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INDEX.

Amateur Nursing	114
Dislocation of the Eyeball.....	120
Bullet Wounds of both Lungs—Recovery.....	122
Deaf Mutes	113
Dr. Lionel Beale on Alcohol in Kidney Disease	122
Editorials	124
The Proposed Reformatory and Home for Incurables, and Deaf and Dumb Institute	125
Gangrenous Inflammation of Labia—Case of Noma.....	123
Hereditary Syphilis—Phenacetin and Sulphonal	121
Medico-Chirurgical Society	125
Mercurial Inunction in Typhoid Fever	117
Miscellaneous	129
Myoma	118
New Operation in Empyema.....	119
Operation for Excision of Eyeball.....	120
On the use of Uva Ursi as a Substitute for Ergot	115
Reference Table of Doses	125
The Relation of Social Life to Surgical Disease	114
Vinegar in Post-partum Hemorrhage, and After-pains 116	

TO ADVERTISERS.

A. E. Hursell, Engraver of Wood	139
Jerome Kidder Manufacturing Co.	110
Joseph Parkinson, Manufacturing Chemist.....	139
Leading Hotels—The Queen's; New Douglass House 112	
" " The Clarendon; Whelan House ..	111
M. Hughes & Co., Undertakers	138
Manitoba Medical College.....	137
Medical Publications.....	Title Page
Physician's Visiting List.....	Title Page
Provincial Government Manitoba.....	140
Radiger and Co—Pure Wines and Spirits.....	139
Redwood Brewery—E. L. Drewry.....	111
Richard & Co., Wine Merchants.....	139
Security Mutual Benefit Society of N. Y.....	138
Stevens & Sons, Surgical Instruments	140
William Hine, Taxidermist.....	138
W. F. White—Buffalo Horns, etc	139
Winnipeg Drug Hall.....	139
Young & Co's Cider Works.....	139

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CONTENTS.—Almanac for 1889. Table of Signs to be used in keeping accounts. Marshall Hall's Ready Method in Asphyxia. Poisons and Antidotes. The Metric or French Decimal System of Weights and Measures. Dose Table, revised and rewritten by Hobart Armore Hare, M. D., Demonstrator of Therapeutics, University of Pennsylvania. List of New Remedies by the same author. Aids to Diagnosis and Complete Treatment of Diseases of the Eye, Dr. L. Webster Fox, Clinical Asst. Eye Dept. Jefferson Medical College Hospital, and G. M. Gould. Diagram showing Eruption of Milk Teeth. Dr. Louis Starr, Professor of Diseases of Children, University Hospital, Philadelphia. Posological Table. Meadows. Disinfectants and Disinfecting. Examination of Urine, Dr. J. Daland, based upon Tyson's "Practical Examination of Urine," 5th Edition. Incompatibility, Professor S. O. L. Potter. A New Complete Table for Calculating the Period of Uterogestation. Sylvester's Method for Artificial Respiration. Diagram of the Chest. Blank leaves, suitably ruled for visiting list; Monthly Memoranda; Addresses of Patients and others; Addresses of Nurses, their references, etc.; Accounts asked for; Memoranda of Wants; Obstetric and Vaccination Engagements; Record of Births and Deaths; Cash Account, etc.

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WINNIPEG, FEBRUARY, 1889.

DEAF MUTES.

BY A. AGNEW, M.D. WINNIPEG.

During my residence in Toronto, the position which I held in connection with the medical schools required that I should pay particular attention to "Preventive Medicine." It has, naturally, continued to be a favorite theme, and in my ratiocinations on the subject, I have come to the conclusion that it is capable of much wider application than is generally supposed—Whatever tends to ameliorate the condition of the individual, or the race, should come within the scope of preventive medicine.

Recently a school has been opened in our city for a class which, with euphemistic tenderness, is called "unfortunate" by the deputation which waited upon the Government in their interests. Whilst all are agreed that all should be done that science can do to ameliorate the condition of that afflicted class, it is self-evident that the very means used to improve the condition of the class, tends to perpetuate and extend the evil, by placing them in a better position to marry and propagate deaf mutes. I need not here cite any argument in favor of the power of heredity. Now, it is here that I think, in the interests of the race who must bear the burden of supporting these unfortunates, that the aid of preventive medicine should be invoked. The deputation which waited upon the Government reported seventy-five deaf mutes in the province: suppose these grow up and

marry, and propagate deaf mutes, as they almost infallibly will, what will be the result in a generation or two? Now, would it not be in the interests of the race at large to "stamp out" deaf mutism? Would it not be an act of supreme kindness to the unfortunates themselves to render it impossible for them to transmit their own deformity to a future generation? I think that the Imperial Government and the Dominion Government should, in the interests of our common humanity, pass an Act requiring that every hopelessly deaf mute male child should be emasculated; and that every female should be deprived of her ovaries. I need not quote Tait, or Spencer Wells, or Keith, or other authorities to prove that the female would lose none of the graceful softness of her sex, nor be incapacitated for marriage by such deprivation; and the male would not be conscious of the loss of virility, inasmuch as that is an attribute which he would not have possessed. Thus, with benefit to the unfortunates themselves, deaf mutism could be "stamped out" in two or three generations at most.

Before leaving the subject I might direct attention to an instance that will, perhaps, more readily enlist public sympathy. About one hundred and fifty years ago a number of lepers settled in an eastern province—will any one say that it would not have been at once wise and kind to have taken such measures, on the arrival of these unfortunates, afflicted with an incurable disease that is sure to be transmitted, as would have insured the stamping out? The colony of lepers still exists, and is a standing menace to the whole community.

Deaf mutism is an evil of another kind, and, inasmuch as it does not possess any of the loathsomeness of leprosy, it is, pro tanto, more liable to be propagated. It is conceivable that a man should be so much in favor of a quiet life that he would prefer a deaf mute wife—"She wadna be a fligher!"

I have written this suggestively. I would like to learn the views of others, particularly of my professional brethern, on the subject.

AMATEUR NURSING.

The *Nursing Record* has lately had an article headed, "The Danger of Lady Probationers," in which it says that "owing to the present popularity of nursing, and the effect which has thereby been produced—of causing many ladies to enter hospitals as paying probationers, who, in former days, would have either sought their livelihood as governesses or companions, or, if not obliged to work for their bread, would have spent their days in ennui and their evenings in various phases of fashionable pleasure," and while contending that the continued presence of educated gentlewomen in the nursing world must tend to raise the tone of the workers and improve the quality of the work, the writer feels strongly "that the system at present in vogue foreshadows grave difficulties in the future. The objections are directed chiefly against the short period of probation or three months' training, and recognizes as a most serious evil the gross abuse which permits the authorities of hospitals to use paying probationers, admitted for three or six months' work, in the place of permanent probationers or of staff nurses. A graphic description is given of what it calls experimental nursing, and asks "what right hospital managers have to permit patients entrusted to their care to be experimentally nursed, and giving a suppositious but by no means unlikely example where an unskilled probationer succeeds a regular nurse who is called away to attend some critical case, and who supplies the gastric ulcer case, with the hot beef tea which the sufferer from homoptysis was ordered, and the one just conscious from the delirium of typhoid with the full diet dinners intended for the two convalescent chest cases in the adjoining beds, and then kindly assists the aneurism case to get out of bed. In conclusion a warning note is struck at the heads of those hospitals who are now pursuing this pernicious system of admitting unlimited quarterly probationers, and so keeping from their wards regular and settled workers, and warns them: that by so acting they are living on the crust of a volcano, for at any moment accidents

might happen which, coming to the knowledge of the public, would raise a storm of popular anger against those who had wilfully permitted such dangers to the sick, for whom they were responsible.

THE RELATION OF SOCIAL LIFE TO SURGICAL DISEASE.

PART OF PRESIDENTIAL ADDRESS BY D. H. AGNEW, M. D., PRESIDENT AMERICAN SURGICAL ASSOCIATION.

There is no tyranny more exacting or despotic than that exercised by the conventionalities which govern our living. All stages of life from infancy to old age are under its domination. It dictates the education, the manners, the walk, the dress, the forms of speech, in fine the whole being. Beyond all contradiction the behests of fashion are vastly more influential in governing public conduct, than any arguments drawn from the teachings of structure and function. As a rule, when the conflict is between taste and reason, the victory will be on the side of taste. In nothing is this more favorably displayed than in the apparel used to protect the body.

It is not an agreeable task to peer into the wardrobes or dressing rooms of our fair countrywomen. I have no special taste for exploring museums of bizarre collections; indeed, without a key to interpret the curious and ingenious mechanisms for clothing the form divine, such an exploration would be like an archaeologist attempting Egyptology ignorant of the cuneiform inscriptions. I have, however, some knowledge of human anatomy in its broadest sense, and when I look upon the masterpieces of the human form, whether in marble or on canvass, a Belvidere Apollo or a Venus de Medici, and contrast these with the dressed out specimens of modern women, I am forced to admiration; not so much at the amazing ingenuity displayed in concealing the divinely appointed form, as at the plasticity and patient submission of mortal clay under the despotism of a conventional inquisition. Were these processes of mutilation and abnormality harmless, did the body consist of a mere mass of proto-

plasm, capable, under the application of certain stimuli, of assuming, normally, protean shapes, the subject might be passed over with the feelings of a naturalist; but this is not so. These violations of the laws of structure bring with them serious penal inflictions, which, did they terminate with the original offender, might be dismissed with a sentiment of pity; but, projecting, as they do, their baneful consequences to successors, they become proper subjects for criticism.

Let me name a few examples as illustrative of my subject. For some time the profession has been speculating on the causation of nasal and post-nasal catarrh, with its accompanying auditory defects, the growing frequency of which cannot have escaped general observation. Doubtless no single agency will explain the presence among us of this unpleasant disease, yet there are facts connected with this affection which to me are very suggestive. I cannot recall an instance in which I have met with the disease among females belonging to the Society of Friends, Dunkards or Mennonites. If this, on more extended observation, proves to be true, may not the head-dress peculiar to these people be accepted in explanation of their exemption. The bonnet, which at one time overshadowed the entire head, as all know, has been gradually shrinking in its dimensions, until it has become a mere shadow of its former self, and offers no protection whatever to the head. As a substitute, I would not insist upon the quaint head-gear of the Friend, though I believe that any modification which will protect this part of the body will lessen the tendency to catarrhal inflammation of the naso-pharyngeal mucous membrane. The foot and the shoe—it may be thought by some persons that the subject of the foot and the shoe is not of sufficient dignity to appear in a public address. The Romans and the Greeks thought differently. The literature of both people is full of references to the shoe worn by both sexes. So important, indeed, are the feet to the well-being of the body, that whatever impairs their usefulness, either for support or locomotion, becomes a positive calamity. Nothing can be more unlike the human foot than

the modern shoe. Let any one leave the impress of his or her foot in the wet sand of the sea-shore, and then place alongside of the imprint a fashionable shoe; that the two were ever intended for each other would scarcely strike the child of the forests. The North American Indian entertains juster notions about clothing this portion of his body than does the civilized citizen of New York and Philadelphia. Compare the moccasin with the shoe of the city belle, and we shall see that the savage understood the value of sound feet in the race of life. It is the imperfect adaptation of the shoe to the foot which constitutes the fruitful source of the tired ankles, corns, bunions, overlapping of the toes and ingrowing nails. Some idea may be formed of the magnitude of the evil from the fact that of eight hundred patients under the care of a prominent chiropodist of Philadelphia, the great majority of the defects were entirely attributable to the high heels, and the contracted toes of the shoes. Especially do these physical encumbrances arising from a blind submission to social laws operate disadvantageously to our fair women at the beginning of the new dispensation, requiring both muscles and brains, and when her friends propose to sweep away all the old traditions, and claim for her the earth with all its masculine employments.—*Polyclinic.*

ON THE USE OF UVA URSI AS A SUBSTITUTE FOR ERGOT.

BY DR. H. O'DONNELL.

There are but few medicinal agents that possess a wider range in their application than uva ursi. It has been frequently used with success in leucorrhœa, hæmaturia, chronic nephritis, menorrhagia, chronic diarrhœa, chronic uro-cystitis, &c. I purpose in this brief paper to speak of it as an æbolic or substitute for ergot in producing uterine contractions. When the action of the uterus is inefficient from nervous exhaustion, strong propulsive pains will invariably follow the administration of uva ursi, and until after the delivery of the placenta but little tonic contraction, then

it will be found complete. It is preferable to ergot, because less dangerous, and that tonic contraction which is so disagreeably painful to the mother, and so dangerous to the life of the child is not produced by it. I was some years ago called to a case of tedious labour, the patient was fifty years of age, and pregnant for the fifth time. She had been seventy hours in labour, and had made but slight progress. The os uteri was soft and considerably dilated. I infused half an ounce of *uva ursi* leaves in a pint of hot water for one hour, and gave two ounces of the infusion every twenty minutes; after the fourth dose contractions became regular and strong, and delivery took place at the beginning of the fifth hour after first taking the medicine. The child was strong and large.

I was again called to a case of labour. The membranes had ruptured twenty-six hours before she was at full time. The os uteri was open two or two and a half inches and dilatable. The head was in a good position for traversing the pelvis, but above the superior strait. The pains were at long intervals and very inefficient. The patient was depressed in spirits, and had given up all hopes of recovery. I assured her that the case was anything but a serious one, and at once proceeded to prepare a strong decoction of *uva ursi*, one ounce to the quart of boiling water. I gave two ounces every twenty minutes, and in less than one hour the pains were regular and of good force, and in less than two and a half hours was delivered of a living child, and the infant did well and the mother made a good recovery.

I have repeatedly administered *uva ursi* with results more satisfactory to me than I have obtained from the use of ergot. The leaves are sometimes mixed with the leaves of the *chimaphila umbellata* and some species of *vaccinium*. The fluid extract can be used instead of the infusion. The infusion is the most reliable.

LINIMENT FOR BURNS.—As an application for burns, the *Centralbl. für Therap.* suggests the following: R.—*Ol. olivæ*, 6 parts; *salol*, 1 part; *aque calcis*, 6 parts. *Medical News*, Nov. 24, 1888.

VINEGAR IN POST-PARTUM HEMORRHAGE, AND AFTER-PAINS.

BY E. C. PRICE, M.D.

About ten years since, I attended a patient who had most violent post-partum hemorrhage, so severe, indeed, that I began to despair of arresting it. I had no ergot with me, and ice was not procurable. I directed the attendant to give a wineglassful of pure brandy. The uterus, which was before flaccid, contracted instantly under my hand, and the bleeding ceased. On proceeding to give some more brandy, I discovered the patient had been given vinegar instead of brandy. The effect was so marked, that when lecturing to a class of pupil-midwives a short time afterwards, I mentioned the case, and advised them to give the vinegar a trial. Later I carefully questioned all my pupil-midwives as to its action, for until recently it was never used in the hospital. They all agree that in their cases of hemorrhage in the out-patient department, where they were allowed to use vinegar, hemorrhage was arrested much more quickly than in the hospital with ergot. It was not until recently I had a good test case; the patient belonged to a family of "flooders"; her mother and two of her near relations had bled to death. As soon as the child was born she began to flood. I expelled the placenta and gave a wineglassful of vinegar. The uterus, which was very flaccid and constantly dilating, at once contracted firmly under my hand; it did not again relax, although the hemorrhage continued to a moderate extent. At the end of fifteen minutes I gave a second dose, about two-thirds of a wineglassful. In both instances it was given pure, without any water. This soon arrested the hemorrhage and the patient did well. I used no other means beyond holding the uterus, as I was perfectly satisfied with the result. I feel certain that I should not have obtained such favorable results with ergot. The action of vinegar is so rapid that I refrain from using it or permitting its use before the placenta is expelled, for fear of causing a retention of that body and making its removal difficult.

From my own experience and from the reports obtained I can confidently recommend the use of vinegar in post-partum hemorrhage. It is a remedy, if not always at hand, at any moment procurable, simple and harmless, not open to the objection against ergot, which in the hands of midwives is very liable to be used to hasten delivery, nor to the serious disadvantage and dangers of intra-uterine injections. If further trials, on a more extended scale, confirm my experience, I have no hesitation in saying that vinegar will have to be regarded almost as the specific for post-partum hemorrhage.

As a styptic, I believe vinegar will be found to be a very efficient remedy in all cases in which ergot has proved to be a successful remedy. As a local application in hemorrhage, I believe it to be far superior.

I have given vinegar in several cases after labor when the uterus was slow in contracting. In every case contraction took place almost immediately. In one case of flooding it acted equally prompt, but in another it was rejected by the stomach.

After-pains are produced by the alternate contraction and relaxation of the muscular fibres of the uterus. If you can keep up a permanent contraction of the uterus you will have no after-pains. To accomplish the above object, I had been in the habit for some time of giving two or three drops of fluid extract of scela every two hours, with complete success. The last patient I waited on had been married just about ten years and a half; during that time she had been the mother of nine children, besides having had two miscarriages, all single births. She told me that she usually got no sleep for two days and nights after the birth of the child, on account of the after-pains. After the birth of the child the uterus felt flat, no tendency to assume a globular form: I gave about one ounce of vinegar; contraction soon came and I removed the placenta. It occurred to me if vinegar was more effectual than ergot in keeping up contraction, it should be more effectual than ergot in keeping off the after-pains. I mixed a half a glass of vinegar and water in equal proportions and ordered a

teaspoonful to be given every two hours. She slept nearly all night. Very little after-pain; thinks she would have slept the whole night had not the baby wakened her occasionally by crying; very little lochia, much less than usual. The next night had three or four pretty sharp pains. Uterus feels very small, very little lochia; pulse 55-56; temperature 97°. The following day pulse 57-62. Temperature 98°. Breasts full of milk; baby nursed up to last night, but will not to-day. Directed patient to get a nipple-shield for baby to nurse through. No after-pains, no tenderness of uterus, very little lochia; only took two doses of vinegar to-day; to take one or two doses more, and then stop.

My son has tried Dr. Penrose's plan of squeezing the vinegar from a rag conveyed by the hand into the cavity of the uterus. In the first case it acted very promptly, forcing the coagulated blood, hand, rag, all out of the uterus at once. In two other cases, he says, the vinegar produced so much smarting about the vulva that the patients twisted and squirmed about so that he could not get his hand into the uterus. I tried it in one case, the one where both vinegar and ergot failed, but I think in passing the hand through the vulva the vinegar was nearly all squeezed out of the rag, so it produced very little effect. I think a much better plan would be to use a rubber bag, with a long curved nozzle attached, such as is now used for injecting styptics into the uterus.

I think the dose of vinegar from a teaspoonful to a tablespoonful, in most cases of active hemorrhage, would be amply sufficient.—*British Medical Jour.*

MERCURIAL INUNCTION IN TYPHOID FEVER.

Three years ago (January 31st, 1885, p. 244) a short account was given of a method of treating typhoid fever which Dr. Kalb, of Thalmassing, had found very successful in one hundred cases in which he had tried it; in 80 per cent. of the cases fever had entirely disappeared within ten days. The treatment consisted of rubbing one gramme (15 grains) of mercury ointment into the abdomen

on the first day, into the inner aspect of one thigh on the second day, and on the third day into the other thigh. The course was repeated during the three following days. Dr. Kalb also gave alcohol methodically and a few calomel and opium pills on the first day. Dr. Felix Bartlett has published a short paper in the *Australasian Medical Gazette* (November, 1888) in which he confirms Dr. Kalb's statement. He found that the temperature fell to normal in two or three days, and that in five or six days from the commencement of the treatment all other symptoms had disappeared. Both Dr. Kalb and Dr. Bartlett agree also in stating that the treatment by inunction is only of use when commenced before the ninth or tenth day of the disease, and as this is a period when the symptoms are not very distinctive it is possible that in some instances the cases submitted to this treatment were only febricula. The history of one family given by Dr. Bartlett is of special value as affording evidence generally so difficult to obtain on this head. He says: "In one house a child of four first fell ill. She was not seen by me until the end of the second week. She had a very severe attack, and narrowly escaped with her life. Whilst I was attending upon this case the mother, who was nursing the child, and also two elder children who were in the house, showed undoubted symptoms of enteric fever, with considerable rise of temperature. All three were put under this treatment at once. The symptoms rapidly disappeared, and none of them were in bed more than five or six days. The father next fell ill with precisely the same symptoms, but having to go away on urgent business, refused all treatment. He, however, returned in a few days with the symptoms fully developed, and he ultimately died of the disease. Two servant girls in the house also suffered, but neither said anything about her symptoms until in the third week; one had an ordinary attack, the other a severe one, but both ultimately recovered." In another house, where also the first sufferer was a child, "the mother and the servant both developed decided symptoms, but, being put under

treatment, were convalescent in a few days." Dr. Kalb was more cautious in speaking of the early complete recovery of his patients; he found that the spleen remained enlarged for about a fortnight after the fall of temperature, and advised that the patients should be kept under strict observation during this time for fear of a relapse. It may be useful to recall here that calomel has been lately used, especially in Germany, in the treatment of typhoid fever. Liebermeister has given some striking statistics on this point. He gives the results of 839 cases; 239 were treated with iodine, 223 with calomel, and 377 with neither, the rest of the treatment being exactly alike in all, and consisting in the employment of a partial antipyretic method. Of the cases treated with iodine, 35, or 14.6 per cent., died; of those treated with calomel, 26, or 11.7 per cent., died; while of those non-specifically treated, 69, or 18.3 per cent., died.—*British Medical Journal*.

MYOMA.

BY WM. GOVAN, M.D.

Was called Oct. 12, 1887, to see Mrs. L., *et. 48* years, the mother of six children. I found the patient weak, pale and emaciated. She had been for nearly four years confined to her bed on account of weakness and debility and almost constant flooding; at the time of my visit she seemed almost exsanguinated. She was also suffering from chronic malarial fever. She informed me that the flooding had continued more or less since its commencement four years ago, in spite of the efforts of several physicians who had been called to see her and arrest it, and for two years she had complained of an ovarian pain and a bearing down, and that about a year before my visit a tumor had protruded from the womb into the vagina, and about six months ago, after a movement of the bowels, the tumor had protruded from the vulva. A physician who had been called to see her pushed back the tumor into the vagina, being afraid the patient would die from loss of blood. On account of the extreme debility and nervous condition of the patient

no satisfactory examination could at that time be made by me of the vagina or tumour: her pulse was 90 and temperature 102°; the pain was so severe in the lower part of the abdomen that the patient would not allow any one to touch her. I prescribed such medicines as I deemed necessary to alleviate her pains and overcome her weak and feeble condition, and if possible to avert the long-continued hæmorrhage and constantly recurring fever—considering that the condition of the patient was such as not to warrant anything more being done for her at that time. The patient improved, fever grew less and less, and although the hæmorrhage was not entirely arrested, she gained in strength and became very desirous of having the tumor removed, even if she died from the operation. I therefore, with the assistance of the attending physician, on Oct. 17, 1887, put our patient under the anæsthetic influence of a mixture of chloroform and sulph. ether. We were enabled to make a thorough examination of the vagina and found the tumor filling completely the entire space of the vagina, and I found, instead of a fibroid polypus which I expected to find, a smooth and shining tumor nearly as large as a child's head at birth, and on further examination I found that the neck of the tumor was attached to the inside of the os uteri and quite high up. I then, after making an incision with a serrated spoon as far up as I could around the neck of the tumor, pushed the chain of an ecraseur close up to the attachment of the tumor. After the chain was drawn tight around the neck of the tumor, to my regret it broke. Having fixed the chain as well as I could, I again pushed it over the tumor and well up on the neck, and having tightened it and hoping this time to cut through the neck, it broke again. As I did not like to be foiled, and not having a pair of scissors with me long enough to reach the attachment of the neck, I drew the tumor with a tenaculum outside of the vulva, and then I found I had a membranous sac to deal with containing fluid and a large hard substance. Here, then, was no backing out, and no one was within miles of me from whom I could get any advice, so I concluded to go ahead. I

had never seen a myoma, but supposing this case to be one, and not having the fear of the great hemorrhage which I afterward found so often occurred, and, added to this, the awful announcement that almost instant death followed its excision from the uterus, I cut the neck of the sack as far up inside of the os as I could reach with the serrated spoon. The sack being cut through a large quantity of fluid was discharged, and a hard tumor about the size of a large flat turnip and nearly to its shape rolled out. To avoid any hemorrhage in my absence, having from other engagements soon to leave, I plugged the vagina with small sponges saturated with a solution of the persulphate of iron, and gave such other directions as I deemed necessary. On visiting the patient the next day she had come out of the anæsthetic condition all right, and was otherwise improved in appearance. No hemorrhage had taken place. Pulse and temperature had been reduced to the normal condition. Since then, by the aid of good nursing and the use of the tonics prescribed, the patient has continued to improve without any backward or unfavorable symptom. She has had no return of the flooding, is able to do her housework, and has made several journeys to see her friends at a considerable distance from her home with safety.—*Archives Gynecology.*

NEW OPERATION IN EMPYEMA.

Professor M. S. Subbotin, of Kharkoff, describes in the *Vrach* (No. 45) a new operation he has devised for opening the thoracic cavity in empyema, with the view of obviating the danger arising in Estlander's operation and in the modifications of it practised by Schede and Sprengel from the extensive raw surface which is necessarily allowed to remain in contact with the purulent discharge. Professor Subbotin suggests that in cases where the lung itself is free from disease, the unyielding nature of the thoracic wall may be overcome without the removal of ribs by simply cutting them through: also that if a rib is divided in two places and the intermediate portion removed, the chest wall will become flexible and may

be pressed inwards so as to lessen the cavity of the empyema, and in this way assist to put an end to the suppuration. After thinking out a plan based on the above considerations, he determined to apply it in operating on a case under his care in the Kharkoff clinical wards last June. The patient having been chloroformed, an incision was made along the seventh rib, which was then stripped of its periosteum and excised to the extent of seven or eight centimetres. An extensive opening was here made into the pleural cavity. After the pus had been evacuated the cavity was carefully cleansed and a gauze compress applied. An incision was then made along the border of the pectoralis major about five centimetres in length, exposing the sixth, fifth and fourth ribs, and these were cut away (the periosteum not being left) with forceps until the rib became movable. Another incision was then made in the line of the posterior fold of the axilla, exposing the same ribs, which were again divided as before; the wounds were then sutured and dressed with gauze, a large thick pad of the same substance being applied outside, with a good compress bandage round the thorax. The upper wounds were kept from communication with the empyema. When after a few days the intra-thoracic wound was dressed, a drainage tube was put in. The case recovered, but three months after the operation there was still a small sinus which continued to discharge. The advantages claimed by Professor Subbotin for his operation are the small raw surface which is left in contact with the purulent matter, and the firm but movable portion of thoracic wall which can be pressed inwards by bandaging, so as to diminish to a considerable extent the size of the cavity.

OPERATION FOR EXCISION OF EYEBALL.

Dr. Coppez, of St. John's Hospital, Brussels, publishes in the current number of *La Clinique* the details of a method of enucleation which he considers to be easier and simpler than the methods of Bonnet and Tillaux now in use. The patient having been anaesthetised and the eyelids

separated with a speculum, a thread is passed transversely through the cornea by means of a curved needle; the ends of the thread are knotted and the loop held in the left hand. By traction on this loop the eye is drawn slightly forward, and with a curved scissors the conjunctiva is divided close to the corneal edge. The subconjunctival tissue is then torn through, and the tendons of the recti muscles come into view and are divided, next the tendons of the oblique muscles, and finally the optic nerve. Dr. Coppez claims for his operation that it may be practised with fewer instruments—a curved needle, scissors, and a speculum; that the optic nerve may be divided more directly and at a greater depth in the orbit, which in the case of malignant tumours is of great importance; and the consequent hæmorrhage is less considerable than in the ordinary operations. The only objection to it, he thinks, is that the globe might be rendered flaccid by the escape of the aqueous humor through the needle-holes; but that it is of little importance.

DISLOCATION OF THE EYEBALL.

A singular case of dislocation of the eyeball is related by Dr. Van Dooremaal in the *Donders Fest Bundel*. A butcher's assistant, in passing out of the shop, caught his upper eyelid on one of the hooks. He begged his fellow shopman to extricate it for him, but the latter performed his task so awkwardly, that the hook pushed the eye forward, and allowed both upper and under eyelid to disappear completely behind it; even the eyelashes were invisible. The man was brought to Dr. Van Dooremaal. The eye was pushed frightfully forward. The man shrieked incessantly, "Oh, how strong the light is;" and on being asked whether he was in pain, replied, "Yes, but oh, that light, that light!" while he clasped his hands convulsively over his eyes. Dr. Van Dooremaal decided to enlarge the external angle of the eyelids by means of blunt pointed scissors, which were introduced between the protruding eyeball and the outer angle. After the cut had been made, a strabismus hook was introduced along the under edge of the upper eyelid, a curette

was inserted, and then pressed outwardly without exerting pressure on the eyeball, so as to bring the upper lid out. This was accomplished without difficulty, and then the under lid was gently drawn back to its place by the thumb. The wound was sewn up as usual, and the eyes bandaged. The wound healed quickly; the reaction was extremely small, but the patient complained of excess of light on the removal of the bandage. The discomfort, however, soon disappeared, and the sight was normal.

HEREDITARY SYPHILIS. — PHE- NACETIN AND SULPHONAL.

At a recent meeting of the Imperial Royal Society of Physicians of Vienna, Professor Neumann read a paper on hereditary syphilis. The questions with which the lecturer dealt were the following: 1. What is the condition of the offspring when the father and mother were healthy at the time of conception, and the mother became infected at a later date (pure post-conceptual syphilis)? 2. What is the effect of post-conceptual syphilis with reference to the offspring when the father was already syphilitic at the time of procreation? 3. What is the effect of post-conceptual syphilis with reference to the offspring when the condition of the father's health at the time of procreation was unknown, and the mother was healthy at the time of conception, and became infected at a later date? 4. What is the condition of the offspring when the infection and the conception took place at the same time? And, 5, when the infection of the parents occurred before conception? Professor Neumann's paper was based on cases most of which he had observed during eight years in his clinique. Of these only 102 were available for the purpose he had in view, as accurate data concerning the offspring could not be obtained in the rest. The physicians of the three obstetric clinics of the General Hospital and those of the Vienna Foundling Hospital, took an active part in the investigation. With regard to pure post-conceptual syphilis, Professor Neumann had observed 11 cases; of these 5 were healthy, and the rest, in part, pre-

sented the appearances of syphilis, and, in part, miscarriage occurred. As regards post-conceptual syphilis, where the father was syphilitic, 5 children were found to be healthy, 2 children were affected with syphilis, and in 5 cases miscarriage had occurred. In the cases of post-conceptual syphilis, where the father was unknown, there were 10 healthy, 1 syphilitic, and 7 dead children; 2 children were still under treatment. In the cases in which conception and infection took place at the same time, 15 children were healthy, 1 died of peritonitis, 4 were syphilitic; the fate of these cases could not be ascertained, and in 21 instances still-birth occurred. Among 25 cases of syphilitic infection before conception, there were 10 healthy children, 8 cases of miscarriage, and 4 of maceration; 3 were still under treatment. Professor Neumann, arrived at the following conclusions: 1. A syphilitic mother may convey the disease to her offspring at any stage of her affection, whether the infection had taken place before or after conception. 2. A mother who had contracted the disease after conception sometimes transmitted it to the fœtus. In the case of pure post-conceptual syphilis the transmission of the affection to the child was extremely rare, and particularly when the mother had become infected in the last months of pregnancy. 3. When the infection of the mother had taken place after conception, and the father was syphilitic at the time of procreation, the effect on the offspring was greatly intensified; the children in these cases died *in utero*, or were born with signs of syphilis. 4. In the case of post-conceptual syphilis, where the infector was unknown, the proportion was the same as in pure post-conceptual syphilis; syphilis acquired in the last months of pregnancy was usually transmitted to the offspring. 5. When infection and conception occurred at the same time, the children died in one-half of the cases. It was nevertheless remarkable that a great part of the offspring remained free of syphilis, in spite of the fact that the disease was in an active state in both the parents at the time of conception. This disproved the assertion that a healthy child could never

be born when both parents were syphilitic at the time of conception. On the other hand, the assertion that healthy children were born only when the syphilis of the parents was seven years old, was also negated. 6. In the case of infection before conception, the period at which conception occurred had to be taken into account; the longer the interval between infection and conception, the more favorable was the prognosis for the offspring. 7. The offspring had the best chance when the mother only contracted syphilis in the last months of pregnancy, while the father was healthy at the time of procreation; the same was also true of the offspring of parents suffering from tertiary syphilis. The offspring had the least chance when infection and conception had occurred simultaneously, or when the father was suffering from recent syphilis at the time of procreation. 8. This last observation also elucidated the question as to paternal syphilis. It was especially these cases in which the father was syphilitic at the time of procreation, and the mother became infected only after conception, and the child was soon after the infection born in a macerated condition, which proved the extremely injurious nature of paternal syphilis. This was opposed to the observations of Boeck and Dewere, who stated that the child of a syphilitic father was always healthy. These data, concluded Professor Neumann, showed the sad fate of the children of syphilitic parents, as, out of 109 cases, only 44 were born healthy, and, according to inquiries made by Dr. Friedinger, director of the Vienna Foundling Hospital, only the minority of them lived. Hereditary syphilis must, therefore, be considered one of the most terrible plagues of infant life.—*British Medical Journal*.

BULLET WOUNDS OF BOTH LUNGS—RECOVERY.

BY F. CHARLESWORTH, M.B., ETC.

The following case is interesting from the rarity of recovery after wounds of both lungs.

The patient, a native interpreter, of

H.M.S. Griffon, when about to board a dhow on the night of September 19th, allowed his revolver to fall against the side of the boat, and one barrel went off and shot him in the left breast. The bullet entered one inch above and an inch and a half external to the nipple, and traversed the lung, its wound of exit being three inches to the left of the spine and one inch above the angle of the scapula. He then picked up the revolver, and whilst examining it another barrel went off and wounded him in the right chest. This bullet also traversed the lung, entering an inch above and an inch internal to the right nipple, the wound of exit being in the upper border of the trapezius, midway between the point of the shoulder and the middle line. He was brought to Zauzibar and sent to the French Hospital on the morning of Oct. 1st. On that day hæmoptysis commenced, and continued freely during the night and next day, then gradually decreased, and stopped at the end of forty-eight hours. From that time he never had a bad symptom of any kind, and was discharged nineteen days afterwards, with both exit wounds healed and those of entrance reduced to a superficial character.

DR. LIONEL BEALE ON ALCOHOL IN KIDNEY DISEASE.

“The theory not infrequently propounded as an argument against the use of alcohol in renal disease, that the alcohol acts directly on the renal tissues, causing their condensation and wasting, will not bear a moment’s consideration. It is simply untenable. The harm done by alcohol does not depend upon its direct action at all, but is due to a much more complex and less direct action upon the tissue elements than is generally supposed. Stimulants may promote chronic renal disease, when taken in excess; but a moderate amount is often really beneficial, especially in such subjects as have been a long time accustomed to their use. Half an ounce each of good whiskey and lemon juice frequently eases and helps a patient suffering from kidney disease, when the symptoms are not acute.”

GANGRENOUS INFLAMMATION OF LABIA: CASE OF NOMA.

BY E. ST. GEORGE QUEELEY,

Government Medical Officer, Palmer District, Queensland.

The following case has just come under my notice and may be of interest:—

Jessie M—, aged nine, had been suffering for about five days previously to my seeing her from swelling and inflammation of the right labium, which her mother had poulticed continually. When I saw her on the evening of Oct. 12, the right labium was greatly swollen, of a dark-red color, and very painful to the touch, and about the middle there was a small shallow ulcer. The tongue was foul, skin hot, pulse quick, and bowels confined. No history could be obtained, only she felt some irritation there a few days before she complained. She had always been a healthy child, the only illness being an attack of measles about four months before. At first her father thought she had been injured by riding across a fence, and suggested a splinter, but of this there was no sign. On the third day of my visit both labia were very enlarged and of a deep-red color. There was an ulcer about the size of a threepenny-piece, and a second, but smaller one, above it. The child screamed on the slightest movement. The urine was passed with difficulty in a standing position, causing great agony. There was a slight discharge from the vulva, from which the epithelium was stripped, leading to ulceration the next day. On the fourth evening there was great itching, which lasted for some hours in spite of all treatment. On the fifth day the symptoms were much worse: the glands in the right groin were enlarged and inflamed, and the abdomen was swollen. The ulcerations had become larger, and fresh ones had appeared on the fourchette and perineum. The buttocks were covered with a rash. The vulvar opening was continually closed by discharge, and the labia were gangrenous. The bowels were open, dark-green matter being passed, which was very offensive. On the fifth and sixth nights the patient was slightly delirious. The symptoms remained unchanged on the seventh day; but from the eighth the

disease seemed to decline, and on the sixteenth she was able to leave her bed, and two days afterwards was convalescent.

With regard to treatment, the child was confined to bed and absolute cleanliness enforced. She was placed sitting in a warm bath (into which a little potash permanganate was thrown) three times a day, the parts to be gently syringed with Condy's fluid, and lint soaked in a lotion of opium and carbolic applied. The dressings had to be changed while the child was under the influence of chloroform. The ulcerations were checked by the free use of the solid nitrate of silver. I found zinc ointment made with vaseline and a little carbolic acid of more use and better borne by the patient than any other application; in fact, it was the only thing that seemed to give relief from the excessive irritation, and from the time I commenced the ointment the disease seemed to fade. I used it very thickly, especially between the lips of the vulva. Internally, I gave quinine and iron, with abundance of strong liquid nourishing food and port wine. The bowels were relieved by saline aperients.

On my first visit I diagnosed the disease as phlegmonous inflammation of the labia, but as there was no formation of pus or abscess, and as the ulcerations increased and were gangrenous, with ash-colored secretion and dusky-colored skin, I saw that I had to deal with a more serious affection, which is not, fortunately, of frequent occurrence in Queensland—namely, noma. I believe now that this gangrenous inflammation of the labia was a sequela of the measles, as I since found that the child was neglected during the attack, and that she fell into a low state of health in consequence.

ZINC CYANIDE is recommended by Dr. Laschenwitsch (*Jour. de Med.*) in certain affections of the heart, and seems to be particularly valuable in cases where digitalis, convallaria, etc., irritate the digestive organs. The dose is from five to six milligrammes in the twenty-four hours. The salt must not be confounded with the ferrocyanide, which is probably useless for the above purpose.—*American Journal of Pharmacy.*

MANITOBA, NORTHWEST AND BRITISH
COLUMBIA LANCET.

With unfeigned regret we record the death of Mr. C. H. Brydges, Hudson's Bay Company's Land Commissioner and Honorary Secretary-Treasurer of the Winnipeg General Hospital. The lamented gentleman had, it seems, been suffering from slight cardiac irregularity, but up to a few hours before his death no importance was attached to it by his medical attendant, who had visited him while at his office in the early part of the day. At one o'clock he had become faint, and it became necessary to take him home in a cab. Feeling much better after luncheon, accompanied by Mrs. Brydges he proceeded to the General Hospital to pay his usual Saturday visit. While talking there to one of the officials, he fell back in his chair and expired within three or four minutes. There would seem to be a significance and peculiar fitness as to where his last moments were spent—within the walls of that building, an imperishable monument of his love and devotion, and a splendid record of his energetic philanthropy, under the same roof with numbers whose pains were soothed and anguish mitigated by the appliances and comforts of an institution he was largely instrumental in bringing to its present state of perfection. In apparently fairly good health the dread summons came, and his last look is cast on, and his latest breath drawn within those walls with which in all time his name will be lovingly associated. The Hospital has lost its most energetic and untiring advocate, and Winnipeg a prominent citizen, whose cultured brain, energetic character and willing heart were ever ready to be employed in works of usefulness. A blank hard to fill, a loss difficult to replace and a cause for deep sorrow has fallen upon the community at large, and if so keenly felt by the public, how great indeed must be the bereavement of those who in the sacred ties of relationship could more closely realize his true worth.

DR. AGNEW, in his communication on Deaf Mutism, invites the opinion of his medical brethren on the very novel measures which he proposes to adopt for the stamping out of this infirmity. We cannot at all coincide with his suggestions, but will leave it to others to combat them. Passing, we may say, that deaf mutism has by no means been proved to be hereditary, on the contrary. The measures proposed by Dr. Agnew might, if they admitted of consideration, be more reasonably applied to phthisical, scrofulous, insane and syphilitic sufferers.

1869 has placed a new mayor and another health committee in office, and in the interests of our fellow citizens we express the hope that these civic dignitaries will not display a like apathy in the performance of the important duties they have undertaken which so distinguished their predecessors. We have drawn attention on more than one occasion to the entire absence of any supervision over the milk supply of this city. Though the extreme affinity which milk has to other matters has been long known, it is only of late years it has been proved to be a vehicle by which various microbes of disease find their way into the human system and it has been demonstrated beyond doubt that many of the severest and most fatal outbreaks of typhoid, diphtheria, scarlatina and measles were due to the use of polluted milk, either coming in this condition from a healthy animal, the pollution occurring from germ-laden water or food of which the animal partook, or from the unsanitary conditions by which she is surrounded, or, as has been frequently proved that milk pure and wholesome when recently drawn from the animal has soon become infected by exposure to septic influences, as well as from being stored in uncleanly and foul conditioned vessels. In most city dairies from which the public are supplied with milk, "outside of Winnipeg," all the vessels in use are subjected daily to an efficient steaming process, the ordinary scalding with hot water not being deemed sufficient. The milk is immediately taken into a scrupulously kept building exclusively

used for this purpose, and yet with all these precautions, infected milk finds its way to consumers, with the resulting ill consequences. But what precautions are taken with regard to the milk supply of Winnipeg. There are few large dairies, but there are numerous owners of one, two and three cows, poor animals, boxed up in miserable sheds, badly fed, filthily kept; and from these wretched creatures is drawn a watery, diseased fluid, mis-named milk, and retailed to the customers, in many instances, to their mortal injury. No supervision of any kind is exercised. Any one that can afford to buy a cow, can set up as a milk merchant; the animal may be suffering from disease; the whole arrangements, from the shed, where the poor beast is housed, to the cans from which the milk is retailed, and, in too many instances, the filthy house where the fluid is kept before being hawked around, have hitherto been matters of indifference to the so-called health committee of the corporation. Disease and death have stalked and are stalking about in the milk-pail, and will continue to do so unless efficient supervision is exercised over the retailers of the lactiferous fluid. No person should be allowed to sell milk without a license, and everything in connection with milk supply, should be open at all times to the inspection of an official, who should have power to warn and if necessary, to suspend the license of any person who infringes the rules which may be laid down. Such regulations can be made, that while being of vast benefit to the public at large, they will be also beneficial to those who retail milk.

THE PROPOSED REFORMATORY AND HOME FOR INCURABLES, AND DEAF AND DUMB INSTITUTE.

There are no politics in medicine, and whatever Government provides such institutions as these deserves earnest commendation from the profession at large. A sum of \$75,000 has been placed in the estimates for these most important and praiseworthy objects, and we congratulate Mr. Greenway and his colleagues for this practical evidence of their zeal in

the public welfare. In private life the medical men in the Old Country are powerful political supporters, and as their numbers increase in this new province, professional good will, when polling day comes round, will be of no slight moment. The most unselfish of all professions and the most truly chasitable. The way to the doctors' esteem is by providing for the wants of suffering humanity, of which they of all others are most cognizant.

MEDICO-CHIRURGICAL SOCIETY.

The adjourned meeting of this Society was held on Tuesday, the 5th ult. The present officers were confirmed in their several positions until the 1st of January, 1890, in consideration of their having held office for only six months, being elected at the formation of the society on the 1st of July, 1888. Dr. O'Donnell read a paper on the value of *uva ursi* as a substitute for ergot, which will be found in another column. Dr. A. H. Ferguson gave notes of a case of vertex and left foot presentation, which he diagnosed, but which the consultant called in believed to be a buttock. Dr. Ferguson delivered with the long forceps. Both mother and child did well.

REFERENCE TABLE OF DOSES.

BY JOSEPH W. ENGLAND, PH. G.

In American Journal of Pharmacy.

The writer does not claim perfection for this table, but he has earnestly striven, in its composition, to give not the highest possible dose, nor the lowest, but a fair and accurate expression of average doses.

The name of the drug is given in Latin, while, for facility of reference, the dose is expressed in numerals instead of roman figures, which would doubtless be more consistent, but not nearly as ready of access.

DRUG.	DOSE.
Acetanilidum	3-5-15 gr.
Acet. Lobelia, Expect	$\frac{1}{4}$ - $\frac{1}{2}$ fl. dr.
Nauseant	1-1 $\frac{1}{2}$ -2 fl. dr.
" Opii	5-10-15 m.
Maximum	15-20 m.

DRUG.	DOSE.	DRUG.	DOSE.
Acet. Sanguinar, Expect.	5-10-15 m.	Antim. et Potass. Tart	$\frac{1}{4}$ - $\frac{1}{2}$ gr.
Emetic	$\frac{1}{2}$ - 2 fl. dr.	Emetic	1 - 2 gr.
" Scillæ	10-15-30 m.	Antimonii Oxidum	1-2-3 gr.
Acid. Acetic. Dilut.	2-3-4 fl. dr.	" Oxysulphuretum	1-2-3 gr.
" Arsenios	$\frac{1}{10}$ - $\frac{1}{16}$ gr.	" Sulphuratum	1-2-3 gr.
Max	$\frac{1}{10}$ - $\frac{1}{16}$ gr.	Antipyrinum	5-10-30 gr.
" Benzoic	10-15-30 gr.	Apiol	2-3-5 m.
" Boric	10-15-30 gr.	Apomorph. Hydrochlor	$\frac{1}{10}$ - $\frac{1}{8}$ gr.
" Carbohc	1-2-3 gr.	Max	$\frac{1}{8}$ - $\frac{1}{4}$ gr.
" Citric	10-15-30 gr.	Aqua Ammoniac	10-15-30 m.
" Gallic	5-15-30 gr.	" Amygdalæ Amarae	$\frac{1}{2}$ - 2 fl. dr.
" Hydrobrom. Dilut.	$\frac{1}{2}$ - 2 fl. dr.	" Anethi	$\frac{1}{2}$ - 1 fl. oz.
Max	2-4 fl. dr.	" Anisi	$\frac{1}{2}$ - 1 fl. oz.
" Hydrochlor. Dilut.	10-15-30 m.	" Aurantii Florum	$\frac{1}{2}$ - 1 fl. oz.
Max	30-60 m.	" Camphoræ	$\frac{1}{2}$ - 1 fl. oz.
" Hydrocyan. Dilut.	1-2-3 m.	" Capsici	$\frac{1}{2}$ - 1 fl. oz.
Max	3-5 m.	" Carui	$\frac{1}{2}$ - 1 fl. oz.
" Lactic	$\frac{1}{2}$ - 2 fl. dr.	" Chlori	$\frac{1}{2}$ - 1 fl. oz.
" Nitric, Dilut.	5-15-30 m.	" Chloroformi	$\frac{1}{2}$ - 2 fl. oz.
Max	30-60 m.	" Cinnamomi	$\frac{1}{2}$ - 1 fl. oz.
" Nitrohydrochlor	2-3-5 m.	" Creasoti	2-3-4 fl. dr.
Max	5-10 m.	" Fœniculi	$\frac{1}{2}$ - 1 fl. oz.
" Dilut.	10-15-20 m.	" Menthae Piperitæ	$\frac{1}{2}$ - 1 fl. oz.
Max	20-30 m.	" Menthae Viridis	$\frac{1}{2}$ - 1 fl. oz.
" Phosphoric Dilut.	10-30-60 m.	" Pimentæ	$\frac{1}{2}$ - 1 fl. oz.
" Salicylic	10-15-30 gr.	" Rosæ	$\frac{1}{2}$ - 1 fl. oz.
" Sulphuric, Dilut.	10-15-20 m.	Argentæ Iodidum	$\frac{1}{2}$ - 1-2 gr.
Max	20-30 gr.	" Nitras	$\frac{1}{2}$ - 1 gr.
" Sulphuric, Arom.	5-8-10 m.	" Oxidum	$\frac{1}{2}$ - 2 gr.
Max	10-15 m.	Arsenii Iodid	$\frac{1}{10}$ - $\frac{1}{8}$ gr.
" Sulphurosum	$\frac{1}{2}$ - 2 fl. dr.	Max	$\frac{1}{10}$ - $\frac{1}{8}$ gr.
" Tannic	3-5-10 gr.	Asafœtida	5-10-15 gr.
" Tartaric	10-15-30 gr.	Atropina	$\frac{1}{100}$ - $\frac{1}{50}$ gr.
Aconitina	$\frac{1}{250}$ - $\frac{1}{100}$ gr.	Atrop. Sulph. } Max	$\frac{1}{100}$ - $\frac{1}{50}$ gr.
Max	$\frac{1}{100}$ - $\frac{1}{50}$ gr.	Auri et Sod. Chlorid.	$\frac{1}{10}$ - $\frac{1}{5}$ gr.
(Duquesnel's)	$\frac{1}{100}$ - $\frac{1}{50}$ gr.	Max	$\frac{1}{10}$ - $\frac{1}{5}$ gr.
Max	$\frac{1}{100}$ - $\frac{1}{50}$ gr.	Bismuthi et Ammonii Citras.	1 3 5 gr.
Æther Aceticus	10-15-30 m.	Bismuthi Subcarbonas	10 30 60 gr.
Aloe	5-10-20 gr.	" Subiodidum	10 15 30 gr.
Aloinum	$\frac{1}{2}$ - 2 gr.	" Subnitras	10 30 60 gr.
Alumen	10-15-60 gr.	" Taunus	10 15 30 gr.
Alumen Exsiccatum	5-10-30 gr.	Caffeina	1 2 3 gr.
Ammon. Benzoas	10-15-30 gr.	Caffeinae Citras } Max	3 5 gr.
" Bromid., Sedative	10-20-30 gr.	Calcii Bromid., Sedative	10 20 30 gr.
" Hypnotic	30-45-60 gr.	" Hypnotic	30 45 60 gr.
" Carbonas	5-10-15 gr.	Calcii Carbonas	10 30 60 gr.
" Chloridum	5-10-30 gr.	" Hypophosphis	5 15 30 gr.
" Iodidum	3-5-10 gr.	" Phosphas	10 15 30 gr.
" Phosphas	10-15-30 gr.	Calx Sulphurata	$\frac{1}{10}$ - $\frac{1}{5}$ gr.
" Sulphoichthyolas	3-5-10 gr.	Cambogia	1 3 5 gr.
" Valerianas	2-5-8 gr.	Camphora	1 5 10 gr.
Amyl Nitris	2-3-5 m.	Camphora Monobromata	1 3 5 gr.
Antifebrinum	3-5-15 gr.	Cantharis	$\frac{1}{2}$ - 1 gr.
		Capsicum	3 5 10 gr.

DRUG.	DOSE.	DRUG.	DOSE.
Carbo Ligni	1 2 4 dr.	Ext. Colocynt Comp	5-15-30 gr.
Catechu	10 15 30 gr.	" Conii Alcohol	$\frac{1}{2}$ -1 gr.
Cerii Oxalas	1 3 5 gr.	Max	1-2 gr.
Chloral	10 20 30 gr.	" Conii B. P.	$\frac{1}{2}$ -1 2 gr.
Chloral	30 45 gr.	Max	2-4 6 gr.
Chloral Butylicum	3 5 10 gr.	" Conii Fluidum	1-3-5 m.
Chinoidinum	3-5-10 gr.	Max	5-10 m.
Chloroform	2-3-5 m. { 8-12-20 gtt.	" Convallariæ Fl.	3-5-10 m.
Max. 5-10 m. {	20-40 gtt.	" Cubebæ Fluid	10-15-30 m.
Cinchona	$\frac{1}{2}$ -1-1 $\frac{1}{2}$ dr.	" Cypripedii Fl.	10-15-30 m.
Cinchonid. Sulph. { Tonic	3-5-10 gr.	" Digitalis	$\frac{1}{8}$ - $\frac{1}{4}$ - $\frac{1}{2}$ gr.
Cinchonin. Sulph. { Antipyr.	10-20-30 gr.	Max	$\frac{1}{2}$ -1 gr.
Cocain. Hydrochlor	$\frac{1}{8}$ - $\frac{1}{4}$ - $\frac{1}{2}$ gr.	" Dulcamaræ Fl.	$\frac{1}{2}$ -1-2 fl. dr.
Max.	$\frac{1}{2}$ gr.	" Ergotæ	3-5-15 gr.
Codeina	$\frac{1}{4}$ - $\frac{1}{2}$ gr.	" Ergotæ Fluid	$\frac{1}{2}$ -1-2 fl. dr.
Codeinæ Sulphas	{ Max. 1-2-3 gr.	Max	2-4 fl. dr.
Confectio Piperis	1-2-3 dr.	" Erythroxyli. Fl.	$\frac{1}{2}$ -1 fl. dr.
Confectio Sennæ	2-3-4 dr.	Max	1-2 fl. dr.
Sulphuris	2-3-4 dr.	" Eucalypti	10-15-30 m.
Copaiba	$\frac{1}{2}$ -1 fl. dr.	" Euonymi	1-3-5 gr.
Creasotum	1-3-5 m.	" Euonymi Fluid	$\frac{1}{2}$ -1 fl. dr.
Creta Præparata	10-30-60 gr.	" Eupatorii Fluid	$\frac{1}{2}$ -1 fl. dr.
Crotonchloral, see Chloral Butylicum.		" Frangulæ Fluid	$\frac{1}{2}$ -1 fl. dr.
Cubeba	$\frac{1}{2}$ -1-3 dr.	" Gelsemii Fluid	1-3-5 m.
Cupri Acetas	$\frac{1}{8}$ - $\frac{1}{4}$ gr.	" Gentianæ	3-5-15 gr.
Max	$\frac{1}{2}$ gr.	" Gentianæ Fluid	$\frac{1}{2}$ -1 fl. dr.
Cupri Sulphas, Astringent	$\frac{1}{2}$ -1-2 gr.	" Geranii Fluid	$\frac{1}{2}$ -1-2 fl. dr.
Emetic	5-10 gr.	" Glycyrrhizæ	$\frac{1}{2}$ -1 dr.
Digitalinum	$\frac{1}{4}$ - $\frac{1}{2}$ gr.	" Glycyrrhizæ Fluid	$\frac{1}{2}$ -1 2 fl. dr.
Max	$\frac{1}{2}$ gr.	" Gossypii Fluid	$\frac{1}{2}$ -1 fl. dr.
Digitalis	$\frac{1}{2}$ -1-2 gr.	Max	1-2 fl. dr.
Max	2-3 gr.	" Granati Rad. Cort. Fluidum	1-2 fl dr.
Eluterinum	$\frac{1}{2}$ -1-1 $\frac{1}{2}$ gr.	" Grindeliæ Fluid	$\frac{1}{2}$ -1 fl. dr.
Max	$\frac{1}{2}$ gr.	" Haematoxyli	5-10-30 gr.
Elaterium (Clutterbuck's)	$\frac{1}{12}$ - $\frac{1}{10}$ gr.	" Haematoxyli Fluid	$\frac{1}{2}$ -1 fl. dr.
Max	$\frac{1}{6}$ gr.	" Hamamelidis Fluid	$\frac{1}{2}$ -1 fl. dr.
Ergotinum (Bonjean's)	3-5-10 gr.	" Helianthemi	5-10-15 m.
Ext. Aconiti	$\frac{1}{8}$ - $\frac{1}{4}$ gr.	" Humuli Fluid	10 30 60 m.
Max	$\frac{1}{2}$ gr.	" Hydrastis Fluid	$\frac{1}{2}$ 1 2 fl. dr.
Ext. Aloes Aquosum	3-5-10 gr.	" Hyoscyami Alc	1 2 3 gr.
" Belladon. Alcoh	$\frac{1}{8}$ - $\frac{1}{4}$ gr.	Max	3 5 gr.
Max	$\frac{1}{4}$ gr.	" Hyoscyami Fluid	3 5 10 m.
" Buchu Fluidum	$\frac{1}{2}$ -1 fl. dr.	Max	10 15 m.
" Cacti Grandiflori Fluidum	1-3-5 m.	" Ignatiæ	$\frac{1}{8}$ - $\frac{1}{4}$ gr.
" Cannab. Indic.	$\frac{1}{2}$ -1-1 $\frac{1}{2}$ gr.	Max	$\frac{1}{2}$ 1 gr.
Max	3-1 gr.	" Ipecac Fl. Expect	3 5 10 m.
" Capsici Fluidum	$\frac{1}{2}$ -1-2 m.	Emetic	$\frac{1}{2}$ 1 fl. dr.
" Castanæ Fluid	$\frac{1}{2}$ -1 2 fl. dr.	" Iridis	$\frac{1}{2}$ 1 3 5 gr.
" Chinaphile Fl.	$\frac{1}{2}$ -1 fl. dr.	" Iridis Fluidum	5 10 20 m.
" Cimicifuge Fl.	$\frac{1}{2}$ -1 fl. dr.	" Jalapæ (U.S.P., 1870)	10 15 20 gr.
" Cinchona	10-15-30 gr.	" Juglandis	5 15 30 gr.
" Cinchona Fl.	$\frac{1}{2}$ -1-2 fl. dr.	" Juglandis Fluid	$\frac{1}{2}$ 1 2 fl. dr.
" Colchici Rad	$\frac{1}{2}$ -1 gr.	" Krameria	5 10 20 gr.
Max	1-2-3 gr.	" Krameria Fluid	$\frac{1}{2}$ 1 fl. dr.

DRUG.	DOSE.	DRUG.	DOSE.
Ext. Lappae Fluidum	$\frac{1}{4}$ 1 fl dr.	Fel Bovinum Pur	3 5 10 gr.
" Leptandrae	$\frac{1}{4}$ 1 3 5 gr.	Ferri Arsenias	$\frac{3}{16}$ 1 2 gr.
" Leptandrae Fluid	$\frac{1}{4}$ 1 fl dr.	Max	$\frac{1}{16}$ 1 3 gr.
" Lobelliae Fl., Expect.	1 3 5 m.	" Bromidum	$\frac{1}{4}$ 1 2 gr.
Emetic	10 30 m.	" Citras	5 10 15 gr.
" Lupulini Fluid	10 15 30 m.	" et Ammon. Citris	5 10 15 gr.
" Malti	2 4 8 dr.	" Sulph	5 10 15 gr.
" Matico Fluidum	$\frac{1}{2}$ 1 3 fl. dr.	" Tartr.	10 15 30 gr.
" Nucis Vomicae	$\frac{1}{4}$ 1 gr.	" Potass. Tartr	10 15 30 gr.
Max	1 2 gr.	" Quininae Citras	3 5 10 gr.
" Opii	$\frac{1}{4}$ 1 gr.	" Strychn. Citr	1 2 3 gr.
Maximum	1 1 3 gr.	Max	3 5 gr.
" Pancreaticum	3 5 10 gr.	" Hypophosphis	5 8 10 gr.
" Pareirae Fluidum	$\frac{1}{2}$ 1 2 fl. dr.	" Iodidum	1 3 5 gr.
" Physostigmatis	$\frac{1}{16}$ 1 3 gr.	" Lactas	1 3 5 gr.
Max	$\frac{1}{32}$ 1 gr.	" Oxalas	1 2 3 gr.
" Phytolaccae Rad. Fluid	5 15 30 m.	" Phosphas	5 8 10 gr.
" Pilocarpi Fluid	10 15 30 m.	" Pyrophosphas	2 3 5 gr.
" Pimentae Fluid	10 15 30 m.	" Subcarbonas	5 15 30 gr.
" Podophylli	1 3 5 gr.	" Sulphas	1 3 5 gr.
" Podophylli Fluid	5 10 15 m.	DRUG.	DOSE.
" Pruni Virg. Fluid	$\frac{1}{4}$ 1 fl. dr.	Ferri Sulphas Exsic	$\frac{1}{4}$ 1-3 gr.
Max	1 2 fl. dr.	" Valerianas	$\frac{1}{2}$ 1-2 gr.
" Quassiae	1 2 3 gr.	Ferrum Reductum	1-3 5 gr.
" Quassiae Fluidum	5 10 30 m.	Glycerinum	1-2 3 fl. dr.
" Rhamni Purshianae	1 3 5 gr.	Glycyrrhizin Ammon	5-10 15 gr.
" Rhamni Pursh. Fluid	$\frac{1}{4}$ 1 fl. dr.	Hydrarg. Chlor. Corr.	$\frac{1}{32}$ 1 12 gr.
" Rhei	5 10 15 gr.	Max.	$\frac{1}{12}$ 1 gr.
" Rhei Fluidum	$\frac{1}{4}$ 1 fl. dr.	" Chlor. Mite, Alt.	1-2 5 gr.
" Rhois Glabrae Fl.	$\frac{1}{2}$ 1 2 fl. dr.	Purg.	5-10 15 gr.
" Rosae	$\frac{1}{2}$ 1 2 fl. dr.	" Cyanid	$\frac{1}{4}$ 1 1 2 gr.
" Sarsaparillae Fl.	$\frac{1}{2}$ 1 fl. dr.	Max.	$\frac{1}{12}$ 1 gr.
" Comp. Fl.	$\frac{1}{2}$ 1 1 2 fl. dr.	" Iodid. Rub.	$\frac{1}{16}$ 1 4 gr.
" Scoparii	$\frac{1}{4}$ 1 fl. dr.	Max.	$\frac{1}{16}$ 1 3 gr.
" Scutellariae Fl.	$\frac{1}{2}$ 1 2 fl. dr.	" Iodid. Vir.	$\frac{1}{16}$ 1 1 gr.
" Senegae Fl.	3 5 15 m.	Max.	1-2 3 gr.
" Sennae Fluidum	1 2 4 fl. dr.	" Subsulph. Fla., Alt.	$\frac{1}{4}$ 1 1 1 gr.
" Serpentariae Fl.	$\frac{1}{2}$ 1 fl. dr.	Emet.	2 5 gr.
" Spigeliae	$\frac{1}{2}$ 1 2 fl. dr.	Hydragyrum cum Creta	3 5 10 gr.
" Spigel. et Sennae Fl.	2 3 4 fl. dr.	Hydrochinonum	5 10 15 gr.
" Stillingiae Fluid	$\frac{1}{4}$ 1 fl. dr.	Hyoseyaminae Sulph.	$\frac{1}{64}$ 1 3 2 gr.
" Stramonii	$\frac{1}{32}$ 1 4 gr.	Max.	$\frac{1}{32}$ 1 6 gr.
Max	$\frac{1}{4}$ 1 gr.	Hyoscinae Hydrobrom	$\frac{1}{128}$ 1 6 4 gr.
" Sumbul	1 2 3 gr.	Max.	$\frac{1}{64}$ 1 8 gr.
" Fluidum	15 30 60 gr.	Ichthyol, (See Ammonii or Sodii Sulphoichthyol.)	
" Taraxaci	5 10 30 gr.	Infus. Digitalis	2-3 4 fl. dr.
" Taraxaci Fluid	1 2 3 fl. dr.	Max	4 8 fl. dr.
" Triticici Repent Fl.	1 2 4 fl. dr.	Infus. Lulpuli, B. P.	1-2 4 fl. oz.
" Ustilag. Mayd. Fl.	$\frac{1}{4}$ 1 fl. dr.	Iodoformum	$\frac{1}{4}$ 1 3 gr.
" Uvae Ursi Fluid	$\frac{1}{4}$ 1 fl. dr.	Iodolum	$\frac{1}{4}$ 1 3 gr.
" Valerianae Fluid	$\frac{1}{4}$ 1 fl. dr.	Ipecacuanha, Expect.	$\frac{1}{4}$ 1 2 gr.
" Viburni Prunif. Fl.	$\frac{1}{4}$ 1 fl. dr.	Emetic.	10-20 30 gr.
" Xanthoxyli Fl.	$\frac{1}{4}$ 1 fl. dr.	Jalapa	10-15 30 gr.
" Zingiberis Fl.	10 15 30 m.		

DRUG.	DOSE.
Kairina	3-5-15 gr.
Liq. Ammon. Acet.	℥i-℥i fl. oz.
“ Acidi Arseniosi	3-5-7 m.
“ Max.	7-10 ℥a.
“ Ars. et Hydrarg. Iod.	3-5-10 ℥a.
“ Max.	10-15 ℥a.
“ Calcis	℥i-℥i fl. oz.
“ Ferri Chloridi	3-5-10 m.
“ “ Dialysat.	10-15-30 m.
“ “ Nitratiss	5-10-15 m.
“ Pepsini	℥i-℥i fl. oz.
(To be continued.)	

MISCELLANEOUS.

THE medical journal is too often condemned as worthless by the dilatory subscriber. One could go still further and say that some subscribers to a journal are also worthless. “Good subscribers make good journals.” As a matter of fact, a large number of subscribers who are considerably in arrears with their subscriptions, and who rarely or never contribute to its columns, will make an approximately worthless wreck of almost any journal. Such an utter lack of appreciation of the medical periodicals among certain of the fraternity is the opprobrium of the medical profession. When pecuniary obligations are promptly liquidated; where terse, practical reports are frequently contributed; when words of cheer come in from time to time, to encourage the editor and publishers to renewed and more successful efforts; when the editorial staff and the extensive list of subscribers are in hearty accord, there, and only there, will be found a wide-awake, active and efficient journal. One that will have a far-reaching influence upon the medical fraternity. One that will surely lead them up the glorious heights of the profession beyond the valley of routine, to an even higher and higher plane of intellectual life.—*The Medical Current*.

A Royal Commission is about to issue in England to enquire into the hospital system.

In South Australia the total yield of wheat for the year 1888 averaged nearly four bushels per acre.

Sir William MacCormack successfully extracted a bullet from the chest of Mr. G. Atkin who was lately shot by a burglar at his residence at Muswell Hill, near London, a piece of the coat was also removed. The patient is going on satisfactory. Another bullet remains embedded at the back of the groin, but the entrance wound has healed, and an operation for its removal has not yet been decided on.

CHROMIC ACID IN EXCESSIVE SWEATING.—A circular has been sent to the Prussian Army medical officers, advocating chromic acid as an economical and efficient means of checking excessive perspiration. In hyperhidrosis of the feet the application of a ten per cent. solution, repeated every three or six weeks, is sufficient to prevent any inconvenience from this source.—*Medical Press; Medical News*, Nov. 17, 1888.

HYDROCHLORATE OF APOMORPHINE was employed by Dr. Stocquart, of Brussels, in coughs characterized especially by frequency and difficult expectoration. The dose is only three or four milligrams, dissolved in water, in the twenty-four hours. It is advisable to add a few drops of hydrochloric acid to the solution, as it is liable to rapid alteration; the acid does not affect its therapeutic value.—*Journal de Médecine*.

MECO-NARCEINE A NEW HYPNOTIC.—Dr. Laborde reports in the *Bull. de l'Acad. de Med.*, that in conjunction with Dr. Duquesnel he has obtained from opium a new alkaloid to which he has given the name of meco-narceine. He claims for this preparation, that it produces a quiet sleep, only slight contraction of the pupils, slight anesthesia, no headache, and no disturbance of the digestive tract.—*Med. New*, December 8, 1888.

MYRTOL.—Dr. Eichorst recommends the internal administration of myrtol to overcome putrefactive processes of the air-passages. It is administered in two grain capsules, two of which are taken every two hours. It can be continued for weeks without causing any bad after-effects. Not only does it ameliorate the

gangrenous odor of the expectoration, but diminishes also the quantity of the expectorated material. It does not stay the progress of the tuberculosis.—*Med. News*, Dec. 29; see also *Amer. Jour. Phar.*, 1886, p. 299.

ACTION OF ANTIPIRYN ON THE TEETH.

—Dr. Galippe, a dentist, finds that anti-pyrin taken internally has the effect of blackening the teeth. Teeth which, previous to the administration of this drug, had lost their enamel, blackened sooner than otherwise healthy teeth. The discoloration is only temporary, as it can be removed by cleansing the teeth with water containing an abundance of oxygen.—*Deutsche med. Woch.*; *Med. News*, Dec. 8, 1888.

THE REMOVAL OF WARTS BY CARBOLIC ACID.—Professor B. Frankel, in the *Wiener medizinische Presse*, Oct., 1888, recommends the following method for the removal of warts:—The skin surrounding the wart should be covered with cotton, and thus protected. Then, by means of a glass rod, apply the liquid carbolic acid to the wart and allow it to dry. No pain is perceptible. In the course of two or three days a part of the wart will fall off. Renew the application until all has been removed.—*Med. News*, Dec. 1.

CONTROL OF THE SALE OF MILK.—The question as to whether the sale of milk should be placed under the control of sanitary authorities, as by a license granted to all salesmen having business transactions within the area of a sanitary district, has been frequently referred to in the periodic reports issued by Mr S. W. North, medical officer for the city of York. He now again refers to the fact that he has traced infectious diseases, such as diphtheria, to the family of a milk-seller, who, though outside the city in the rural area, sold his milk in York; and he urges on the Town Council the desirability of obtaining powers to deal with the sale of milk in the city by persons resident outside that area, and whose dairies are not in a satisfactory state. The subject is one of very great importance, and we are glad to call attention to a reprint in this month's *Practitioner* of a

very exhaustive paper which Mr. Shirley F. Murphy read at the December meeting of the Epidemiological Society of London on the Sanitary Administration of Dairy Farms.—*London Lancet*.

Almost every new invention develops a correspondent evil. Tennis-elbow, it seems, is likely to be paralleled by telephone-ear. A young female operator in New York has been the first patient in whom the novel disease was revealed. It appears that the doctor she called in on examination found the right ear—about which she had for some time worn a receiver—affected with disease. The other ear was quite free from it. The fact seems to be established, therefore, that the use of the telephone may be attended by a special form of ear disease.

The first triennial prize of two hundred and fifty dollars under the deed of trust of Mrs. Wm. F. Jenks, has been awarded by the Prize Committee of the College of Physicians of Philadelphia, to John Strahan, M.D., M.Ch., M.A.O. (Royal University, Ireland), 247 North Queen St., Belfast, Ireland, for the best essay on "The Diagnosis and Treatment of Extra-Uterine Pregnancy."

The writers of the unsuccessful essays can have them returned to any address they may name, by sending it and the motto which distinguished the essay, to the Chairman of the Prize Committee, Ellwood Wilson, M.D., College of Physicians, Philadelphia.

VICARIOUS MENSTRUATION—STIGMATA.

—Dr. Waugh, in *Phil. Med. Times*, presented a most interesting case to his clinic.—A young girl, aged 14 years, stated that for some months past blood appeared on her forehead in the form of drops like perspiration. This curious phenomenon was preceded by a small papular rash, and showed a distinct tendency to periodicity, though occasionally it occurred if the patient was at work or was unduly excited. Her menses had not yet appeared. He diagnosed the case as one of vicarious menstruation in the form of stigmata, and called attention to the fact that such cases were usually found in females of emotional temperament.

With regard to treatment, he considered that a persistent use of mild remedies to stimulate the pelvic organs was indicated, and prescribed $\frac{1}{4}$ grain doses of aloes, three times a day, and advocated Faradization. He was of the opinion that the trouble was purely of a nervous origin, and that it would cease when the menstrual function was established.

ARSENIC IN Puerperal ANÆMIA.—I know of nothing more remarkable in practical therapeutics, nothing so resembling specific action (unless we accept quinine in ague) than the rapid recovery of profound anæmia under this drug. As a rule it is well borne; and should be given, as Bramwell advises, in increasing doses, beginning with five minims, and rising gradually to twenty or thirty three times a day.

Puffiness of the eyelids, œdema above the eyebrows, vomiting or diarrhœa, indicate that the drug should be suspended for a time, or the dose reduced. It is interesting to note that the existence of vomiting or diarrhœa does not, however, contraindicate the employment of the medicine, as in the case here reported. These symptoms seemed to improve, for a time at least, when the arsenic was first given.

If Fowler's solution disagrees, arsenious acid may be tried. I have known it to be well borne when the liquor arsenicalis disturbed the stomach. The drug may be given hypodermically, but in these instances of profound anæmia the tendency to hemorrhage is so marked that the punctures may become hemorrhagic. I have known considerable subcutaneous extravasation follow an injection. The point of the greatest importance is the fact that the medicine must be given in increasing doses, and for prolonged periods. Practitioners express surprise when they hear of doses of Fowler's solution, of fifteen, twenty and twenty-five drops three times a day. There is, I think, but one rule in the matter: give the drug cautiously until physiological effects are produced. The tolerance of the system for arsenic is well known. I have never seen serious consequences from its careful administration. Young people, as a rule,

take it better than adults. In an instance of pernicious anæmia which I reported a few years ago, the patient took twenty minims of Fowler's solution three times a day for weeks, with the most satisfactory results.

In post-partum cases recovery is always slow. It may be many months before perfect health is restored. It is well to intermit arsenic for a few weeks; but the drug should be given at intervals for many months, even when the health is apparently re-established, as there is a well recognized tendency in these cases to relapse.—*W. Osler, M.D., in Bos. Med. Journal.*

In the September *Forum*, Spitzka brings vividly before the laity the evidences of the tremendous increase of the alcohol habit and of the diseases, physical and mental, caused by it. The alcoholic insane are increasing much faster than the population of the civilized world, and, also, suicide traceable to excessive use of alcohol. The inherited evils of chronic alcoholism are brought into relief; and consist in growing numbers of those afflicted with mental, cerebral or spinal diseases, as also other affections of the heart, kidney and digestive organs. To these might have been added the role played by alcohol in the production of multiple neuritis, a new disease, but one more common than is supposed. The quantity of alcohol drunk by some of these victims is almost unbelievable. Cases are known in which from two to three pints of whiskey or eight to ten bottles of champagne had been habitually and daily drunk for a long period of time, and which finally brought on peripheral neuritis.

A PORTABLE STEAM HEATER.—An American inventor is stated to have elaborated a neat thing in the way of a steam heater to carry about on the person. It is a small affair, consisting of a copper boiler, under which is a diminutive lamp, all encased in a nickel box, and balanced something like a compass, so that, no matter what position the outside box is in, the boiler and lamp will always remain in the required vertical position. The entire apparatus is so small that it can be

carried in the pocket. After the lamp is lighted, the water in the boiler is heated and circulated through rubber tubes, which run down the legs, around the ankles, up around the back, and back to the boiler. The circulation of the water keeps the body warm on the coldest day. A safety valve and escape for a higher pressure of steam than the affair is allowed to carry flows off at the back of the wearer's neck. Elaborate heaters are being constructed for ladies' wear. They can be worn inside the bustle, and entirely obscured. Before going out of the house, the lady's maid can light the lamp, which, by the way, is gauged to run six, eight, or ten hours. This all sounds very clever, but we neither envy the feelings nor the appearance of any one who puts himself inside these tubular convolutions. Besides, fancy a jet of steam occasionally issuing from the back of a man's neck, or, worse, a burst tube!—*Iron*.

REPORT OF THE MEDICAL COMMISSION.
—The following, says the *British Medical Journal*, are the conclusions arrived at by the Medical commission entrusted with the post-mortem examination of the body of Prince Rudolph. The details of the necropsy have not previously been published:—“1. His Imperial and Royal Highness the illustrious Crown Prince succumbed owing to destruction of the skull and the anterior parts of the brain. 2. This destruction was caused by a shot discharged quite close to the right anterior temporal region. 3. A shot from a pistol of medium bore was capable of producing the above-described lesion. 4. The bullet was not found, as it had passed out through one aperture above the left ear. 5. There is no doubt that his Imperial and Royal Highness shot himself, and that death occurred immediately. 6. The premature union of the coronal and sagittal sutures of the skull, the remarkable depth of the cranial fossa, and the ‘*impressiones digitatae*’ on the internal surface of the cranial bones, the distinct flatness of the cerebral convolutions, and the dilatation of the cerebral ventricles were pathological conditions which, according to general experience, are combined with abnormal mental conditions; and thus justified the supposition

that the fatal deed was committed in a state of mental alienation.”

THE FIRST OPERATION ON THE FALLOPIAN TUBE.—The nationality of the first surgeon who performed ovariectomy and the place where that operation took place have often been disputed, but now it is practically settled. M. Schlesinger, of St. Petersburg, has discovered that the first case of operation on the Fallopian tube was performed in 1784 at Sarepta, Astrakhan Government, Russia. The case is noted in Dr. Monprofit's *Salpingites et Ovarites*. A multiparous woman, aged 42, was taken ill after an abortion, and a painful tumour appeared in the right iliac fossa. On February 21st, 1784, the operation was undertaken by a Dr. Seydel. An incision was made from the umbilicus to the right abdominal ring, passing over the middle of the tumour. The operator opened the peritoneum with a curved, probe-pointed bistoury. Three veins were tied, the protruding intestines were kept back by a napkin soaked in tepid milk. The tumour was attached by a pedicle to the uterus, and strongly adherent to neighbouring structures. The operator carefully examined its relations, and discovered that the ovary was distinct, the tumour being clearly tubal. As it could not be removed it was laid open, washed out with a decoction of bark mixed with charpie soaked in balsam of Arceus. To prevent the intestines from adhering to the parietal peritoneum pieces of linen, soaked in oil of roses, were laid over them. The abdominal wound was dressed with linen supported by a plaster; later on sutures (*sutura cruenta*) were applied. Drainage by means of a silver tube did not answer, so the operator aspirated, by suction with his mouth, the purulent fluid which collected in the cavity of the dilated tube. This was done four times a day, and the dressings were changed on every occasion. There was fever for a week, but in a fortnight's time the discharge ceased and the wound began to close, the patient recovering completely. At the end of two years Dr. Seydel heard from his patient; she was in perfect health. The operator was decidedly before his time.

CANCER OF THE UTERUS IN CHILDHOOD AND YOUTH.—Not only has sarcoma, but also true cancer of the vagina, been observed in children 2 or 3 years of age. Schauta has described a case of malignant adenoma of the cervix in a girl aged 17. It was cut away, but recurred locally several times, till it spread to the right parametrium, forming a large tumor which caused the patient's death. The supra-vaginal part of the cervix was found intact. Rosenstein described, some years since, an interesting case of cancer of the fundus uteri in a child aged 2. A solid tumor reached high above the symphysis, causing dysuria. The inguinal glands were swollen. After death, a large mass was found projecting from the right side of the fundus, another from the left side; the latter was softening. Deposits covered the anterior peritoneal surface of the bladder. The uterine mucous membrane, cervix, tubes, ovaries, and vagina were healthy. Though, under the microscope, the tumor appeared in parts of sarcomatous character, in others it was truly cancerous. Eckart has noted a case where a large mass which filled the vagina sprang from the cervix of a girl aged 19. The growth was apparently rather a sarcoma than a cancer. Professor Ganghofner, after noting the above cases, describes in the *Zeitschrift für Heilkunde*, 1888, a case where the cancer attacked the vaginal portion of the cervix of a girl aged 8. For two or three years blood kept escaping from the vagina. The growth was fungous and very brittle; it was confined to the anterior part of the cervix, and the vagina was quite free from disease. The tumor was carefully cut away, and its base ("of the size of a twenty-kreutzer piece") cauterized. Under the microscope it proved, according to Professor Chiari, to be a medullary glandular carcinoma. The poor little patient took confluent small-pox in hospital, and died eleven days after the operation. No secondary deposits were found and no glands were enlarged.

TUBERCULOSIS AND MILK.—Although in the light of recent researches into the bacillary nature and communicability of tubercle by direct experiment, the con-

sumption of milk from tuberculous cows cannot but be looked on as fraught with danger, instances in which such a mode of communication can be absolutely demonstrated are, from the circumstances of the case, not frequently met with. The fact that, even in advanced stages of the disease, the bacilli are often not to be detected in the milk, the generally long incubation period, and the probability that the milk supply has been changed or the animals slaughtered before palpable mischief has been done, as well as the frequency of tuberculosis in man arising from other causes, surround with almost insuperable difficulties all observations on the human subject. But an instance has lately come under our notice which admits of no doubt, and consequently deserves record. The owner of a valuable herd of cows, finding that a large proportion of them were tuberculous, so large a proportion indeed as strongly to suggest infection by association in the sheds, withdrew his milk from the market, and used it, unfortunately without boiling, for fattening his pigs, of which he has a large number, and on which he prides himself not less than on his cows. The result has been that the pigs have, almost without exception, been affected with the disease to an extent that has necessitated the slaughter of the whole stock. Another point of practical interest is that he has not been able to discover nodules or other indications of localised tubercle in the cows' udders, a condition still held by some to be necessary to render the milk capable of transmitting the disease. It is much to be regretted, too, that the legal definition of disease in the cow, as laid down in the Dairy and Cowshed Orders, does not include tuberculosis, but is limited to cattle plague, pleuropneumonia, and foot and mouth disease. This definition should be made to include tuberculosis and all eruptions of the udder.

INCREASING MORTALITY FROM CANCER.—SIR,—In your article upon the above subject in the *Journal* of December 15th, 1888, you draw attention to the statistics produced by Sir Spencer Wells in his Morton Lecture: "They have never before been so clearly put before us as in

the second Morton Lecture." I now enclose you a copy of a paper read by me at the Royal Medical and Chirurgical Society on April 26, 1884, by which you will see I drew attention to the same subject, and produced detailed statistics. I also compared the number of deaths and the death-rate occurring in the years 1850, 1861, 1872 and 1881, by which I showed that the number of deaths had increased from 4,966 in 1850 to 13,542 in 1881, and that the death-rate had risen from 320 in the 1,000,000 of population in the former year to 520 in the year 1881. I further contrasted the increase in the mortality from cancer in each division of England and Wales, and then analysed the death-rate of each country separately, and finally drew attention to certain factors existing in different counties which might be the cause of the increase observed.

In the concluding remarks of my paper I said: "I do not wish to be an alarmist, but because it is incontestably proved that cancer is becoming more and more common, is it a reason that we should shrink the subject? On the contrary, I contend it is all the more reason why we should face the fact boldly, and endeavour, if possible, to discover the cause, and, having discovered the cause, to apply ourselves to find a remedy."—I am, etc., F. B. JESSETT.—*British Medical News.*

ENDOWMENT OF MEDICAL EDUCATION IN ENGLAND.—The Scotch universities have always received financial support from the State under an agreement made at the time of the Act of Union between the two countries. The claim of the university colleges of England to assistance from the State has been urged upon the Government, and the movement has received the support of Sir John Lubbock, Mr. A. J. Mundella, Sir H. Roscoe and others, who have drawn the attention of the President of the Council and the Chancellor of the Exchequer to the subject. There appears to be some reason to think that a proposition will be made in this year's estimates for a parliamentary grant for provincial colleges, and, possibly for those in London. Medical education has at least an equal claim with arts and physical science to encourage-

ment and endowment by the State. The State must be constantly served by a large body of medical practitioners not only in the two great public services, but also in appointments in lunacy, in public health, and under the poor law. It is quite clear that the State has a great interest in medical education, and in every scheme for the further endowment of scientific education and learning, the London medical colleges may claim to have their share. These colleges not only train the future practitioners, they also represent the centres in which scientific practice is advanced and original research is cultivated.

PROF. DUDLEY rejects the popularly held opinion that the baneful effect of cigarette smoking is due to the adulteration of the tobacco with noxious drugs, and by experiments on mice shows conclusively that the toxic agent is carbonic monoxide, which, however, results alike from the combustion of tobacco, whether consumed in cigarette, pipe or cigar.

A spectroscopic examination of the blood of three mice, dying after a very brief exposure to an atmosphere of cigarette smoke, showed an entire conversion of oxyhemoglobin into carb-oxy-hemoglobin, the cause of death being CO poisoning. As is well known, CO is exceedingly poisonous and in contact with blood converts the life-supporting oxyhemoglobin into the lethal carboxy-hemoglobin, a non-oxygen-carrying compound, difficult of oxidation, which may cause death by suffocation, although there may be free entry of pure air into the lungs.

Cigarette smoking is only more harmful than cigar or pipe smoking, because those addicted to the first habitually inhale the smoke, drawing into the greatest depth of the lungs the poisonous CO, the result of the combustion of the tobacco.

[A consideration of Dr. Dudley's experiments suggests that a wide difference exists between the effects of tobacco smoked and chewed, and that if the latter habit is filthier it is far less harmful. It is to be regretted that the evil resulting from smoking is not limited to the consumer of tobacco, but must extend to those who are unfortunate enough to be

in the smoker's proximity. Patients should be cautioned against remaining in unventilated apartments in which smoking is going on, for the air in such places must soon become vitiated by the noxious CO. The ill effects of an atmosphere of tobacco smoke on young children and delicate females is thus explained.]—*Med. News*.

TREATMENT OF HAY FEVER.—A correspondent writes to the *Medical News* that he has secured by means of cocaine and atropine, immunity to a case of hay fever of twenty years standing, which had been thoroughly, though unsuccessfully, treated by means of the galvano-cautery, caustic, acids, chisels, etc. He confidently recommends the following treatment in all cases: gr. $\frac{200}{1000}$ of atropine is given in the early morning and repeated every fourth hour until bed time. Nasal weeping continuing after any dose calls for its repetition in half an hour. Should dryness of the nose continue longer than four hours, the drug must be withheld until the flow is renewed. Incipient buccal dryness indicates that sufficient is being taken. Exalted peripheral sensibility is diminished, sneezing, and the increased nasal secretion incident to the disease are checked. Cocaine may now be applied without fear of its being washed away by the nasal discharge. A solution varying in strength between one-half to four per cent. may be used, depending upon the severity of the case. Stronger solutions may be required upon rising and toward evening. To apply the solution, it is recommended that a cotton carrier be made from spring-tempered German silver or brass wire. It should be 6 inches long and $\frac{1}{4}$ of an inch thick, with a ring formed at one end having its plane at right angles to the body of the wire. The tip should be longitudinally notched to readily engage the cotton. With this instrument a patient may make his own applications to the nasal cavities, having been first instructed by the physician. All sensitive areas should receive especial attention at each application. Should there be much lachrymation the corners of the eyes may be gently touched with a one to two per cent. cocaine solution on a fresh pledget of cotton.

INCOMPATIBLE ANTISEPTICS.—The *Journal de Médecine* directs attention to the following incompatibilities:—Corrosive sublimate and iodine; corrosive sublimate and soap; soap and iodine; carbolic acid and iodine; carbolic acid and permanganate of potassium; salicylic acid and soap; salicylic acid and permanganate of potassium; permanganate of potassium and oils, soap or glycerin.

BENZOATED CHLOROFORM.—Dr. B. W. Richardson recommends the use of benzoated chloroform as an antiseptic of considerable service in the treatment of fœtid wounds. It is made by dissolving three drachms of pure benzoic acid in twelve ounces of chloroform, and filtering if necessary. After the bandage has been applied a fluid drachm of the solution is poured over or near the ulcer, the deodorizing effect being of the best character. The solution is also effective for removing the fœtor in troublesome cases of fœtid exhalations from the feet; and used like eau de Cologne, it is advantageous to rub over the hands at a post mortem examination, and for similar purposes where a disinfectant is required.—*Asclepiad*, vol. v. No. 10.

PROLONGED INJECTIONS OF HOT WATER IN EPITHELIOMA OF THE CERVIX UTERI.—M. De Tornery (*France Médicale*), has arrived at the following conclusions:—

1. Injections of water at a temperature of 39°-40° C. continued for at least half an hour, and used twice a day—one in the morning and one in the afternoon about four o'clock—disinfect the vagina very well, completely cleansing this canal and notably diminishing the ichorous secretion.

2. The injections greatly lessen the loss of blood, so that their results a very marked improvement in the general condition. The well-known hæmostatic action of hot water is perfectly sufficient to explain the arrest of the hæmorrhage.

3. In the majority of cases pain is greatly lessened, and there is no longer need to have recourse to hypodermics of morphia.

M. De Tornery has noticed that frequently the progress of the tumor was retarded.—*L'Union Médicale*.

DR. JONATHAN HUTCHINSON lately read a paper before the Clinical Society of London, on persisting aptyalism or dry mouth, with a report of a case. The subject was a lady of fifty, a widow in good general health, but who has passed through much trouble. The condition of aptyalism came on without any definite cause, and not very suddenly. In the course of a few months her tongue, cheeks, lips and palate became absolutely dry. They had remained in this condition without any alleviation for about four years. The tongue was clean, red, and much sulcated. Its dryness was such that the lady had difficulty in making herself understood in talking. The pharynx was also dry, but there was no defect of secretion in the nose, and no difficulty in the flow of tears or of moisture in the conjunctivæ. She perspired freely, and, indeed, her face and forehead were liable to perspire on any slight emotional excitement. Mr. Hutchinson gave a brief summary of the cases previously recorded, five in number, and remarked upon the very close similarity which they bore to each other. All were women past middle age, and in all the disease was persistent. In none had there followed any other disorder of the nervous system. In Hutchinson's case there was not in three or four years any depreciation of the patient's health. Other speakers present at the meeting briefly referred to the fact that they had seen five other cases in their practice. Drugs seemed to be powerless to affect the condition.—*Polyclinic*.

CASUAL THERAPEUTICS IN THE INFECTIOUS DISEASES.—J. C. Wilson (*Medical News*), as a clinical experiment, recently treated five cases of severe typhoid fever and three cases of tubercular phthisis by subcutaneous injections of calomel. The former made a prompt recovery and the symptoms in the latter were greatly ameliorated. Excepting Wilson, recent experimenters with calomel in tuberculosis are inclined to attribute the favorable results obtained through its use to its direct

germicidal action. Wilson believes that the poisonous principles evolved by the specific germs in the course of their growth and multiplication are the cause of the phenomena of the infectious diseases, rather than the germs themselves. He regards it probable that calomel acts by retarding or preventing the splitting up of complex chemical compounds of the tissues and the production of poisonous ptomaines necessary to the development of the pathogenic micro-organism. The *News* calls attention to the fact that Torsellini two years ago showed that the solubility of calomel in the stomach is greatly increased by pepsin in the presence of a small quantity of hydrochloric acid. Mercuric chloride is not formed. The solution of the calomel is probably due to a ferment action of the pepsin.

WHOOPIING COUGH.—The value of Mobin's treatment of whooping cough by sulphurous acid is receiving strong confirmation from many sources. Dr. Manly, in the *Practitioner*, expresses the opinion, that if it was carried out in every case, at the end of six months the disease would be unknown. The method used by him is as follows: The patient is in the morning put into clean clothes and removed elsewhere. All his clothes, toys, etc., are brought into the bedroom, and sulphur is burnt upon a few live coals in the middle of the room. The fire is allowed to remain in the room for five hours, and then the windows and doors are thrown open. The child sleeps in the room the same evening. About twenty-five grams (a little under an ounce) of sulphur to every cubic metre may be burnt; this is equivalent to rather more than ten grains per cubic foot. The room is fumigated in a like manner during the night, the patient practically living in an atmosphere of diluted sulphurous acid gas for some days, while in several cases the process is repeated at the end of a week.—*Science*.

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