Von Bergman, W. M. Keen, Prof. König, V. P. Gibney, Profs. Franckel and Lasar.

Practical Diagnosis.—The use of Symptoms in the Diagnosis of Disease. Fourth edition, revised and enlarged, by Hobart Amory Hare, M.D., B.Sc., Prof. Therapeutics in the Jefferson Medical College of Philadelphia, Physician to the Jefferson Medical College Hospital. Illustrated with 205 engravings and 14 colored plates. Lea Bros. & Co., Philadelphia and New York, 1899.

Within the space of ten months the third edition of this unique work has been exhausted, and a fourth had to be issued. There could not be much change in the book owing to the short interval between the two editions, hence but few additions to the text have been made. Corrections have been made and a number of additional illustrations and a colored plate added. The rapidity with which the various editions have been exhausted is the best evidence of the popularity of this guide to diagnosis. The plan, as we fully explained a short time ago, is quite different to anything hitherto issued. Under the head of prominent symptoms all the affections having it are grouped together, and the differential diagnosis between the affections given. In the first part of the book some thirteen chapters are devoted to the manifestations of disease in the various organs of the body. In the second the manifestations of disease by symptoms, such as chills, fever, subnormal temperature, headache and vertigo, coma and unconsciousness, convulsions and general spasm, hiccough, vomiting, cough and expectoration, pain, speech, etc. The first part comprises the chief bulk of the book, and includes the various modern methods employed in the examination of the eye, nervous system, skin, lungs and heart and abdominal viscera, as well as in that of the blood, urinary secretion, fæces, etc. There are two indexes, one of symptoms and the other of diseases. The terse description of methods, the numerous illustrations, the novel method of employing symptoms in diagnosis and the thorough treatment of each subject, renders this one of the best works on diagnosis for student and busy practitioner available.

Chemistry: General, Medical and Pharmaceutical, including the Chemistry of the U.S. Pharmacopœia. A manual on the Science of Chemistry and its applications in Medicine and Pharmacy, by John Atfield, F.R.S., F.I.C., F.C.S, etc. Sixteenth edition. Lea Bros. & Co., New York and Philadelphia, 1899.

After a perusal of this volume one rests satisfied that it stands at the very head of the books devoted to Chemistry at the disposal of the medical student. It is prepared in such a manner that a person entirely ignorant of the science of chemistry may on pur-

chasing a given list of necessary material and without the aid of a teacher thoroughly master the subject.

The present volume has several peculiarities which can best be described by quoting from the author's preface. "From most other text-books it differs in three particulars: First, in the exclusion of matter relating to compounds, which at present are only of interest to the scientific chemist, whose aims have no special relation to medicine and pharmacy; secondly, in containing more or less of the chemistry of every substance recognized officially or in general practice as a remedial agent; thirdly, in the paragraphs being so cast that the volume may be used as a guide in studying the science experimentally."

Another noteworthy feature is that the chemical theories and hypotheses, instead of being treated one after another at the beginning of the book, are taken up in the body as an example is cited. This the authors considers a great advantage to the beginner in getting a complete mastery of their subject matter.

Scattered throughout the work are many valuable tables for analysis and comparison; at the end of each chapter is a small series of questions. One chapter is devoted to the examination of morbid urine and calculi, and is very good as far as it goes.

Its immense index containing some 10,000 references makes the work a veritable dictionary and of great service in emergencies.

Nervous and Mental Diseases. By Archibald Church, M.D., Professor of Clinical Neurology and of Mental Diseases and Medical Jurisprudence in the Northwestern University Medical School (The Chicago Medical College), Chicago; Professor of Neurology in the Chicago Polyclinic, etc.; and Frederick Peterson, M.D., Clinical Professor of Mental Diseases in the Woman's Medical College, New York; Chief of Clinic, Nervous Department College of Physicians and Surgeons, New York, with 305 illustrations. W. B. Saunders, 925 Walnut street, Philadelphia, 1899. Price, cloth, $5; half morocco, $6. Canadian agents, J. A. Carveth & Co., Toronto, Ont.

Books on diseases of the nervous system are almost as numerous as those on medical diagnosis, testifying to the great interest which neurology has aroused and the numerous workers in this special field of medicine. The present volume has been written specially for the use of medical students and general practitioners, Dr. Church contributing the portion on diseases of the nervous system and Dr. Peterson that of Psychiatry. Part I. is devoted to the consideration of the diagnosis of nervous diseases, including the examination of the patient in regard to his anamnesis, the general and physical examination, the muscular system, trophic conditions, electrical conditions, sensory conditions, the special senses and speech. Clear descriptions of methods and numerous cuts render it not a difficult task to be able by its aid to master this elementary knowledge so necessary before one can investigate this class of diseases. Then follows diseases of the cerebral

eninges and cranial nerves; diseases of the brain proper; diseases of the spinal meninges and spinal nerves; diseases of the rd proper; diseases of the general nervous system with known atomical basis, and, in part, seven diseases of the nervous system thout known anatomical basis.

The authors have endeavored to give the very latest advances neurology in short pointed chapters, giving the cream of our esent knowledge on the subject, and free from padding or ultiple quotations which become so intolerable in an already too tensively written upon subject. Illustrations and diagrams are diciously distributed where the text requires more explicit demonstration. Differential tables abound which will be useful to e student in helping to a clearer view of the differences between fections which resemble each other.

The section on insanity is equally adapted to the use of the tudent and general practitioner, being written in a pleasing rse style, and apparently leaving nothing essential untouched. arious classifications are given so that they may be compared ith each other, and the difficulty of giving a thoroughly good one own. Ziehen's is quoted as being the best. First, psychoses without intellectual defect divided into affective psychoses and intellectual psychoses, and, secondly, psychoses with intellectual defect. n interesting table is given of the degenerative indices: 1, natomical stigmata; 2, physiological stigmata, and, 3, psychic igmata; these are examined in detail, some eighty in number. he whole section on the general etiology of insanity is exceedngly instructive, as well as that on general symptomatology and eneral treatment. Numerous cuts illustrating the facies in the lifferent forms of insanity will be exceedingly helpful in gaining a nowledge of this class of affection. We can heartily recommend this work as a student's text-book and a practical reference book for the general practitioner.

Diseases of Nose and Throat. By D. Brandon Kyle, M.D., Clinical Professor of Laryngology, Jefferson Medical College, Philadelphia. W. B. Saunders, Philadelphia.

The author's endeavor in this work has been to combine conciseness and clearness while classifying diseases according to the pathological changes resulting from them. Some publications of his special nature are curtailed more than is compatible with a clear elucidation of each portion of the subject; in this volume, however, the general practitioner as well as the student can obtain n a condensed form profitable information reaped from wide experience. The book is made large enough to admit the inclusion of somewhat rare diseases. While omitting records of cases, the symptoms are grouped and cases generalized by way of substitute.

The related diseases of the eye and nose are described and illustrated, which is important. The colored illustrations throughout are good and numerous, while the volume is altogether up-to-date and commendable to all interested in this subject.

Treatise on Human Physiology—For the use of Students and Practitioners of Medicine. By Henry C. Chapman, M.D., Professor of Institutes of Medicine and Medical Jurisprudence in Jefferson Medical College, Member of the American Philosophical Society and of the American Physiological Society, etc., etc. Second edition. Illustrated with 595 engravings. Philadelphia, Lea Bros. & Co., 1899.

This is a volume of some 900 pages, which treats in a very compact manner the subject of Physiology. Its special value as a text-book is its practical nature and its being written in a manner to bring clearly to the front the methods of investigating physiological phenomena. It is written in a very plain matter-of-fact style. The treatment of the whole subject is as original as possible, and this is saying a great deal, when we consider how often practically the same things have been discussed. The chapters on physiological optics and acoustics strike one as being particularly good. The treatment of the application of electricity in the study of the phenomena of muscle and nerve is also well worth special mention. The author cannot fail to have made great use of his opportunity in obtaining the bodies of rare animals which have died at the Philadelphia Zoological Gardens.

This is not a work we would recommend to a person intending to go deeply into the subject, although he would find many original experiments and observations, but it is a book which can be heartily recommended to medical students, and one which ought to be used much more in Canada in future than it has hitherto.

A Text-Book of Anatomy. By American authors. Edited by Frederick Henry Gerrish, M.D., Professor of Anatomy in the Medical School of Maine, Bowdoin College. Illustrated with 950 engravings in black and colors. Lea Bros. & Co., Philadelphia and New York, 1899.

The first thing one notices on examining this volume is its excellence of finish and its splendid array of illustrations. No expense has been spared in making these cuts all the printer's art can make them, most of them being beautifully colored. In demonstrating the origin and insertion of muscles, Dr. Gerrish has made use of many original and very creditable diagrams. He makes an outline sketch of the bones with the area of origin and insertion of the muscle under discussion painted in red, and the outline of the muscle itself drawn in red ink. Dr. Gerrish's diagrams all through are very clear and interesting. The main part of the illustrations are drawn from Testut's admirable *Traité de l'Anatomie,* and this fact guarantees their high value.

The reading matter is not as copious as in the text-books we in this part of the world have been accustomed to con, but the author justifies this by stating that the only subject matter he has omitted is that which is only of theoretical interest and not of the least value except to an anatomist. The work is above all a practical one, and there is an appendix which comprises general direc-

tions for dissecting, and then the order in which to expose the different tissues of a part giving the corresponding page in the body of the work. It has a beautiful soft leather cover which is made water proof, so that it can be laid up against the part under dissection, and then washed if necessary.

The book is the results of the labour of six authors, each completing the subjects upon which they are recognized authorities. The list includes the editor, Frederick Henry Gerrish, and the following: Arthur Dean Bevan, William Keiller, James Playfair McMurrich, George David Stewart and George Woolsey.

The excuses which the author and publisher have urged for its existence do not seem very apparent, for there are many good works already, but, since it is published, and since it is a work of great merit, it should have a good reception at the hands of students.

Saunders' Medical Hand Atlases, Atlas Diseases of the Skin. Including an Epitome of Pathology and Treatment. By Prof. Dr. Franz Mracek, of Vienna. Authorized translation from the German. Edited by Henry W. Stelwagon, M.D., Ph.D., Clinical Professor of Dermatology, Jefferson Medical College, Philadelphia; Dermatologist to the Philadelphia Hospital, etc., with 63 colored plates and 39 full-page half-tone illustrations. Price, $3.50 cloth. W. B. Saunders, 925 Walnut street, Philadelphia, Pa. Canadian Agents, J. A. Carveth & Co., Toronto, Ont.

In no department of medicine are illustrations so useful to the student as in that of skin diseases. No description can adequately describe the conditions present in the different varieties of skin diseases so as to convey the knowledge necessary to recognize them on the living subject, hence good colored plates are invaluable as aids in diagnosis. This volume is one of the standard series of atlases issued by Mr. Saunders. The success of this series has been beyond expectation; the publishers now anticipate that the sale will be over two hundred thousand copies, just double what was contracted to sell. The volumes are small and convenient for consultation. The plates are very true to life, provided one admits that they have been sketched from dark-skinned subjects. The plate of a case of actino-mycosis is new to us, and if it is typical would easily prove a suggestive hint for the recognition of a genuine case. Only two of the acute exanthems are depicted here. A complete representation of all these would have enhanced the value of the book considerably. The section on etiology, pathology and treatment, while necessarily not full, gives ample information in most cases; in others a more detailed treatise for consultation would be necessary. The paper and binding is good, and the convenient and practical arrangement of the book will make the volume one of the most valuable additions to this popular series of hand atlases.

Diseases of Nose and Throat. By C. G. Coakley, A.M., M.D., Clinical Professor of Laryngology, Bellevue Hospital Medical College, New York. Lea Bros. & Co., Philadelphia.

This manual devotes special attention to the practical subjects of Examination, Diagnosis and Treatment. The great importance of precise knowledge in this direction does not require emphasis, and the value of the work in this regard is accordingly enhanced. To curtail the large field in this specialty the author has selected what he regards as the best medicinal and operative measures which he deems most advisable in treatment. His large experience enables him to speak authoritatively, and present to the reader reliable measures which he has proved in practice and put to the test many times. This practical scheme of the work as well as its generally condensed form commends itself specially to students and those practitioners whose time admits of little reading, and reference to the volume will prove the author has fully accomplished this desideratum. While the colored plates are few, the engravings and printing are excellent.

Manual of Otology. By Gorham Bacon, A.B., M.D., Professor of Otology in Cornell University Medical College, New York. Publishers, Lea Bros. & Co., Philadelphia.

This is one of the many books prepared for the use of students, and is a short treatise on the subject not too condensed to omit most of the practical work in this field, yet too short to permit the description of operative procedures. The practical feature of the work which the author claims we think is well merited, for just such ear cases as are met with in every-day practice he sets forth clearly, laying much stress on early treatment as preventive of early serious lesions that so often arise. In this way the book also commends itself to the practitioner, but the author admits that no amount of reading can compensate for lack of personal instruction and individual observation even when such reading is the essence of information on any given subject. We think the book especially adapted to students, for the ground to be covered in medical school work is now so extended, by the special branches of the profession, to such a degree that anything representing *multum in parvo* must be ever welcome.

G. T. R.

PUBLISHERS DEPARTMENT.

LITERARY NOTES.

The story of "Dame Fast and Petter Nord," now running as a serial in the *The Living Age*, gives American readers their first opportunity to become acquainted with the brilliant Swedish writer, Selma Lagerlof, as a writer of short stories. "Dame Fast and Petter Nord" is a quaint story, with a suggestion of Hawthorne in its style and theme. It is translated for *The Living Age* by Dr. Hasket Derby.

M. Jules Claretie's recent lecture on "Shakespeare and Molière" is published in full in *The Living Age* for Sept. 16. It is an extremely interesting appreciation and comparison of the two great dramatists.

The Living Age for Sept. 30 will have for its leading article the last contribution which the lamented M. Victor Cherbuliez made to the *Revue des Deux Mondes* over his familiar signature "G. Valbert." The subject is "The Colonial Principles of an American Naturalist." In the following number of *The Living Age* will be printed M. Ferdinand Brunetière's funeral oration over M. Cherbuliez.

Miss Frances H. Low's "Woman's Criticism of the Women's Congress" in *The Living Age* for Sep. 23 will be read with lively interest by conservative and "advanced" women.

Lady Broome's "Colonial Memories," now appearing serially in the *Cornhill* and *The Living Age* are bright, good humored, and entertaining in an unusual degree.

In addition to Mark Twain in the October *Cosmopolitan*, Frank R. Stockton and Maarten Maartens lend their pens to enhance the number's general excellence, and there is a third story by a writer not so well known, but of great promise. Maarten Maartens contributes one of his scintillating sketches of high life under the title of "Lady Mary's Mistake"; Frank R. Stockton tells, through his most interesting gardener "John Gayther," a story of Italian life based on suspended animation, and Elmore Elliott Peake, in his story, "Out of the Shadow," has a powerful tale of a fight between love and death, in which love wins.