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OBSTETRICS AND GYNECOLOGY.

By DR. LAPTHORN SMITH, Lecturer on Gynecology in Bishop's College.

After having read all the articles which have appeared in the journals during the past three months, on the subject of obstetrics, the general impression left on the mind is that most of the writers are in favor of allowing nature to carry on normal labors with as little interference as possible. The value of the bag of waters as a help in labor, and not a hindrance, is becoming more generally recognized. When all accoucheurs (especially young ones) come to understand that labor is a process which, above all others, requires time, and which is not to be terminated arbitrarily during whatever stage at which the doctor happens to be sent for, then the gynecologists will have to mourn a serious shortage in the crop of lacerated cervices. True, it is very annoying to the busy practitioner, who is sent for in the middle of the first stage of labor, to have to remain away from his office and his other patients for many hours until the parts are ready for the passage of the child. And it is still harder for the soft-hearted young doctor to sit quietly by while the primipara is continually asking if he can do nothing for her. What is he to do? When he hints that he will go away for a few hours and come back in good time, the husband and friends remind him of different first confinements they know of which were terminated in two hours from the beginning of the pains, and they tell him how they had had to call in another doctor, who had just arrived in time to save the woman's life. and how severely the doctor who had left her had been criticized for his conduct. Under the influence of such threats, in the beginning of my practice I have remained all night with a screaming primipara, whose labor only began at 8 o clock p.m., until 7 next morning, when, wearied and disgusted, I dragged the head through the incompletely dilated os and ruptured perineum just 13 hours before labor should have terminated. But I will never do it again.

Not long ago I asked a well known professor of obstetrics how long he thought was the proper time for a first confinement to take. He promptly replied not less than 24 hours. Taking this hint, I tell all primparæ when they engage me not to become alarmed and excited; that the very shortest time which a normal first labor should take is 24 hours, and that although I will come in occasionally to see that everything is going on well, I will only

come to stay towards the end of the 24 hours. This seems to reassure them greatly. With multiparæ it is, of course, very different. I have known labor to be completed in two hours from the first pain.

Those who have been writing lately on laceratiou of the cervix admit that in many cases the accoucheur is to blame, owing to interference, especially with instruments, before dilatation is complete. This is contrary to the opinion of Emmett, who says that the accoucheur has nothing to do with it. I for one venture to differ from so great an authority on that point. In my own first hundred confinements laceration of the cervix occurred at least half a dozen times; in my last hundred it has not happened once. My motto now is: The bag of waters is the accoucheur's friend."

In laceration of the perineum the immediate operation is now the rule, and it is just possible that laceration of the cervix may be sewed up with advantage at the time of the accident. There is no doubt that many of the cases of flooding that we hear of are due to laceration right up to the circular artery of the uterus. It would be a good custom to inaugurate for the attendant to examine such a case at once, and either to put in a few stitches himself or to send for a gynecological confrere. If he has not the materials with him the bleeding may be temporarily arrested with very hot water douches while he is away for his instruments. Family doctors cannot too fully realize the importance to their patients of seeing that these two injuries are repaired before they have had time to undermine their patient's health.

The most notable feature in the progress of gynecology is the extraordinary large number of cases of extra uterine pregnancy which are being reported as having been saved by operation. The question naturally arises whether they are genuine, or really cases of mistaken diagnosis, and second, if genuine, is the accident not becoming much more common than formerly? Probably there are many mistakes in diagnosis, while the increased frequency of the accident can be fairly well explained by the greater number of women in all ranks of society in whom the mucous membrane of the Fallopian tubes has been deprived of cilia by gonorrhœal or other inflammation, so that the ovum is stranded in the tube, while no waving obstacle is offered to the onward march of the bold spermatozoid. For, in my opinion, these latter have no business to go any further than the cavity of the uterus, although I am aware that they have been seen on the ovary, and even in the abdominal cavity, but the observers do not tell us that in those cases the mucous membrane of these tubes was healthy.

A complete revolution in the treatment of endometritis and menorrhagia has been inaugurated on this continent by the adoption of what I described a few years ago, in my letter from Berlin, as Martin's method, which consists in rapidly dilating the uterus with solid instruments under constant irrigation, then curetting out the uterus with a sharp curette (Martin's preferred) until the whole diseased mucous membrane is removed, then applying a light coating of pure carbolic or iodized phenol, and then packing the uterus full with a strip of iodoform gauze, the end of which is left projecting from the os, and which ensures perfect drainage. Of course this is an operation which must not be lightly undertaken by those who are not thorough masters of the principals of asepticism.

Dr. Wiley, of New York, has a remarkably clear article on this subject in the January number of the *American Journal of Obstetrics*. The conclusions are as follows:—

1st. Perfect drainage of the uterine canal is of the utmost importance in all diseases of the endometrium.

2nd. It has been practically overlooked by gynecologists, and its importance disregarded in treatment.

3rd. That it can best be secured by free

dilation by means of a steel dilator used once a week, not too near menstruation, and supplemented by hard rubber drainage plugs, curretting and intra-uterine applications of carbolic acid.

4th. That in many cases to-day being treated by the use of pessaries, and called cases of anteflexion and retroversion and flexions, all symptoms can be permanently cured in a few weeks by the use of the dilator, the drainage plug, curette and simple intra-uterine applications properly made.

5th. That sponge or other tents left in the os, and obstructing drainage for more than a few hours, should never be used, for they not only obstruct drainage, but are liable to cause uterine contractions and force the contents of the uterus out through the Fallopian tubes, and cause local peritonitis, etc. By the use of a colpenrynter to soften the os uteri, it can be rapidly stretched by dilators or Barnes' rubber bags without interfering with drainage,

6th. That the same objections are applicable to vaginal or uterine tampons, so frequently used to stop uterine hemorrhage, as have been made to the sponge tent, and that by the proper use of hot intra-uterine douches of 120° after dilation, or by tying or compressing with forceps the circular or other larger arteries, with very rare exceptions all uterine hemorrhages can be controlled; and if a tampon is used it should be left in place only a few hours, and, of course, be prepared by being soaked and squeezed out in a solution of bichloride of mercury or some reliable antiseptic.

7. That, with very few exceptions, the many cases of chronic uterine catarrh treated by the use of hot douches, rest, and iodine to the vaginal vault, can be readily cured by: 1st, improving the circulation of the pelvis by means of boroglyceride and alum solution applied twice a week on long, firmly rolled cotton pledgets; and, 2nd, by dilating with a steel dilator about two or three times a month and properly making single carbolic acid intra-uterine applications, and, if indicated, the use of the curette and hard rubber drainage plug.

8. That the same treatment will give better results in those obstinate cases of chronic uterine disease, in which the use of chromic acid, nitric acid, and other strong caustics, or the actual or galvanic cautery has been resorted to.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, 27th December, 1889.

PRESIDENT, DR. GEO. ARMSTRONG, IN THE CHAIR.

Present:—Drs. Jas. Stewart, R. McDonnell, Brown, Shepherd, Jas. Bell, Harry Bell, W. Gardner, J. Gardner, Jas. Perrigo, Reed, Allan, England, Booth, Hingston, Spendlove, Springle, G. C. Campbell and Lapthorn Smith.

Dr. Armstrong exhibited a pathological specimen which he had removed from a woman who had been suffering severe pain or locomotion for several months past. It was situated behind the uterus, slightly fluctuating, and was as large as an orange. She had menstruated in the middle of June, and every month since. There was slight hemorrhage into the left ovary and a slightly cystic condition of the left.

Dr. Shepherd suggested that it was an extra uterine fœtation.

Dr. Rich. McDonnell asked what would have happened if the ovaries had been left in.

Dr. Armstrong replied that the woman was suffering so much that she was compelled to lie down every day. The ovaries were very sensitive to the pressure of the uterus on them, and her appetite was failing. If she had not been operated on, adhesion would have formed and her sufferings would have increased.

Dr. James Stewart exhibited a case of polyuria and slight left partial paresis and atrophy, including the left half of the tongue and palate. He passed 110 ounces of urine in 24 hours, and the quantity was uninfluenced by treatment of any kind. The question which arose was: Is there any connection between the polyuria and

the nerve disorder? He thought there was.

Dr. Lapthorn Smith wished to ask three questions:

1st. Was he a smoker?

2nd. Was he a drinker?

3rd. Had codeine or codeia been tried? In one case he had known codeine to be very effective in diminishing the quantity of urine. He thought this a case of disease going on about the base of the brain, which was at the same time pressing on the floor of the fourth ventricle and on the origins of the spinal nerves going to the affected side.

Dr. Gardner said he had had one case in which 150 ounces a day had been passed for several weeks following ovariotomy. The patient had a large appetite and great thirst. He asked if there were any recognized causes for polyuria.

Dr. Hingston found such cases very frequent after operations.

Dr. Stewart replied that the man was a non-smoker and temperate. Morphine had been tried, but not codeine. He could give no explanation to Dr. Gardner's question.

Dr. Hingston showed several stones which he had removed by lithotomy from a man with an enormous prostate. The peculiarity of the case was that he had the greatest difficulty in finding the stones. It was only after making several examinations, and with a sharply curved sound, that he had succeeded in detecting them. Another peculiarity was that not a drop of urine passed by the wound, and he was able to retain urine in the bladder very well.

Dr. Shepherd asked whether he had suffered from retention up to the operation?

Dr. Lapthorn Smith said that he had experienced the same difficulty in finding the stones in several cases of greatly enlarged prostate; he thought the inflammation was the formation of a pouch below the level of the urethra, as proved by the large amount of residual urine in these cases.

Dr. McDonnell read the history of a case of appendicitis, which began twelve months ago by a sharp pain in the right iliac region, which lasted some time. Five months ago had a second attack, which left patient in bed three weeks. After being up for three weeks another attack came on, lasting till June. Nine days before admission was taken with severe pain and vomiting, followed four days later by a severe rigor. Before entering hospital was treated with opium. On entering the hospital there were all the symptoms of peritonitis, pulse being 120, small and hard, and breathing being very rapid. Temperature 100.8. Opium was administered, but the patient continued to grow worse; in fact the prognosis was so bad, and the symptoms pointing to appendicitis, laparotomy was thought to be warranted, and it was handed over to the surgical side.

Dr. Shepherd then read the following report: On 14th Sept., assisted by Dr. Bell, he operated. On cutting through the abdominal wall two abscesses containing pus were evacuated. There was a gangrenous ulcer of the appendix, which latter had to be tied very close to its union with the cæcum, it was so much diseased. By the end of a week there was no fever, but a fœcal fistula formed. It was packed with iodoform gauze. Although a small sinus still remained, the patient was well and at work. This case illustrated the importance of early operation. In several other cases he had operated on they had all died because the operation had been resorted too late. In some cases such violent peritonitis is set up by the rupture of the abscess that no operation can avail.

Dr. Bell said that he strongly advocated early operation; the trouble was in the peritoneal cavity, and we could not afford to trifle with it. Lateral incision was much better than median incision. He had had two successful cases.

Dr. Hingston regretted to say that he had had one case in which he did not operate, and the patient died. In future he would operate.

Dr. Gardner said that when there is an abscess to be evacuated, and a drainage tube is used, there is no necessity for covering the stump with peritoneum. If, on the contrary, the abdomen is closed without any tube, then it is better to cover the stump.

Dr. Springle had seen two cases in the dissecting room.

In conclusion, Dr. McDonnell urged all practitioners to be on the lookout for these cases, so as to recognize them early and to operate; and Dr Shepherd said that he had lost six cases because they were operated on too late.

[Reported for THE CANADA MEDICAL RECORD.]

FRENCH CONGRESS OF SURGERY, OCTOBER, 1889.

DISCUSSION ON THE ELECTRICAL TREATMENT OF FIBROIDS.

The electrical treatment of fibroids of the uterus, which was invented by Apostoli in 1883, and which has received from all sides almost unanimous approval, was recently discussed at a meeting of the above congress, where a method was brought forward which, while claiming to be the best of all, also affirms that it was new, because it was based upon the use of medium intensities, extra-uterine action and changing of the current. Apostoli vigorously opposed this pretention. 1st. The method proposed by Drs. Championniere and Danion, is by no means new, and is nothing more than the exact reproduction of old methods, which were tried, and for the most part abandoned. First of all, Apostoli claims the priority of all medical applications of electricity surpassing a current strength of 50 miliamperes. (C. Thesis of Carlet, July, '84.) During two years he employed exclusively current strength between 40 and 70 miliamperes. Since then he has deemed it advisable to increase the dose, not in a blind or exclusive manner, as they would wrongly make him to say, but rationally and progressively, according to the nature of the case.

The intensity should be lessened in cases of uterine or peri-uterine intolerance (diseases of the appendages); it should be increased in all grave forms of hemorrhages or endometritis.

In the second place, Aime, Martin and Cheron were the first (in 1879) to propose the extra-uterine action of the current either on the cervix or in the vagina, and they were the first to use either reversing or interruptions of the galvanic current. Moritz Benedikt, of Vienna, also employed reversing of the current previous to Drs. Championniere and Danion.

The method recommended by Drs. Championniere and Danion is not as effective as the treatment known as Apostoli's method.

(A) Because it does not lay down the arms of the surgeons, who continue to castrate and to perform hysterectomy.

(B) Because they choose their cases, employing electricity on elderly women and on those who are not very ill, and operating on young women.

(C) Because they admit failures which require surgical intervention.

(D) Because their treatment is always in the vagina and outside of the uterus, thus preventing them from applying the benefits of the treatment of the concomitant endometritis.

(E) Because a relapse nearly always occurs unless the treatment is constantly kept up.

(F) Because they do not even pretend to remove inflammatory perimetritic exudations.

(G) Because the addition of iodo-sodic waters, which is part of their treatment, shows that their electricity alone is not sufficient to effect a cure.

(H) Because they have never observed any tangible reduction in the size of a fibroid under their treatment.

In opposition to these affirmations, of Dr. L. Championniere, which are based on only seven months of use and eleven observations, Apostoli offers his method, which is already seven years old, and which has received the approval of nearly all who have tried it, and which includes a total in France and abroad of several thousand observations.

1st. His method is harmless and always easily borne, when his directions are carried out, the few cases of death having all been due to errors of diagnosis, tumors of the appendages having been mistaken for fibroids, and treated electrically. His method is the most efficacious, because it claims to be of itself sufficient for the treatment of fibroids, in which case it has in most cases supplanted the use of the knife.

2nd. Because it does not choose its cases, but benefits all, both old and young, with varying results, however.

3rd. Because failure with it is the exception in fibroids which are simple and not fibro-cystic, and which are not complicated with diseases of the appendages.

4th. Because it makes use of vaginal galvanic punctures, either alone or in conjunction with intra-uterine applications, which are necessary in endometritis.

5th. Because with it a relapse is the exception, and the beneficial results are for the most part permanent, provided that the treatment has been continued for a sufficiently long period.

6th. Because it embraces within its sphere of action, under different formulas of intensity and various localizations, a treatment for fibroids endometritis, metritis and a great many cases of salpingo-ovaritis.

7th. Because it dispenses with all other methods of treatment, not even requiring the aid of chloride of sodium waters.

8th. Because it produces an anatomical reduction in the size of fibroids, although it is only partial, but not total.

Progress of Science.

COCAINE FOR IRRITABLE GUMS.

℞. Cocainæ gr. ij.
Aquæ ℥j.—M.

This is an excellent remedy, when applied to the gums, when there is much irritability.—*Walker.*

TREATMENT OF PHLEGMASIA DOLENS.

℞. Extract of opium, extract of belladonna, extract of hyoscyamus, extract of hemlock, of each 3 parts; vaseline, 30 parts. This ointment to be applied along the course of the inflamed vein.—*L'Union Medicale.—Medical News.*

CEPHALIC SNUFF FOR CORYZA.

℞. Morphiæ muriat., gr. i j.
Bismuth, subnit., ʒ v j.
Pulv. accaciæ, ʒ i j.
M. F. pulv. (Ferrier.)

MOUTH WASH.

The following wash for shrinking the gums is given by various French journals of pharmacy: Tannic acid, 8 gm.; tr. iodine, 5 gm.; iodide potass., 1 gm.; tr. myrrh, 5 gm.; rose-water, 200 gm.; mix. A teaspoonful in a third of a tumbler of water.—*Canada Lancet.*

PURGATIVE PILL.

℞. Pulv. aloes soc., gr. i j.
Pulv. ipecac, gr. ½.
Pil. hydrarg., gr. j.
Ext. hyoscyami, gr. i j.
M. F. pil. j.

Sig.—One or two pills at bed-hour. (Abernethy.)

HABITUAL CONSTIPATION.

℞. Aloina,
Ext. nucis vom.,
Ferri sulph.,
Pulv. ipecac.,
Pulv. myrrhæ,
Saponis, āā gr. ½.
M. F. pil.

Sig.—One pill to be taken half an hour before last meal of the day. (Sir A. Clark.)

Or,

℞. Ext. cascaræ s. liq., ℥ i j.
Tr. nucis vom., ʒ i j.
Glycerini, ℥ j.
Aquam, ad. ℥ iv.
M. F. mist.

Sig.—ʒ j. as required.

NEW REMEDY FOR PEDICULI PUBIS.

℞. Salicylic acid 2 to 3 parts
Toilet vinegar 25 parts
Alcohol (eighty per cent) 75 parts

The parts are to be rubbed with a piece of flannel wet with the mixture. One application is usually sufficient.

FOR INFANT'S COLIC.

℞. Ol. terebinthinæ fʒj.
Chloroformi gtt. x.
Sodæ bicarb. gr. x.
Mucilag. acaciæ ad fʒiij.

M. S.—fʒj every two or three hours for a child six months old.

BEDFORD BROWN.

CHOLERA MORBUS.

This is a faithful remedy for cholera morbus, colics, etc.:

℞. Spts. ether. comp.,
Spirit ammoniæ aromat.,
Chloroformi, āā equal parts. M.

Dose—Teaspoonful every half hour, or every hour, as occasion demands, until relieved. The first dose will usually suffice.

ALCOHOLISM.

℞. Tr. Capsici, f ʒ i j.
Tr. auranti, f ʒ j.
Syr. simplex, f ℥ j.

M.—Sig.—A teaspoonful in a little water before meals or when depressed. Half a teaspoonful if it disagrees.

J. J. S. DOHERTY, M.D.
Thompsonville, Conn.

CARLSBAD SALT (SUBSTITUTE FOR.)

℞. Sodii sulph., ʒ j.
Sodii chloridi,
Sodii bicarb., āā ʒ ½.
M. F. pulv.

Sig.—Take in half a tumblerful of tepid water.

—*Canada Lancet.*

MIXTURE FOR PYROSIS.

℞. Bismuth carb., ʒ i j.
Magnesii carb. levis., ʒ j.
Pulv. tragac. ver., gr. xx.
Aq. flor. aurantii,
Syr. flor. aurantii, āā ʒ i j.
Aquam, ad. ℥ vj.
M. F. Mist.

Sig.—Three or four teaspoonfuls three times daily, after meals. (Squire.)

AMENORRHŒA.

Leeches to cervix.

℞ Pil aloes et myrrhæ, ʒ i i j.
Ferri sulph. exsic., ʒ i j.
M. Ft. Pill no. 20. Sig.—One t. i. d.

℞ Decocti aloes co.
Mist ferri co., āā f ʒ i i j.
M. Sig.—A tablespoonful t. i. d.

ALCOHOLISM.

℞ Tr. capsici.
Tr. nucis vomicæ, āā f ʒ ss.
Acidi nit. dil., f ʒ j.
Aquæ, f ʒ i j.
M. Sig.—Teaspoonful ter die.

℞ Tr. capsici, f ʒ i j.
Sig.—One half teaspoonful every third hour in half ounce of water (in bad cases of tremens).

ANTIPYRIN IN URTICARIA.

According to M. Nicot there are two forms of urticaria. (1) That which is continually associated with temporary or permanent disorders of the digestive or hepatic functions, for which alkalies should be prescribed, such as arsenic and bicarbonate of soda, together with dietetic treatment, and the prohibition of all stimulating foods. (2) That which is entirely of nervous origin, and in which highly successful results can be obtained by the use of antipyrin.—*Medical Press.*

ACNE INDURATA.

℞ Sulphur iodidi.
Ungt. simplicis.
M.—Ft. ungt. et Sig.—Apply t. i. d.

℞ Alkalies and arsenic.

℞ Lac. sulphur., ʒ i j.
Glycerinæ, f ʒ i j.
Potass. carb., ʒ i j.
Ungt. benzeoti, ʒ i j.
M.—Ft. ungt. et Sig.—Apply to space of 5 cent piece every night.

℞ Tr. Ferri, gtt. xx. t. i. d.

PILLS FOR SPASMODIC VOMITING (V. AUDHOUI.)

℞ Ext. nucis vomicæ, gr. xv
Ext. belladonnæ.
Ext. opii, āā gr. iij
M. et ft. pil. no. xx.

In anæmic women with dyspepsia and spasmodic vomiting, and also uterine catarrh, one or two pills, or even more, are to be given in the evening upon retiring. Twice a day, at about 11 a.m. and 7 p.m., 30 or 40 drops of tinct. ferri. tartar are to be given in water. A vaginal douche morning and evening; an alkaline bath once a week.—*L'Union Med.—Deutsche Medizinal Zeitung.*

TONSILITIS.

The following has been a very useful gargle in the treatment of tonsilitis, and is highly recommended by Dr. John Aulde:

℞ Tr. guaiac. ammoniat.
Tr. cinchon. comp. āā fʒiv
Potass. chloras. ʒij
Mel. desp. fʒiv
Pulv. acaciæ, q. s.
Aquam, q. s. ad fʒiv
M. Sig. Use as a gargle, and take a teaspoonful every two hours.—*Med. Register.*

MENTHOL IN ASTHMA.

Dr. Jores mentions in the *Therapeutische Monatshefte*, that he has employed menthol with success in asthma. The patient was a woman who had asthmatic attacks, for which all the usual remedies had proved unsuccessful. Jores then resorted to menthol, a twenty-per-cent solution in olive oil. While before its use there were crackling and rattling râles heard in the lungs, the whole attack disappeared after a few inhalations, and ausculation showed that respiration was entirely normal, the heart-beat unchanged, the pulse full and strong. The patient said that she frequently felt in her head as though she had inhaled chloroform. Since its first employment the remedy has proved promptly successful in all attacks.

ON THE DIURETIC PROPERTIES OF LACTOSE.

Milk has long been recognized as one of our most reliable diuretics, frequently proving successful in causing diuresis when the therapeutical arsenal had been exhausted in vain. No serious investigation, however, seems to have been made into the relative value of the various constituents of milk in bringing about this result. As far back as 1879 M. C. Richet demonstrated that lactose, saccharose and glucose possessed diuretic properties, by a series of experiments carried out on animals. Since then M. Germain See has turned his attention to the subject, and has shown that the diuretic action of milk sugar exceeds that of milk *per se*, and never fails to produce the desired effect. M. Desjardin-Beaumetz has verified his observations, and adds that glucose, which has the advantage of being perfectly soluble in water, promptly causes an abundant diuresis.—*Med. Press and Circular.*

NASAL ORIGIN OF SPASM OF THE GLOTTIS.

Dr. Ruault concludes (*Medical News*): (1) Certain lesions of the mucous membrane of the nasal fossæ may provoke reflex spasm of the glottis, so serious as to demand tracheotomy. (2) These attacks may continue for years, and yield quickly to treatment of the nasal affection on which they have depended. (3) Hysterical females are the most frequent subjects, although both sexes, infants as well as adults, may be affected. (4) Bronchial spasm may co-exist, and also affections of the voice. (5) Prognosis is favorable, the case being recognized. (6) The treatment of the attack consists in the application of cocaine, the administration of chloroform, and tracheotomy, if necessary. (7) Treatment of the affection consists in the treatment of the nasal abnormality.

INHALATION OF IODIDE OF MERCURY IN TUBERCULOSIS OF THE LUNGS.

Drs. Miguel and Rueff, after prolonged observation, have reported favorably on this method of treating phthisis. One part of biniodide of mercury, and one part of iodide of potassium are dissolved in one thousand parts of distilled water, and this solution is employed in the form of a spray; at first, only once daily, and later, when the patients have become accustomed to it, twice daily. In cases where the irritation was excessive, the solution was diluted to one-half its strength without deteriorating from the germicidal powers. One of the chief conditions of success is to prolong the treatment, and this can be done for a year or more without evil effect to the patient.—*Therapeutic Gazette.*

QUININE IN LABOR.

Dr. Strock, of Camden, New York, read an article before his County Medical Society on this subject. He strongly urges the use of quinine as a substitute for ergot and other remedies in cases of simple uterine inertia. He gives this drug in 15 grain doses, and prefers it to other remedies, as it not only increases the force of the uterine contractions, but stimulates the patient so that she is capable of renewed and greater exertion in assisting in the propulsion of the child. In primiparæ he considers it good practice to give a dose of quinine early in labor, as by this means the process is materially shortened without endangering the mother or child. He believes that quinine has not so marked an action as ergot upon the circular fibres of the uterus, and hence may be given in rigid os, while the latter would be contra-indicated as the increased contraction of the circular fibres in the cervix would offer a further resistance to the passage of the child.—*Med. Register.*

EFFECTS OF PROLONGED CHLOROFORM ANÆSTHESIA.

Some observations made about two years ago by Dr. Ungar pointed to fatty degeneration of the heart and liver as the cause of death after repeated prolonged administration of chloroform. Further experiments on dogs have recently been made by Dr. Strassman, which appear to confirm this view. Dr. Strassman found that the first organ to be affected was the liver, then the heart, and after that other viscera. The nature of the morbid change was not a fatty degeneration, but fatty infiltration. The actual cause of death in fatal cases appeared to be the cardiac affection, as in all such a very marked degree of change was found in the heart. In non-fatal cases the morbid change was found to have disappeared in a few weeks' time. When morphia was given previously to the chloroform, less of the latter was required, and consequently the changes produced were not so considerable as when the ordinary amount was given. Animals suffering from hunger, loss of blood, &c., were especially predisposed to the morbid changes due to chloroform.—*Lancet.*

DIAGNOSIS OF TUBERCULAR TUMORS OF THE PONS.

Dr. J. Magee Finny, in reporting a case of tubercular tumor of the pons, in the *Dublin Journal of Medical Science*, summarizes the symptoms as follows, and thinks that to a large extent they may be taken as typical of tumor of the pons: Incomplete paralysis of motion and sensation of the right arm and l g, with a loss of muscular sense; paralysis of the left side of the face (alternate or crossed paralysis); conjugated lateral deviation of the eyes to the right side, with paralysis of the left sixth nerve, and associated paralysis of the right third nerve supplying the internal rectus; slight optic neuritis of the left eye; unsteadiness of gait and weakness of the right leg, and a tendency to totter backward; paralysis of expulsive power in bladder and rectum; a fortnight later, bulbar paralysis, involving the tongue, lips and pharynx was added, and with it a sensory paralysis of the right side of the face; and still later on, double optic neuritis of much intensity; paralysis of respiration; convulsions and coma.

CHARACTERISTICS OF THE LATE SYPHILIDES.

Dr. Henry W. Blane, in a communication to the *St. Louis Medical and Surgical Journal*, May, 188·, expresses the opinion that the cutaneous lesion of long-standing syphilis is a local one, confined to narrow limits on the surface, and it consists either in a tubercular

deposit or the result of it—an undermined ulcer. These deposits, and consequently their resulting ulcers, he says, are generally arranged in groups, reniform or crescentic, and seem always about to form a ringed or circular patch, though the rule is that they fall short of doing so. Frequently several of these crescentic patches are seen close together, and their arrangement presents the outline of an incomplete circle or eclipse.

Viewed attentively the syphilitic lesion is seen to be a series of tubercles placed side by side, or separated by short spaces, and it is to the existence of these separate deposits that the scolloped edge of the syphilitic plaque owes its existence.

IODOFORM IN CEREBRO-SPINAL MENINGITIS.

In the Tchernigov weekly *Zemsky Vratch*, No. 10, 1889, p. 151, Dr. G. Levitsky, of Vostrovskaia, calls attention to excellent effects in cerebro spinal meningitis obtained from the internal administration of iodoform, given in the form of two-grain pills, three times a day. He reports a striking case, that of a woman suffering with an exceedingly severe form of the disease, in which, after all other means had utterly failed, the administration of the drug was almost immediately followed by a steady improvement. On the third day of the treatment contractures of the right, and on the fifth of the left, upper limb disappeared; by the end of the fourth week the patient was practically well. The drug was therefore discontinued. A relapse, however, rapidly followed, but yielded at once to another course of iodoform; a complete and permanent recovery taking place ultimately. In all, *one ounce* of iodoform was taken in the course of two months. No untoward accessory effects were ever observed.

MELON-SEED BODIES IN JOINTS AND TENDON-SHEATHS.

Considerable light has recently been thrown by Schuchardt (Medical News) on the mode of production of these bodies. They either consist really of altered portions of the lining membrane of the walls of the cavity itself in which they are contained, or they are developed in connection with the tendon sheaths, while a careful examination of them shows that coagulated fibrin does not really enter into their composition. In more than one instance the living membrane of the joint was found to be covered with a viscid substance more or less laminated in character, and here and there already causing adhesions to take place between the opposing surfaces of the joints. These glutinous masses appear to be composed of partially "necrosed" portions of the joint wall, which, instead of passing away, remain connected with the wall, and likewise become attached to one another. The movements of the surfaces of the joints upon each other then cause these bodies to drop into the joints, where they lie loose, as melon-seed bodies, and if the joint is in a fairly healthy condition hey may be evacuated and leave behind a good and useful joint. —*Med. Standard.*

MORBID CHANGES IN DIABETES.

Dr. P. Ferraro, who has made several researches on the subject of the changes produced in the different organs of the body by diabetes, has recently published the results of similar investigations in a fresh case, the eighth of the series. The arteries were affected with chronic endarteritis; in the lungs there were morbid changes not due to bacilli; in the stomach and intestines the mucous membrane was atrophied; the pancreas was transformed into a firm, compact mass of fibrous or cicatrical character; in the parenchyma of the liver and the spleen pulp there were also signs of atrophy. Here, therefore, as in the other cases examined, the digestive organs were most of them affected to a greater or less extent, while the nervous system was not apparently the subject of any morbid changes. Dr. Ferraro considers the exhaustive study of the morbid histological changes in diabetes very important, and believes that we shall not arrive at any definite conclusion as to the etiology of this disease until our knowledge of the conditions under which sugar is formed and distributed in the body in a state of health is very much further advanced than it is at present.—*Lancet*, April 20, 1889.

PAPOID IN DIPHTHERIA.

Dr. M. F. Cuthbert, M.D., of Washington, D.C., reports, in the *American Journal of Obstetrics*, three cases of diphtheria, in which he applied papoid to the infected area of the throat, and gave of course other treatment. He expresses doubt whether papoid played any part in the removal of the membrane. He adds: "We may have marked local lesions without any prominent local symptoms being complained of; so long as there is the slightest quantity of membrane remaining upon the throat we have reason to fear that fresh deposits may occur. The clinical thermometer is not of any great practical value in diphtheria. It is of far more importance to have a close supervision of the pulse. Of the great value of alcoholic stimulants in these cases there can be no doubt, and the earlier we begin their use the better will our results be. If we were limited to the use of any one agent in the treatment of this disease, alcohol would, I believe, be the most useful one we could select. A moderate dose of that much-abused drug—but none the less valuable for all

that—calomel, given at the commencement of the disease, will go far toward keeping the digestion in good condition. The demand for a free administration of nourishing food in these cases is imperative, and next to milk, a liberal supply of beef juice will best fill this want. Whether papoid be a solvent of membrane or not, I believe it to have two good effects when applied to the throat in a case of diphtheria: 1. It relieves pain, seeming to act more or less as a local anæsthetic. 2. It prevents or destroys the offensive odor so common in these cases."

ETIOLOGY OF CHOREA.

Rheumatism has much to do with it. In 100 cases of chorea in children, analyzed with reference to the etiology, by Dr. Sturges (*Lancet*), rheumatism has occurred in 60 cases, either in the individual or the parent. Chorea has two distinct phases. It is first a disorder of the mind, and afterwards a disorder of the body. In its earlier stage it needs moral correction. Chorea is the most preventable of all diseases, and the most directly due to ignorance and neglect. The early symptoms of altered temper, disturbed sleep, inattention, impatience, are obvious enough. This early stage is often aggravated by undeserved punishment. The system of school work, which pushes children forward at a uniform rate, is a fruitful source of chorea.—*Archives of Pediatrics.*

THE BROMIDES IN EPILEPSY.

Dr. Moritz Gauster, whose extensive experience in the treatment of this disease enables him to speak authoritatively, concludes as follows: (1) The bromide treatment in epilepsy is the most successful, particularly in idiopathic cases. (2) As a rule, the bromides must be administered for years, the dose in each individual case being regulated by observation. (3) By careful observation of the condition of patients, as much as 20 grammes can be given daily without manifest injury. (4) The bromides must be suspended or supplanted by other agents. (*a*) When digestive disturbances supervene; when slight they are of no consequence, and generally disappear, notwithstanding their continued use; (*b*) when catarrh of the pulmonary apices can be detected; (*c*) when ulceration of the skin or any cutaneous complication exists. (5) Involvment of the intelligence does not indicate a discontinuance of the bromides. (6) Pulmonary tuberculosis, severe cutaneous lesions and grave nutritive disturbances alone forbid the bromide therapy. When combating the attacks of epilepsy this is not of such vital importance as preventing the supervention of severe psychoses. (7) Emaciation is no contra-indication, as the weight may increase when sufficient nutritive elements are ingested. (8) During the treatment attention must be directed to the nutrition, and at intervals to the lungs and skin.—*Wiener medizcn Presse.*

TURPENTINE IN POST-PARTUM HEMORRHAGE.

"For some years," writes a correspondent, "I have used spirits of turpentine in post-partum hemorrhage, and, in every case, with the best results. When the ordinary means, *i. e.*, friction over the uterus, irritation of the uterus by introduction of the fingers, cold, hypodermic injection of ergotine, etc., failed, by saturating a piece of lint with the turpentine, and introducing it with my hand into the uterus and holding it against the walls, rapid contraction took place, and all hemorrhage instantly ceased. In one or two cases, when the patient was almost pulseless, it seemed to act as a stimulant. On no occasion did its action fail, nor did it cause the slightest inconvenience, except in one, when the side of the patient's thigh was slightly blistered by some that came in contact with it, but it gave very little annoyance. I consider it to be much quicker and safer in its action than any other remedy; it does not cause any injurious result, and besides, it is much more easily applied. In country practice, getting hot water, or using injections often entails loss of valuable time.—*Lancet.*

A SIMPLE INHALER.

Dr. Ernest E. Maddox gives the following useful suggestion for making a simple inhaler, in the *Practitioner*, May, 1889. In it such remedies as compound tincture of benzoin, menthol, and oil of eucalyptus may be used:

"Coil a piece of paper into the shape of a cigarette, and fix it with gum. Then insert into one end a small uncompressed piece of absorbent cotton-wool, upon which a drop or two of the desired medicament has been poured. Air is now drawn through the tube by the patient, who holds the other end between his lips. This plan is by many patients, especially by men, preferred to the use of any form of respirator, or to inhalations mingled with steam. These last, moreover, have a relaxing effect in some atonic conditions of the throat."

Of a number of remedies, including menthol, inhaled in this way by a patient suffering from pulmonary phthisis, he found that oil of peppermint gave most satisfaction. A small tube of vulcanite flattened like a cigarette-holder at one end, with a raised flange or border to be held within the lips, would doubtless, he says, answer still better; but an inhaler, which when needed can be made on the spot, has advantages of its own.

VERTIGO FROM CONSTIPATION.

Persons who are accustomed to have a regular action of the bowels every morning are usually affected with giddiness or vertigo, or with a sense of faintness, if the natural habit be, by any accident, omitted. The reason is a very simple one, and is purely mechanical. The regular habit causes the rectum to be loaded with fæces, and when the rectum is loaded there is pressure on the surrounding veins. But, as I have shown by direct experiment, the cerebro-spinal fluid finds its way into the venous circulation by the inferior vena cava and the common iliac veins. When, therefore, there is pressure, causing impediment to the venous circulation of the pelvis, there is at once an interference with the process of escape of the cerebro-spinal fluid, and pressure upon the whole of the cord, up to the cerebrum itself.

The form of constipation here referred to is the rectum, and must not be confounded with constipation due to accumulation or inaction in the colon. Vertigo with constipation, and with the patient connecting the uneasy cerebral symptoms with the constipation, is an indication that the rectum is loaded, and that relief will follow from a brisk aloetic purge.—RICHARDSON, *College and Clinical Record.*

ANTISEPTIC IRRIGATION OF THE KNEE-JOINT FOR CHRONIC SYNOVITIS.

Maurice H. Richardson reports three cases of chronic synovitis successfully treated by antiseptic irrigation of the knee-joint. The procedure is described as follows: under ether a large aspirating needle is introduced into the knee-joint on the outer side, just above the patella. The effused liquid is removed and a like amount of a 5 per cent. solution of carbolic acid is injected. This is in turn exhausted. The limb is then placed upon a posterior splint, the wound dressed antiseptically, and a cure effected in from two to four weeks. Dr. Richardson remarks: Many such operations have been done abroad, especially in Germany, with marked success. The ordinary treatment, by compression with or without aspiration, rest, splints and so on, has rarely been productive of a cure, or even of lasting benefit. Although the immediate effects of the treatment by irrigation are good, it is too soon to say that there has been a permanent cure. It is, however, safe to say that we may expect a permanent cure if we continue this treatment, and make use of repeated aspirations should fluid reappear. It is important to use a needle of considerable size, because of coagulation and precipitation of the albumen in the joint fluid by the carbolic acid. The best point to introduce the needle is through the fibres of the vastus externus, on the outer side, just above the patella. While the procedure is very simple, it should not be employed indiscriminately, nor until ordinary means have failed, and then only with the greatest care, especially as to cleanliness and asepsis.—*Boston Medical and Surgical Journal.*

A NEW SYMPTOM OF PERICARDITIS.

In some cases the diagnosis of effusion into the pericardium is difficult; and a symptom, first noticed by Bamberger, is said to be constantly present, and aids materially in arriving at a correct conclusion. Puis, in the *Wiener Med. Woch.*, has again attracted attention to the point. By percussion of the patient in a sitting position, or when lying on the right side, there is a muffled tympanitic resonance or diminished resonance over the left side of the thorax behind, extending downward from the angle of the scapula; and at the place of greatest loss of resonance there is a distinct bronchial breathing and bronchophony, with increased vocal fremitus. If the patient is made to bend forward, a portion of the dullness completely disappears, another portion becomes tympanitic, and no bronchial breathing is heard. This change is more marked still if the patient assumes the knee-elbow position. The physical signs observed are ascribed to compression of the lower lobe of the left lung by the fluid in the pericardium, and are found in young adults with chests which are elongated or narrowed antero-posteriorly. The presence of pneumonia or pleuritis is contra-indicated by the alteration of the physical signs when the position of the patient is changed.—*Brit. Med. Jour.*

RENAL COMPLICATIONS IN WHOOPING COUGH.

Some time ago Dr. Stefano Mircoli pointed out that he had several times observed renal complications in whooping-cough. Thus, on one occasion, among ten children suffering from the disease, nephritis occurred in two cases, one of which died. The necropsy left no doubt as to the existence of the renal affection. During another outbreak, among thirty-five cases nephritis developed in four. Two of these died, and in one a post-mortem examination was made. The kidneys were examined microscopically, and were seen to be in a condition of severe parenchymatous nephritis. No micro-organisms could be seen. Recently Dr. Mircoli has brought forward additional evidence on the subject. In a recent epidemic at Monterrubbiano, of twenty-four patients, three died, one from suppression of urine, another from suffocation in a paroxysm of coughing, and a third from marasmus. In the two latter cases, although during life there were no symptoms of renal affection, on post-mortem examination venous stasis in the kidneys

with commencing albuminuria was found. There was also a considerable amount of hemorrhagic infiltration. Cultures of the kidney tissues gave negative results. Dr. Mircoli believes that the renal affection is due to venous stasis caused by obstruction of the vena cava through the violent paroxysms of coughing. According to him the kidney is affected, in whooping cough, in 12 per cent. of cases occuring in children.—*London Medical Recorder.*

ICE WATER.

In the opinion of the editor of *The Sanitary Volunteer*, the official organ of the New Hampshire Board of Health, there is a great deal of sentiment and many opinions, regarding the use of ice-water, that vanish when the light of reason and experience is turned upon them. The fact is, that ice-water, drank slowly and in moderate quantities, is a healthful and invigorating drink. There is no doubt that ice is a great sanitary agent, and every family ought to be provided with it during the warmer months of the year. It is true that the inordinate use of ice-water, or its use under some special conditions and circumstances, is attended with great danger; so is the improper use of any other drink or food. The assumption that iced water is dangerous, and that iced tea, or iced coffee, or iced lemonade is a harmless substitute, is simply a delusion. As the source of danger feared by some is the degree of cold, we fail to see clearly how flavor modifies the effect of temperature. There are some individuals, undoubtedly, who cannot drink ice-water without injury, and who ought never to use it, but to a great majority of persons it is refreshing and healthful. Its use, temperate and discreet, is in no way to be condemned, which cannot be said of some of its substitutes.—*Science*, June 28, 1889.

TREATMENT OF NÆVUS.

In the *Archives of Pediatrics*, June, 188°, Dr. Holgate, of Bellevue Hospital, New York City, recommends treating nævus by the use of alcohol by injection and by encircling the nævus with a metallic ring. The ring is such as any ingenious person can make by bending the end of a knitting-needle, and is applied round the nævus with sufficient pressure to cut off the circulation, and limit the action of the alcohol. It is held in place for a few minutes until the alcohol has had time to produce the desired shrinking of the vessels. From five to ten minims of ninety-five per cent. alcohol are injected in one spot, and the injections are repeated as the size and character of the nævus demands.

In treating nævus of large dimensions, more than one injection could be given at the same sitting, or at short intervals of time in different parts of it: the absorption in one part could be taking place while another part was being prepared, bearing in mind the effect of alcohol upon the system. This method has the advantage of being easy of application, and there are few practitioners who are not possessed of all the material needed; if not, it is readily procurable, and with ordinary care it will not, Dr. Holgate thinks, prove dangerous. Of course care must be used that the syringe is perfectly void of air before injecting the agent.

SULPHUR IN THE TREATMENT OF SCIATICA.

Bouvard, himself a sufferer from obstinate sciatica, *a frigore* since six months, narrates in the *Revue de Therap.*, April 15, 1889, the results obtained in his person by enveloping the affected limb in a thick layer of flowers of sulphur. The morning following his first application he remarked a distinct increase in the pain, and consequently functional impotence of the limb; but three days later, not daunted by his experience, he tried it again. This time his courage was rewarded by marked relief, and a week later all that remained of the sciatica was a slight "sleepiness" of the limb. This, however, disappeared entirely after a third application. The local irritation caused by the sulphur was practically *nil*, but he remarked a very powerful and disagreeable odor of sulphuretted hydrogen from the skin and urine. Ten days after the cure of the sciatica an acneiform eruption made its appearance on the forehead and temples, and in three days the whole face was covered, and the skinover the body itched and smarted. This symptom, however, completely disappeared at the end of eight days. He then made another application of sulphur, in order to test its relationship with the eruption, and, surely enough, the eruption reappeared at the end of a week, and, though less severe, was longer in subsiding. —*London Med. Recorder.*

ON THE INFLUENCE OF PERMANGANATE OF POTASSIUM ON MENSTRUATION.

Prof. Stephenson gives, in an interesting article, the results obtained from a series of observations extending over a period of three years upon the value of potassium permanganate in menstrual diseases. During this time he has collected one hundred and five cases in which reliable results were obtained. In his investigations he exhibited the drug in the form of a pill containing two grains of permanganate in sufficient kaolin ointment, one pill to be taken after meals. In a few cases this dose was doubled. In stating the results obtained he says: "It is evident that in the permanganate of potassium we have a remedy which has a con-

siderable influence upon the function of menstruation when that function is deranged. In the matter of time, it tends to promote the normal periodicity both when the periods are too long and when too soon. It aids in restoring the menstrual flow when suppressed, to increase it when scanty, and to moderate it when in excess. It relieves much of the menstual suffering, has a direct influence on some forms of ovarian pain and the headaches of menstrual origin. It has a remarkable influence in checking leucorrhœa."

In conclusion, he infers that the direct action of the drug is upon the vaso-motor center, especially those regulating the generative system.—*British Med. Jour.*

IODOFORM IN CHRONIC METRITIS.

Drs. Roux and Schnell speak favorably of the influence of iodoform in this disease, and mention the following as its advantages over curetting: (1) It is more easily accepted by the patient. Curreting is a surgical operation, and the very word frightens many patients who will submit to the most elaborate "dressings." (2) Notwithstanding the comparative safety of curetting, it is yet more fraught with danger than simple uterine cathetrization and injection of the iodoform emulsion. (3) It is sometimes impossible to curette a l of the diseased surface, which, on the other hand, would probably be reached by liquid injection. The superiority of iodoform to other topical applications in chronic metritis seems to be fully established by the superiority of our results over those obtained by surgeons employing other remedies. The emulsion may be of oil and iodoform, 1:3, or of glycerine and iodform as follows:

Iodoform	50.0
Glycerine	40.0
Water	10.0
Gum Tragacanth	.3

The injection may be made by a hypodermic syringe through an elastic catheter, No. 9 or 10 (Charrière), under strict antisepsis, and should never exceed 4 c. c. (ʒ i)—*Annales de Gynècologie.*

STROPHANTHUS AS A LOCAL ANÆSTHETIC.

Many of the drugs which are useful in the treatment of cardiac disease also possess a local anæsthetic action There is, of course, no connection, as far as can be seen at present, between the two actions. The local anæsthetic action of erythrophleine was investigated last year by many observers; the conclusions arrived at were that, although it possessed a powerful local anæsthetic action, it causes irritation and dilatation of the conjunctiva, and in some cases even severe inflammation. It was thus much inferior to cocaine, whose action is accompanied by a constriction of vessels and consequent pallor of the part. Helleborin, the glucoside from the Christmas rose, is also a local anæsthetic and cardiac tonic; one fortieth of a grain in solution placed on a conjunctiva of rabbit causes complete anæsthesia in fifteen minutes, and there is at the same time no interference with the movements of the pupil and no dilatation of vessels. The action of this glucoside is therefore like that of the alkaloid cocaine; but it has not yet come into general use. Steinach has lately shown that strophanthus seeds contain a body not identical with strophanthia, which when placed on the conjunctiva produces in twenty-five to thirty minutes complete anæsthesia, lasting from two to twelve hours. There are no great signs of irritation, but if applied to the eye of man it causes a slight feeling of burning, with a passing hyperemia of the conjunctiva. This condition may pass on to cloudiness of the cornea in animals. The local anæsthetic action of strophanthus is, therefore, chiefly of pharmacological interest, like that of erythrophleine. Cocaine still holds its own when judiciously employed. —*Brit. Med. Review.*

WASHING OUT THE BLADDER.

In a recent work by Dr. J. M. Lavaux, he strongly recommends the practice of washing out the bladder by means of hydrostatic pressure, instead of by the action of a syringe. The plan he adopts is similar to that used in what is well known in this country as the "fountain syringe."

He employs a reservoir fixed at a certain height above the patient, and connected by india-rubber tubing, not with a catheter, but with a metallic tube only three centimetres (about an inch) long. The tube fits into a conical perforated india-rubber obturator, which is introduced within the urethral orifice. The stream of water is then turned on, and, a force sufficient to overcome the "inter-urethral" sphincter being employed, the fluid passes on into the bladder. As soon as a feeling of distension is experienced by the patient, the flow is stopped, and the obturator is removed, and the patient empties the bladder by his own effort. The stream of water is regulated by means of a difference in calibre of the short urethral tubes, of which there are six sizes, the smallest having a channel of one millimetre and a third in diameter, and the largest three milliametres. The force of water flowing through each of the tubes with reservoir at a given height has been calculated and one size or another is selected according to the sensibility of the bladder and the resistance of the sphincter in each case.

This plan of injection is said to be applicable to all kinds of cystitis in both sexes, and to be

especially useful in painful forms of the affections, in which the introduction of a catheter causes so much pain and irritation. It is also equally applicable for maintaining an aseptic condition of the urinary passages in cases of operation, the essential condition in any case being that the patient should be able to empty the bladder voluntarily. The solutions used by Dr. Lavaux usually contain boric acid or nitrate of silver, varying in strength according to the case. The use of these medicated solutions is preceded or followed by injection of a solution of cocaine whenever the use of that drug is indicated.

Those of our readers who have never adopted this method of introducing liquids into the bladder will be surprised, on attempting it, to find how much may be accomplished by it, and how much suffering it will spare their patients. Not only is this true, but the method offers much greater freedom from risk of septic infection than any which requires the use of a catheter.—*Med. and Surg. Reporter.*

WEAK HEART AND ITS TREATMENT.

At the meeting of the New York Neurological Society, December 4, 1888, Dr. W. A. Hammond read a paper on weak heart and its treatment. The paper referred simply to weakness of the muscular structure of the heart uncomplicated by dilatation or valvular disease. The affection, he said, is very common, and while it may be fatal in its results, it may also be relieved entirely by treatment, which can be resolved into medicinal, gymnastic, and dietetic. Digitalis is the main medicinal remedy. The author has never observed the so-called cumulative effects of this drug. He thinks, on the contrary, that it requires increasing doses. He administers the infusion in two-drachm doses for two weeks, then he increases the dose one-fourth, repeating the increase at the end of the second fortnight. Convallaria he considers uncertain and unreliable. Strophanthus he thinks of more value; where there is intolerance to digitalis, it may be given. Strychnine is a valuable remedy in weak heart. He prescribes a grain in an ounce of dilute phosphoric acid, ten drops three times a day. Cocaine is a valuable remedy, a fifth of a grain being given three times a day. It has been Dr. Hammond's habit to add two grains to a pint of Malaga wine, a wineglassful being used at a time. Inhalations and hypodermic injections are required often in the weak heart of disease. Hypodermically he has used brandy, digitaline in one-twentieth-grain doses, and nitrite of amyl, two drops diluted with thirty drops of glycerine. Glonoin is useful in one-hundredth-grain doses. Medication is, however, only temporarily useful. Exercise is required for the permanent relief of this condition. Mounting stairs is mentioned as a convenient form of exercise. People living in the country may mount hills. The physician should, however, be in attendance, and the exercise should be suspended when the action of the heart has accelerated fifteen beats a minute, to be resumed upon its tranquilization.

One important point in etiology has, he thinks, failed to be recognized. This is that a normal heart, under ordinary circumstances, may become a weak heart by simple increase in the general body weight. He has had personal experience upon this point. His ordinary weight is two hundred and forty pounds. When it increases to two hundrad and sixty pounds, which it does about twice a year, he is troubled with weak heart. He is then accustomed to apply his own prescriptions as to diet and exercise. In this way he can reduce his weight thirty pounds in thirty days. He then again eats and drinks what he pleases. When he went up to Mackinaw last summer he had been suffering from weak heart. When he returned he could climb anywhere, and was perfectly comfortable.

The dietetic treatment of weak heart refers especially to ingested liquids, the quantity of which should be limited. By lessening the amount of liquids ingested, the total amount of blood in the body is diminished and the work of the heart lightened. In some cases Dr. Hammond has reduced the daily quantity to twelve ounces, with marked improvement within forty-eight hours. The diet is further modified so as to reduce the amount of fat if this is excessive. —*N. Y. Med. Jour.*

ON THE OPENING OF BUBOES.

The best method of opening a bubo is a matter of much greater importance than at first sight appears, and especially to the military surgeon, who has so many of them to treat. I believe that a very considerable reduction of his "constantly sick" would be the result of a procedure different from that which now prevails.

Surgeon-Major Adye-Curran, in a recent number of the *Journal*, has drawn attention to the advantages of aspiration *versus* free incision in the evacuation of suppurating buboes, and the method is, I am quite sure, a good one.

It is now some four-and-twenty years since I abandoned the free incision by which I was taught to open a bubo, a method of opening which is still very generally adopted, apparently orthodox, and perhaps in civil life, necessary. For so many years have I invariably opened a bubo by a mere puncture with a narrow-bladed bistoury, and so very well satisfied have I been with the good results, that I shall continue the practice. By adopting this method that most odious spectacle, "an open bubo," is avoided, as well as the reproach of a protracted cure;

not in all cases by any means, for sinuses will form that must be opened up, and the consequence of neglect or a vitiated state of constitution must be dealt with.

It is necessary to observe that to obtain the best results a bubo should be opened at the proper time; not too soon before a sufficiency of morbid deposit has broken down, nor too late when the vitality of the tissues may have become impaired. The experienced operator chooses the right time, which is probably a few days after the presence of pus has been diagnosed. The small opening made by the bistoury will often be found closed the following day; it may be re-opened by a blunt-pointed probe if necessary.

The puncture is much less painful than the free incision, and it of course has the advantage of leaving but a very small mark, while it has no disadvantage, as it can at any time be converted into as long an incision as may be thought necessary. I am quite certain that the opening of a bubo by a free incision, instead of by puncture, often extends the duration of a case from days to weeks, or from weeks to months. I hope, therefore, that those who condemn the free incision may have many followers, and that "open buboes" may be relegated to the opprobria of the past; at all events, so far as the deliberative action of the surgeon is concerned in their production.—*J. H. Boilbeau, British Medical Journal.*

TREATMENT OF CHRONIC CYSTITIS IN WOMEN.

By Hunter McGuire, M.D., Richmond, Virginia.

The successful treatment of chronic cystitis in women requires an unusual amount of patience, skill and tact on the part of the surgeon.

In the first place, functional bladder trouble has to be eliminated from true cystitis. Pain about the pubic region and pelvis generally, frequent and painful micturition, tenesmus, the sensation that the bladder is never emptied, going on day and night for weeks, producing emaciation, exhaustion, and a life of wretchedness, may be due to a variety of causes. It may be purely functional; piles, fissure of the anus, an ulcer of the rectum, or thread-worms in this organ may cause reflex bladder symptoms. Malaria may provoke vesical irritability; sometimes this happens without serious disturbance of the organs of digestion and alterations in the character of the urine; under such circumstances the only explanation that can be given is the effect of malaria on the nervous system.

We cannot help believing true vesical irritability is occasionally a pure neurosis, certainly there are cases which can be explained in no other way. As our knowledge of pathology, however, increases, these cases of neuroses of the bladder, as well as of other organs, will become less frequent; improvement in our knowledge of that pathological changes which take place in the female urethra will surely contribute to this end. Masturbation is another source of vesical disorders; congestion of all the pelvic organs and irritation of the meatus urinarius follow its prolonged practice. Diseases of the uterus, especially of the cervix uteri, and displacements of the womb are common sources of functional vesical disorders. Pelvic abscesses and tumors frequently provoke this trouble. One of the most persistent and painful cases of functional vesical trouble that I have ever seen was in a woman, who still menstruated regularly at 47 years of age. She had constant but not very severe pain until the monthly period came on, when the pain became very severe, and morphine was freely given to relieve it. I removed, in this case, the left ovary and tube, finding upon the latter a neuromatous growth, about as big as a marble; she went home in a month entirely well.

It is pretty safe to conclude, when the urine is normal or nearly so, that the disorder is functional, and not true cystitis; again, as a rule, with of course exceptions, when a woman has to void her urine frequently, and suffers pain in the act, but is relieved when the viscus is empty; or, if she attempt to hold the water too long, spasm of the bladder comes on and the urine is involuntarily ejected in spurts, then the trouble is functional; but when there is great and prolonged tenesmus, with pain and straining after the water has all come away, as a rule there is real disease of the bladder or urethra.

The only way to treat functional bladder trouble is of course to correct, if possible, the cause. A displaced womb must be replaced and retained in its proper position; a diseased womb must be cured, rectal trouble relieved, a foreign body in the bladder removed, etc. It is of the treatment of true cystitis, chronic in character, uncomplicated by other disorders, that I wish to speak.

Generally, in chronic cystitis, the urine is loaded with phosphates, and mucu-purulent matter; it is also more or less alkaline. Before any operative interference is undertaken, the urine should be normally acid; this can generally be accomplished by the free use of citric acid in the shape of lemonade, or lemon juice and water; the mineral acids act more slowly, and benzoic acid is not often well borne by the stomach, if administered for too long a period of time. I have seen the use of citric acid in one day remove a thick phosphatic crust on the edges of a vesico-vaginal fistula, or on the wound through the perineum in lateral lithotomy.

The first step in the surgical procedure is to dilate the urethra far enough to temporarily paralyze the sphincter muscle. This should be

done while the patient is under the influence of an anæsthetic. I use for dilation a three-bladed urethral speculum, and after the expansion has been continued far enough, the speculum is removed, and the finger introduced into the bladder. The dilation should be done slowly, twenty or thirty minutes being required before the process is complete; after this a short piece of drainage tube is introduced into the bladder, and the urine allowed to drip into a cup between the legs of the patient, if she lies on her back, or close to the hip if she is lying on her side. The latter is preferable, as in that position the tube is more easily retained. The tube should be introduced into the bladder only far enough to drain the organ, and the free end should be just long enough to drip the water into the cup. If too long, it will be pulled out of the bladder by its own weight. The object of the treatment is to give the bladder complete rest. The tube should be kept clean by occasionally washing or changing it. It is a good plan to wash the bladder out through the tube once or twice a day with hot water. I published an account of the treatment of obstinate chronic cystitis by drainage in 1874. Since that time I have repeatedly resorted to it, and with great success. For the last three or four years I have added dilatation of the urethra to the drainage, in the way of making physiological rest of the organ more complete. If the paralysis of the canal and sphincter pass off before the cure is effected, dilatation must be repeated.

CHLOROFORM IN OBSTETRICS.

Chloroform being the anæsthetic best adapted for obstetrics, and the one usually preferred in the vast majority of cases, the question we must ask is, What amount of danger is there from its use? The most searching inquiry upon this point is necessary, since time has strengthened in surgical experience the strongest objection ever made to obstetric anæsthesia. The highest authorities have recognized the irregularity of chloroform in full doses. A statement of the fact might seem to carry with it an abandonment of the agent. It would probably do so were it not that there is a counterpoise, an experience which can be justly termed immense. The records of that experience have been carefully searched, and every case as closely scrutinized as possible. There has been a good number of cases in which death was imputed to chloroform, but with manifest injustice. Justice and science alike demand that the remedy shall not bear the odium of causing death, unless it has been properly used under circumstances in which it alone could have been the cause of death. It is impossible to give in this article the details of the cases. In some the agent was administered by incompetent persons; in others by the patient herself. Many of them rest on hearsay evidence; the time and place of the occurrence and names of persons are entirely lacking. In some cases a severe complication of labor was present, such as convulsions or placenta previa, which frequently alone is a cause of death. Until quite recently it could be truthfully said that not a single death had ever taken place under chloroform in labor when it was administered by a competent person. There are many circumstances attending parturition which tend to ward off or prevent danger from the administration of chloroform. Sex is one of these; the records of death from this agent show nearly two men to one woman. The recumbent position of labor is an element of safety. Emotion is eliminated as a factor. Many deaths under anæsthetics have been, without doubt, purely emotional. The suffering woman accepts relief more than willingly; she has no dread of its means. A far stronger element of safety lies in the slow and gradual administration during labor. The danger of a strong impression of chloroform, and of the rapid inhalation of air highly charged with its vapor, was early pointed out; the warning has often been repeated since; yet many deaths from this cause have occurred, and patients have been exposed to danger in this way, as has been seen even in obstetrics. But so few have been the accidents in obstetrical practice compared with the vast number of patients submitted to anæsthesia, both in natural and operative labor, that these points alone have not seemed satisfactory, and attempts have been made to find in some condition of the parturient woman a special course of safety. Campbell makes a strong plea for the efforts attending labor as the safeguard. The condition of anæsthesia is one of cerebral anæmia; expulsive efforts tend to counteract this. But anæsthesia is something more than anemia of the brain, and effort is exerted during but a small portion of labor. A better argument may be made for the existence of pain as the element of safety. The record of chloroform mortality shows a very large proportion of deaths among those about to undergo an operation and during operations of a trifling character. A careful study of the subject of accidents from chloroform during parturition justifies the following statements:

1. But one well-authenticated case of death is on record where the administration was by a medical man, and in that case no necropsy was made.

2. Dangerous symptoms have occurred but a very few times, and then almost always from the violation of the rules of proper administration.

3. The danger when chloroform is used only to the extent of mitigation or abolition of suffering of childbirth is perfectly *nil;* when carried to the surgical degree for obstetric operations the danger is far below what it is in surgery.

4. No proof can be furnished that the parturient woman enjoys a special immunity from the dangers of anæsthetics, although facts seem to indicate that such exists. Her best safeguard lies in the care and watchfulness of the administrator.

The effects of chloroform upon the contractions of the uterus require brief notice. It has been maintained by much diverse testimony that by chloroform the uterine contractions are not affected, that they are augmented, that they are diminished, and that they are suppressed. Authorities of equal standing could be quoted in support of each of these propositions. The first attempt must be to explain such wide differences of opinion based upon observation of facts, and then to give judgment according to the weight of evidence and the character of the observers. This explanation of such varied and opposite testimony is not difficult in view of the varying circumstances under which, and the individual peculiarities of those to whom, anæsthetics are administered. (1) A temporary cessation of pains upon commencing inhalation was early observed, and by Simpson, Channing, Siebold and others was recognized as temporary. It is doubtless largely due to emotional elements, which a little encouragement and time suffice to cause its disappearance; but there can be no doubt that this has by some observers been considered permanent and caused an adverse judgment of the process. (2) Anæsthesia is much more frequently followed by diminution or cessation of the pains in the early stage of labor than later, when reflex actions are powerfully excited by the descending head. (3) The effect upon the pains will vary according to the depth to which the anæsthetic action is carried. This depends upon the ascending and progessive action of the agents upon the nervous system. If analgesia alone is caused, the uterine contractions are not interfered with; carried deeper, they are diminished in force; and in narcosis they may be entirely suspended. No one who has attempted a difficult version without and with anæsthetics could doubt their power over the uterine contractions. (4) There can be no doubt of the existence of individual peculiarities in this respect. In certain cases small doses will so affect the pains as to compel the abandonment of chloroform. (5) Prolongation of administration, if carried at all beyond the stage of analgesia, has a tendency to weaken the force of the pains and lengthen the intervals between them. Under these varying circumstances it is not surprising that there has not been harmony of opinion among observers. It is a singular fact that very strong testimony as to non-interference of chloroform with the efficiency of the pains has been rendered by strenuous opponents of its administration in normal labor and by men who have observed it carried to the surgical degree for operations, such as severe forceps deliveries and repeated cephalotripsies. Both Depaul and Pajot are positive that chloroform does not exercise any influence upon uterine contractions. A careful review of all the testimony together with an estimate of its value, based upon the amount of experience and character of those who render it, leads to the following conclusions:

1. The action of chloroform upon the uterine contractions may vary according to the period of labor and the peculiarities of the patient, and especially with the degree to which anæsthesia is carried.

2. A temporary diminution or cessation of uterine action is not at all infrequent. Occasionally, however, chloroform permanently abolishes the pains.

3. Obstetric anæsthesia or analgesia has no effect, as a rule, upon the uterine contractions.

4. In surgical anæsthesia the energy, frequency and duration of the contractions may be, and generally are, lessened; in deep narcosis uterine action is in abeyance.

5. Upon withdrawal of the anæsthetic, and with the disappearance of the anæsthetic effect, the uterus promptly resumes its functions.

6. The tendency of the agent is then toward causing a diminution of uterine action, and this tendency should be kept constantly in mind by the accoucheur.

Influence in Promoting Hemorrhage after Delivery. An inquiry as to the influence of chloroform upon the contraction and retraction of the uterus immediately after delivery is closely allied to one as to its effect during labor. That authorities should differ widely upon this point is not surprising when the difficulties which attend a clinical study of it are considered. Hemorrhage is not an infrequent sequel of labor, and it is evident that the *post hoc* and the *propter hoc* are easily confounded. Blot says, "It has seemed to me that the quantity of blood lost immediately after delivery has been somewhat (*un peu plus*) more abundant than usual." Cazeaux gives but a doubting affirmative answer to the question whether chloroform favors hemorrhage. Both Hall Davis and Edis state their belief that anæsthesia has a tendency to favor *post partum* hemorrhage. If these expressions are ambiguous, they clearly show that the question is not an easy one even to one of large experience. However diverse opinions may be upon this question, the practitioner may do well to bear in mind in practice the tendency of the agent he is using—*Dr. F. W. Alright, London Lancet.*

Lustgarten treats eczema of the arms and genitalia with a salve composed of oleate of cocaine 40 parts, olive oil 200 parts, and lanolin 1,000. Rub in well twice daily.

TYPICAL CASES ILLUSTRATING THE ADVANTAGES OF THE USE OF NITRATE OF SILVER IN THE DEEP URETHRA.

Case I.—E. S., aged 28, single, called upon me in March, 1888, suffering from hæmaturia, frequent micturition, pains in the glans penis, and marked prostration He stated that he had had a severe attack of gonorrhœa six months ago, which was accompanied by an acute cystitis, which confined him to bed for several weeks.

For the past four months he has been obliged to pass water every twenty minutes during the day, and from six to eight times during the night. A slight hemorrhage always occurred at the close of each act of urination, and not infrequently the entire amount of urine passed would be so deeply colored as to resemble pure blood. The pain in the glans penis was often so severe as to cause the patient to violently squeeze the part to deaden the exquisite sensitiveness.

He had been treated by several physicians of prominence, and had been the inmate of at least two hospitals. The diagnoses which had been made at different times were cystitis, vesical calculus, tumor of the bladder, and tubercular ulceration.

The circumference of the penis was three inches, the meatus admitted a 24 F., urethra was free to 30 F. from bulb to meatus. The deep urethra was excessively tender and bled freely after the passage of the sound. The urine was cloudy, alkaline, had a specific gravity of 1024, and contained one-fourth per cent. of albumen. The sediment consisted of pus, a few urethral epithelial cells, and crystals. The first specimen examined contained small urethral casts of blood, the second a large amount of blood and pus. Examination for stone proved negative. The diagnosis of granular prostatic urethritis was made, although the presence of a new growth could not be excluded until a satisfactory cystoscopic examination had been made.

The treatment consisted in absolute rest, the internal administration of boracic acid in five grain doses four times daily, and the use of a solution of nitrate of silver in the deep urethra by means of an Ultzmann's syringe. The strength of the solution at the beginning was 2½ grains to the ounce, which was increased by 2½ grains at each application. This treatment was repeated every second day.

After the third or fourth injection the hemorrhage entirely ceased, and the intervals of urination were increased from twenty minutes to four hours. The urine became clearer and acid in reaction. This treatment was continued until six applications had been made. One week later his meatus was divided to 30 F., and a 30 F. steel sound passed to his bladder every third day for two weeks. The patient has since been in perfect health.

Case II.—L. H., aged 18, suffered in the third week of his first attack of gonorrhœa from symptoms of so-called cystitis. He had painful and frequent urination and often passed blood at the close of the act. On one occasion he passed a membraneous cast of the deep urethra, and several times small fragments of mucous membrane. His treatment for some days had consisted in washing out the bladder and the internal administration of morphine and boric acid.

This case was seen in consultation by Dr. F. N. Otis, who advised the immediate injection of a five grain to the ounce solution of nitrate of silver into the deep urethra and the use of a morphine and belladonna suppository—the injection to be repeated on the following day.

The relief was immediate and permanent. Before the injections were used the urine had been passed involuntarily by spasmodic muscular effort every five to ten minutes, each expulsion being accompanied by great pain. On the following day he was able to hold his urine for one or two hours, and after the second injection the urine was retained from three to five hours, and its passage was not attended with pain. There has since been no recurrence of his symptoms.

Case III.—P. H., aged 45, single, gave no history of venereal disease. He had indulged in masturbation and sexual excesses in early life. He complained of a "weak bladder and backache," and was compelled to urinate from twenty to twenty-five time in the twenty-four hours. Duration of these symptoms sixteen years. The patient states that he has been unable to work for the past two years. He has been treated by many physicians and at several hospitals, without obtaining relief. Examination of the urine showed it to be clear, of a specific gravity of 1020, and free from albumen, sugar or pus.

The circumference of the penis was 3¾ inches, the meatus admitted a 32 F., the urethra was free to 36 F., from bulb to meatus, and a 32 F. passed into the bladder. There was marked tenderness in the deep urethra.

An injection of silver nitrate, five grains to the ounce, was made in the deep urethra. Two days later the patient reported that he had urinated but six times during the past twenty-four hours. Another injection of silver, eight grains to the ounce, was now made, after which he passed his urine only four times in the twenty-four hours. He also stated that the pain and weakness with which he had been troubled had entirely disappeared.

The urine was examined and found to be normal. The circumference of the penis measured 3¼ inches. The meatus admitted a 28 F., the urethra was free to a 32 F., from bulb to

meatus. The deep urethra was very tender, and the passing of the sound caused a "peculiar weakness."

The meatus was divided to 32 F., after which deep urethral injections of nitrate of silver were used three times a week, beginning with a solution of 2½ grains to the ounce, and increasing until fifteen to twenty grains were reached. A 32 F. sound was afterwards passed once a week to the bladder. In two months he reported that he was able to have connection two or three times a week; and aside from a slight relapse, which was caused by an attempt to pass a sound on himself, he has since remained well—now about one year.

Two weeks later he was able to hold his urine from four to six hours during the day, and was obliged to rise but once at night.

Case IV.—F. B., aged 36, had contracted gonorrhœa in early life. He had been married several years. During the past two years he had noticed a gradual failure of his sexual power, and for the past four months had been unable to have connection with his wife, owing to the entire absence of erections of sexual desire.

During the past three years it has been my privilege to employ deep urethral injections of nitrate of silver upon upwards of 200 cases of genito-urinary disease. The symptoms for which this treatment was undertaken have been chiefly those of disturbances, more or less marked, of the function of urination, such as frequency, pain, hemorrhage, etc., or of the sexual function, such as frequent nocturnal emissions, persistent priapism, genuine spermatorrhœa, diminution or annihilation of the sexual function. It has also been employed for the treatment of chronic urethral discharges.

The success which has attended the method of treatment has varied considerably, not only in the different classes of cases, but also in individual cases of the same class, in which the symptoms, from a clinical point of view at least, appeared to be identical. This variation I believe to be due to the degree to which the symptoms were occasioned by lesions in the deep urethra. These lesions may be the result of inflammation, new growth, or simply of an abnormal peripheral hyperæsthesia of that portion of the nervous system which is concerned in the operation of these functions.

In case IV, the impotence complained of by the patient was undoubtedly due to local troubles in the deep urethra, and therefore yielded to the treatment employed. In the majority of these cases, however, the symptoms are not occasioned by a lesion of the deep urethra, but are rather due to nervous exhaustion, the result of prolonged sexual excesses, and are consequently not relieved by local treatment.

It is, moreover, often impossible to determine the degree to which the symptoms depend upon local lesions, except by the results of treatment. The four cases whose history has been briefly outlined above were selected as affording examples of the class of cases in which the best results might be expected by the employment of this method. They also illustrate the promptness with which symptoms, often of the greatest severity, will yield to therapeutic measures. In general terms it may be stated that the acuter the symptoms the more prompt will be the relief. I have no hesitation in saying that no method of treatment has, in my hands, proved so universally successful in the so-called "cystitis" occurring in the course of an acute gonorrhœa (which in reality is only an extension of the inflammation to the deeper portions of the urethra.) I have frequently seen such an attack aborted by a single injection. In the inflammatory conditions, as in cases III and IV, relief, though less prompt, is often striking. This class comprises a large number of cases, including various conditions of irritation, which have been described by Civiale under the name of neuralgia of the vesical neck, and also the numerous conditions comprised under the term sexual neurasthenia.

There are other conditions which often show marked improvement when treated by this method, among which may be mentioned prostatorrhœa, recurring epididymitis, reflected neuralgias, chiefly those affecting the branches of the genito-crural nerve, and the irritation often presented in senile enlargement of the prostate. Brilliant results are occasionally obtained in the treatment of these affections, but in a large majority of such cases the relief is uncertain and often but temporary.—*Geo. E. Brewer, M.D., in International Journal of Surgery.*

A FEW PRACTICAL REMARKS ON CONTINUED SLIGHT FEVER.

By William Pepper, M.D., LL.D., Provost, and Professor of the Theory and Practice of Medicine, University of Pennsylvania.

The use of the clinical thermometer in acute disease is universal, and the value of its indications for diagnosis, prognosis and treatment is universally appreciated. But there is reason to think that in chronic disease its use is far from being as general as it should be. Reference is not made now to cases which are accompanied by marked pyrexia, such as those of phthisis, where of course the thermometer is daily used by all.

There are many cases of failure of general health attended with decided weakness and gradual loss of flesh and color, but without sufficiently marked local symptoms or evident febrile action to justify the considerable disturbance of general health. Such cases naturally give rise to the suspicion of some incipient deep seated organic disease. In many of them

it will be found that the temperature, taken at various times in the day, exhibits abnormalities, showing that there is a slight febrile action which contributes largely to the injurious effects upon the general health. The only local symptoms to be detected in such cases may be a slight looseness of the bowels, due to some limited intestinal catarrh; or a slight local tenderness scarcely complained of by the patient, due to some local congestion or irritation. Or, again, there may be only vague pains which suggest a rheumatic element.

For instance, I was consulted last winter by a gentleman, 62 years of age, who had been for five months gradually losing strength and flesh despite careful treatment by a skilful physician. There was marked rapidity of heart action, the pulse constantly being 100 or upward. I found that his temperature rose at some part of each day from 99 2-5 to 100 3-5, and, on inquiry, I learned that each day for a year there had been semi-solid or even less consistent evacuations, at times amounting to two or three in the course of the day, a condition of things which he viewed with great complacency, and had never complained of to his physician. He was a very active business man, taking a great deal of exercise, and exposing himself considerably in driving about. The recognition of this febrile element, evidently symptomatic of an intestinal catarrh, which in his overtaxed and sensitive state of health induced the slight fever, led me to confine him to bed, and to restrict his diet, and to use remedies directed to the relief of the intestinal condition. He took for some time a pill of nitrate of silver gr. 1-5, and extract of opium gr. 1-10, thrice daily, with an injection of sulphate of zinc gr. ½, in an ounce of water, and with the addition of deodorized laudanum, from 5 to 12 drops, according to the degree of looseness shown by the first movement in the morning. Improvement gradually followed, the temperature after some weeks descended to normal, and the pulse-rate came down with it, and he has regained good health.

In another case which I have just seen, a young man of 35, has for six or seven years been in poor health, obliging him to spend the winters in Florida, and to abandon his profitable business in the West. His habits are rigidly careful and proper. He has been repeatedly examined by various physicians without any sufficient cause being detected for the weakness and loss of flesh; he formerly weighed 155 pounds, his present weight is 131 pounds. At no time has any lesion of the lungs been found, nor has there been any cough, though naturally fears of incipient disease have been entertained. The circulation has been constantly excited, the heart's action easily accelerated, and some shortness of breath produced by exertion. He has already noticed that on some occasions he would have sub-normal temperature in the evening. I found his morning temperature 99 2-5 to 99 4-5; at 2 p.m., 99 3-5 to 100; at 7, 8, 9 and 10 p.m., 97 2-5 to 97 3-5. It was manifest that this was an abnormally wide range of temperature, with a maximum, it is true, not very much above the normal, but still, when taken in connection with the sub-normal minimum, showing a distinct, though slight, febrile movement. Careful examination of every organ revealed nothing abnormal, until the region of the gall bladder was reached. Here there was tenderness and circumscribed dulness on percussion, probably showing distention of the gall bladder, and a catarrhal state of the gall ducts and duodenum. There can, I think, be little doubt, that this irritative condition has been maintained for a long time, and having been associated with a slow pyrexia, has gradually produced the serious effects upon his general health above described. It is difficult to say why, in some cases, such slight lesions induce fever, when, in many instances, this would be entirely wanting. There must be a wide difference in the susceptibility of individuals to febrile action, due possibly either to the different degrees of facility with which their vital chemistry is disturbed, and irritating ptomaines are developed, or with which irritating organisms or substances from without gain entrance in spite of the resisting power of their protoplasm.

Another interesting case presented itself at the University Hospital a few days ago in the person of a man aged 40, who had been a hard drinker, and of course much and often exposed. He complained of weakness, was easily put out of breath, and had pains about the left shoulder, scapula, and pectoral region. The bowels were disposed to be loose. The temperature was 100 at noon. Of course the suspicion of a walking case of typhoid fever was entertained, but careful examination showed no confirmatory symptoms. The condition had then lasted apparently for six weeks, and a week later when he returned, his digestion was in much better condition; there were still pains about the left shoulder, with stiffness of that joint, and his temperature was 100 1-10. A week later he returned relieved of the pains, with his digestion in good condition, but still with a temperature of 100 5-10. The circulation throughout had been excited, and during my examination the pulse was quick and irritable, and from 124 to 130 to the minute; the radials felt somewhat hard; the first sound of the heart was blurred, but without distinct murmur. The result of a careful examination of all other parts of the body was negative, as throwing light on the cause of fever. It seems highly probable that in this case an irritative action which may possibly be called rheumatoid in type, has been affecting the fibrous tissues, but I suspect especially involving the walls of the vessels, that a diffuse endarteritis is threatened. We

know how frequently arterial changes develop gradually in those subjected to such causes as this has been, and we constantly recognize the lesions when they have advanced to a high degree, and when of course they are irremediable. But there is an incipient forming stage, when the vascular changes are neither extensive nor profound. They are not yet associated with those secondary degenerative changes of sclerotic type which we later recognize, not only in the vessels, but equally in the cardiac walls and in the kidneys. It is true that the diagnosis is based chiefly upon exclusion and upon presumptive evidence. When, however, there are such symptoms as were present in this case—slight continuous elevation of temperature, disproportionate excitement of the circulation; alteration in vascular tension; fugitive and radiating pains; weakness; dyspnœa on effort; occurring in a patient of gouty diathesis, or in one who has been much exposed, or addicted to alcoholic excess; and when critical search fails to reveal any adequate local lesion, it is justifiable to suspect an early stage of diffuse endarteritis. I have much pleasure in this connection in referring to a highly valuable and suggestive paper upon this subject by Dr. Arthur V. Meigs.*

I have long been in the habit of looking out for the existence of this condition in cases analogous to the one here reported; and not only have I been led to suspect its presence, but I believe that by the institution of prompt, rigid, and long-continued treatment, the development and course of the disease have been powerfully modified. If I could gain control of this man I should confine him strictly to bed until all fever had been absent continuously for some time, in the hope that if this were attained, the excitement of the circulation would subside, and that his impaired general health would be improved, if not restored to its former tone. If complete rest in bed were not attainable, the most rigid and minute enforcement of hygienic rules should be insisted upon. I should advise the application of repeated small blisters over the præcordia, the aortic area, and the course of the large arteries. When practicable, the use of hot sulphur baths is of service, or interrupted courses of mercurial inunctions may be prescribed. Internally the most useful remedies are:

℞ Sodii salicylatis ℥ ss.
Potassi iodidi ʒ ij.
Tr. aconiti radicis gtt. lxxij.
Aquæ cinnamomi q.s. ad f ℥ vj.
S. From one to two teaspoonfuls in water three times daily. M.

or else a prolonged course of small doses of Donovan's solution (liq. arsenici et hydragyri iodidi, gtt. ij.—v. t. d., p. c. in water) with aconite or veratrum; or, after the process has lasted some time and the vascular tension is lessened with digitalis.

* Trans. Coll. Phys., Phila., 1888.

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MONTREAL, JANUARY, 1889.

A HAPPY NEW YEAR.

With this number of the RECORD we begin another year, and, according to custom, we wish for our readers that it may be a prosperous one. The winter has so far been a very unhealthy one, and those of the profession who have not been themselves laid up have been kept unusually busy. Many of the younger men just beginning will no doubt obtain a good start in practice owing to the general demand for hard working doctors, which so much sickness must cause. We trust that the doctors may all continue to be busy, and that under their skilful treatment all their patients will speedily recover. When our readers have no time to read long articles, they can turn to the pages of the RECORD and see at a glance just what is going on in the progress of medical science; our aim always having been to furnish the greatest possible amount of information in the smallest possible space.

THE INFLUENZA.

About the beginning of December telegrams from Russia informed us that many of the citizens of St. Petersburg were suffering from a disease which has so often started in that country that it has been

called the Russian sickness. It was sudden in its onset, very painful while it lasted, but generally of short duration, and was sufficiently fatal, to more than double the ordinary death rate of the cities which it visited. In Italy, where it generally arrives in about a week after its appearance in Russia, it received the title of inflenza, owing to the mysterious manner in which it was transmitted, apparently by the air. The French have given it the most suggestive title, that of "la grippe," on account of the seizing or squeezing character of the pain which accompanies it. It travelled steadily westward at the rate of about four hundred miles a day, until the whole of Europe was affected, and then it reached the British Isles. About the middle of December it was observed in mid-Atlantic, attacking the passengers on the ocean steamers. About the 27th December it reached Halifax, and a day later New York, and a few hours later Montreal, and so on, steadily westward. It was thought that as soon as the mild, slushy weather should change to biting frost the force of the disease would be checked, but this has not been the case. Although we have had several days of intense cold in Montreal, on two occasions since it first made its appearance, the number of cases continued about the same. That it is an epidemic disease there seems to be no doubt whatever, some observers finding a resemblance between it and cerebrol spinal meningitis. The intense pain in the head and back, causing the movement of the eyes to be dreaded, bears this opinion out. Others have compared it to rheumatism, on account of the intense pain in the joints and muscles of the limbs. It frequently ends up with the symptoms of a severe cold, and leaves the patient prostrated far beyond what might be expected from the short duration of the fever. The favorite method of treatment has been to clean out the bowels with calomel and salines, or cathartics; then to relieve the fever with ten grain doses of antipyrin, antifebrin or phenacetin, and as soon as that has been done to give five grains of quinine three times a day until tinitus aurium begins. As far as we can learn, no one has died from the disease, but as many have been treating themselves with fifteen-grain doses of antipyrin several times a day, it is possible that some have died from the treatment. The great increase in the death rate, however, has been mostly due to the complications of bronchitis and pneumonia—chiefly the latter—one of our confreres having fifteen cases of pneumonia in his private practice at the same time. Owing to the weak condition in which the influenza leaves the heart, the pneumonia has been tolerably fatal. One peculiarity about "The Grip," as it is called here, is that it is no respecter of persons; kings and peasants, doctors and patients, are alike attacked. In fact, it seems to have a preference for the wealthy, the first to succumb in this city being the residents of the upper parts of the town—the upper ten thousand, so to speak. Many of the leading physicians have been incapacitated for duty during several weeks, while some were even reported to be dead.

STATE CONTROL OF MEDICAL SCHOOLS.

At the opening at McGill College of the winter session it fell to the lot of the popular Professor of Clinical Medicine, Dr. "Dick" McDonnell, to deliver the introductory lecture. The principal part of the discourse was devoted to a criticism of the Provincial Medical Board, which is the governing body of the profession. On some points we quite agree with him; for instance, when he points out that advertising quacks can come from a foreign country and start practice here, duping and swindling the public in the most barefaced manner without the authorities saying a word to them, and yet the young practitioner, who is supposed to be protected by the college, is forbidden by etiqutte to even

put his name and address in the papers. Besides these travelling abominations, who take away about $30,000 of fees from the honest practitioners of Montreal alone per annum, there are several wealthy unqualified practitioners established here for many years who have acquired fortunes by their illegal trade. When a little province like Nova Scotia was able last year to heavily fine and expel these pirates, it seems strange that our own Provincial Board has been able to do so little towards protecting the profession and the public. It is true they only charge us $2.00 a year, but if that is not sufficient for the purpose of enforcing the law, or of getting better laws, let them charge us more. We also agree with the lecturer in the matter of didactic lectures on certain subjects, such as anatomy and chemistry, the time devoted to which would be with much better advantage directed to practical work in the dissecting room and laboratory. But when he tells them that they must blame the Provincial Board for the four long and weary years of hard study, he may, we fear, have led them into the error of thinking that the course of studies is altogether too long and too se vere About the only good thing the "College'. has done has been to raise the standard o' preliminary education and to keep the prof fession from being over-run with half-educated young men. But what annoy[f] the lecturer most of all is the presence o[s]f state officials or assessors at the examina tions, who, he maintains, have more need of being examined than the students them selves. As the assessors must not be professors in any school, they are chosen from the general profession of the province, and are, of course, apt to be rusty on special subjects. But their presence at an examination is a guarantee that there will be no underhand work, and as they are nearly always men of large experience or practice they can form a very good opinion whether a candidate is grossly unfit to receive a license or not. We have good reason for believing that since the Provincial Board has been doing even this little, no grossly incompetent men have received a degree or license to practice. Personally we have never had reason to feel anything but pleasure at the presence of the assessors when we were examining. We hope the Provincial Board will keep on raising the standard of the profession in this province so that it may never become so overcrowded as it is in England, where medical men have to resort to the most distressing expedients in order to gain a bare living. Dr. McDonnell also complained very bitterly that after his college has graduated forty or fifty medical men a year, the Medical Board of the little province of British Columbia, with thirty thousand inhabitants has the power to prevent the whole fifty doctors starting practice out there. Now, it is no part of the duty of the professors of a sc ool to find honorable livings for its graduates after they have left its halls. Professors, as a rule, don't care how crowded the profession is as long as they get the fees. But, on the other hand, it is the first duty of the profession to protect itself against the disastrous competition which the schools would inflict upon it if the latter were not under state control; the only machinery the profession has at present for this purpose is the Provincial Medical Boards, which have the power of saying how crowded they will allow its ranks to become. As we believe no one is more anxious than he to see the status of the profession kept up, and as the object of his attack on the salutary provincial boards may only have been to say something that would please the students, we should not, perhaps, take him too literally as meaning what he said. Great Britain and Ireland are far behind us in this respect, and many of the United States are only now following our example. So that we hope that our esteemed confrere will, on reflection, see that it is better for a few professors to loose a few dollars of fees than that thous-

ands of educated gentlemen should be reduced to penury through overcrowded competition.

BOOK NOTICES.

DISORDERED DIGESTION AND DYSPEPSIA. By Frank Woodbury, A.M., M.D., Fellow of the College of Physicians of Philadelphia; Honorary Professor of Clinical Medicine in the Medico-Chirurgical College of Philadelphia, etc., etc., 12 mo. paper. (Physician's Leisure Library Series). Geo. S. Davis, publisher, Detroit, Mich., 1889. Price—Paper, 25 cents; cloth, 50 cents.

Our knowledge of the chemistry of the digestive process has been materially advanced in the last few years, and this little work comprising Digestion and its disorders, symptoms and forms of Dyspepsia, treatment of Dyspepsia and dietetic hints for Dyspeptics will prove of interest and value to any reader.

ON THE TREATMENT OF THE MORPHINE HABIT. By Dr. Albrecht Erlenmeyer. Translated from the German. Detroit, Mich.: Geo. S. Davis. 1889.

The difficulty of properly treating the morphine habit has led to the devising of many methods, the introduction of many so-called antidotes, and the founding of many institutions. Probably no author is better prepared to advise on the subject than is Prof. Erlenmeyer. The little work under consideration being one of the Leisure Library series, is but a single chapter of the complete work of its author, which appeared in 1883, a second edition being required in 1887.

The author prefers the "rapid" method of removing the drug from the patient, as contra-distinguished from the "sudden" and the "gradual." The greater part of the treatment, and the more important part, is that of the period of convalescence. The entire course, according to his method, requires six weeks.

The translator, Dr. E. P. Hurd, of Newburyport, Mass., tells us that "The aim of this little volume, in fact, is to give a plain, concise, and practical presentation of the therapy of morphinism, according to Erlenmeyer's teachings." A chapter is included which gives his method of treating the cocaine habit.

SYNOPSIS OF HUMAN ANATOMY, BEING A COMPLETE COMPEND OF ANATOMY, including the anatomy of the viscera and numerous tables. By James K. Young, M.D., Instructor in Orthopædic Surgery and Assistant Demonstrator of Surgery in the University of Pennsylvania; Attending Orthopædic Surgeon Out-patient Department University Hospital; Fellow of the College of Physicians, etc., etc. Philadelphia and London: F. A. Davis, Publisher 1889.

This book belongs to the Physicians' and Students' Ready Reference Series, and its object is to furnish a concise though complete synopsis of human anatomy for the use of students of medicine and others. It is built upon Gray's Anatomy as a standard, but many other authors, as Leidy, Quain, Allen, Holden and Klein, are liberally consulted; while on special subjects Lusk, Spiegelberg, Savage, Schroeder, Budin, Treve's 'Surgical Applied Anatomy" and the "American System of Dentistry," are freely used. Particular regard has been paid to the sections on the viscera, special senses, vascular system, and surgical anatomy. The aim throughout has been to make it thoroughly complete and accurate, at the same time readily accessible for reference or study. The author has succeeded admirably in his purpose. Attention should be directed to an annexed table of the cranial nerves, giving in convenient form their name, superficial origin, deep origin, exit, division, distribution, termination and function. This will be a valuable aid in acquiring an accurate and definite knowledge of this difficult portion of a difficult study.

INEBRIETY, ITS ETIOLOGY, PATHOLOGY, TREATMENT AND JURISPRUDENCE. By Norman Kerr, M.D., F.L.S., Fellow of the Medical Society of London; President, Society for the Study of Inebriety, Chairman, British Medical Association Inebriates' Legislative Committee; Consulting Physician, Dalrymple Home for the treatment of Inebriates; Corresponding member Medico-Legal Society of New York; corresponding Secretary American Association for the Cure of Inebriates. Second edition. London: H. K. Lewis, 136 Gower street, W. C., 1889.

It will at once be apparent from the title that Dr. Kerr in this production takes the ground that inebriety is a *disease*. Not that an intemperate use of alcoholics has the effect to produce a congested stomach, a nutmeg liver, degenerated kidneys, fatty heart, shrunken brain, for all these results no pathologist will deny but that inebrietv is, *per se*, a departure from health in the form of some obscure condition of the nervous system, which craves for the temporary relief afforded by stimulants or narcotics,—a functional neurotic disease, allied to insanity, and often seen in families prone to neuralgia, hysteria, chorea, "hay fever," sick headache, epilepsy, neurasthenia and other similar ailments. The condition he terms *narcomania*. Assuming at the beginning, then, that inebriety is a disease, amenable to the laws of prevention and cure, he proceeds with a great deal of logic to prove the correctness of his assumption, and carries his subject as he would do in treating of any other disease, through the various departments of etiology, pathology, treatment, etc., not omitting to deal with its most important characteristic, the medico-legal aspect. Whether or not Dr. Kerr's position is the correct one, is too large to be discussed here. It may be regarded at the present time as *sub judice*. But this work has done, and is doing, much to awaken the medical mind in this direction. No more momentous question engages the minds of every nation to-day than the one of inebriety. It answers for crimes, wretched homes, and miseries innumerable. Every effort so far to stay its progress, or put it under control has proven utterly futile. It may be that we have always been wrong, and that Dr. Kerr is right. If the medical world will take hold of the matter and successfully cope with it, the greatest boon will be bestowed upon humanity everywhere. We hope every physician will read this work and then act.

PERSONAL.

Dr. Bache McE. Emmett and Dr. Horace T. Hanks have been appointed surgeons to the Woman's Hospital, New York, vice Dr. Jas. B. Hunter, deceased, and Dr. C. C. Lee, resigned.