

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

THE CANADA MEDICAL RECORD.

VOL. VIII.

MONTREAL, JANUARY, 1880.

No. 4.

CONTENTS.

ORIGINAL COMMUNICATIONS.

EMPHYEMA NECESSITATIS AND EMPHYEMA CURED BY ASPIRATION, by Henry Chipman, M.D., Grand-Pré, Horton, N.S., 85 — **ECRASEUR FOR THE REMOVAL OF INTERNAL UTERINE TUMOURS (ILLUSTRATED),** by William Scott, M.D., Woodstock, Ont., 86 — **A NEW RECTAL BOUGIE,** by C. E. Nelson, M.D., New York (illustrated), 87 — **ADDRESS OF DR. J. W. MOUNT,** President of the Société Médicale de Montréal,88

CORRESPONDENCE.

Letter from Dr. Codd, of Winnipeg...90

PROGRESS OF MEDICAL SCIENCE

Treatment of Eczema, 91 — **On the Causes of Pus in the Urine,** 92 — **Treatment of Eczema of the Hand, often mis-called Psoriasis Palmaris,** 94 — **On Oblique Linear Scarification of the Skin in the treatment of Port-Wine Mark,** 95 — **Hot Application to the Head in Uterine Hemorrhages,** 96 — **Double Pneumonia and Abortion,** 96 — **Effects of Tea on the System,** 97 — **Swallowing a Safety Pin,** 97 — **A Gospel Truth,** 97 — **Therapeutical Notes,** 98 — **Cure of Consumption,** 98 — **Typhoid Fever—its treatment,** 98 — **Succinate of Iron in Gall-stones,** 99 — **Hysterical Retention of Urine,** 100 — **Treatment of Lumbago,** 100 —

Hot-water Douche in Parturition, 100 — **Value of Calomel in the Zymotic Diseases of Infancy,** 101 — **Method of Preserving Dead Bodies,** 102 — **Treatment of Hemorrhoids,** 102 — **Coto Bark in the Diarrhœa of Phthisis,** 103 — **Treatment of Enteric Fever,** 103 — **Treatment of Typhoid Fever in the Philadelphia Hospitals,** 104 — **Treatment of Hemorrhoids,** 106 — **Pruritis Ani...**107

EDITORIAL.

Board of Health, 108 — **Woman's Hospital of Montreal,** 110 — **Meico-Chirurgical Society of Montreal...**112
Review.....110
Marriages.....112

Original Communications.

EMPHYEMA NECESSITATIS, AND EMPHYEMA CURED BY ASPIRATION.

By HENRY CHIPMAN, M.D., Grand Pré, Horton, Nova Scotia.

The first case was seen in the autumn of 1878 in consultation with Dr. Margeson. The patient, a little boy six years of age, had a history of pleuritis with effusion extending back some weeks. At the time of consultation there was extreme emaciation, a temperature of 104° F., a pulse of 160, and respirations 60 in the minute; the heart was pushed over to the right of the sternum, and on the left about an inch below the nipple, was a pulsating tumor, the pulsations of which were synchronous with those of the heart. There was a troublesome cough with no expectoration, but accompanied with a gangrenous odor. Death seemed so imminent that we decided that operative interference would only hasten the end, and we left the little fellow, fully expecting to hear of his death in a few hours. The sequel proved our prognosis wrong, however. After a few days the empyema found its way through the pleura costalis and the soft parts of the wall of the chest, and formed an opening at the bottom of the pleural cavity on the left side on a line with the axilla. There was a free discharge, the pulsating tumor above disappeared, and there was rapid improvement of all the symptoms. This improvement continued, and at the end of six months the patient was run-

ning about, and in less than a year the opening had closed and there was apparently complete recovery. A short time subsequently, after exposure, there was a second attack of pleuritis with empyema, and a second discharge through the old cicatrix, which still continues, and now has the appearance of a permanent fistulous opening.

The second case occurred in my own practice: Willie N., aged six years, together with two other children in the same family, recovered from an attack of epidemic influenza, early in May last; but after I had ceased attending the family I was again called to see him (on the 14th) and found all the symptoms of acute pleuritis. Under antiphlogistic treatment and counter irritation the more urgent symptoms subsided, and by the first of June the fever had mostly disappeared, but there was a steady loss of strength and no absorption of the effusion which had taken place in the left pleural cavity. Through the month of June there was fever of an intermittent character, with a difference in the morning and evening temperature. At the end of the month I was satisfied that the effusion was purulent, and called Dr. Shaw in consultation. A trial of calomel, tart. antimony with a little pulv. dov. to prevent its being carried off by the bowels, was decided on, and this treatment with milk and wine was continued for a few days with no apparent improvement, and on the 12th July Dr. Shaw was called to assist in withdrawing the effusion. At that date there was extreme emacia-

tion, dyspnoea, cough, night sweats, and a peculiar grunting respiration. The left side was bulged and measured more than the right, while expansion was very deficient; vocal fremitus absent; heart dislocated to the right of sternum; pulse 160; respiration 60; temperature 103 F. (mid-day); percussion dull all over. Chloroform was administered by throwing a handkerchief loosely over the child's face and dropping a little on a fold taken up between the finger and thumb. The aspirator was then used, and about thirty ounces of healthy white pus, as thick as cream, rapidly withdrawn. There was no cough nor trouble of any kind after the operation. The little fellow laid down quietly, and rested much better than usual all that night. On the 22nd the sack was again filled, and with the assistance of the child's father and aunt I aspirated and withdrew about thirty-two ounces. On the 28th the effusion had again filled the sack, and again I operated, withdrawing about twenty-four ounces. The operation was not again required. The small quantity which must have been left in the sack was absorbed, and there was an uninterrupted return to health. The child to-day is strong and fat and rosy, with square shoulders and symmetrical sides. The heart is in its normal position, and auscultation and percussion normal over both lungs. He is a living exemplification of the value of the aspirator in such cases. The instrument used was J. Reynders & Co.'s improved aspirator (303 Fourth avenue, N. Y.), and it worked most admirably. The child was held in the arms of a nurse in a semi-recumbent position. The needle was introduced between the mammary and axillary lines, nearer the former than the latter, in the fifth interspace. A few drops of blood followed the withdrawal of the needle; a folded towel was laid over the puncture, and in a very short time the little patient did not even complain of smarting. At each operation the last few ounces of pus withdrawn were streaked with blood, which was due, I think, to a slight pricking of the pleura pulmonalis, but was attended with no ill effect. The treatment after the first aspiration was emulsion of cod-liver oil, syrup ferri iodid., and gentle aperients and anodynes, as necessity required, with wine, milk, fruit, beef tea, and solid food as soon as the stomach would take it. The recovery in this case was most satisfactory, and in the light of

it, it is to be regretted that the aspirator was not used in the former case. Should a similar, or even a more desperate, case again come under my observation, I should aspirate without any hesitation. I also consider that an earlier operation in the second case would have been better practice by hastening the recovery.

The above has been hastily written from a few notes roughly taken in the midst of a busy country practice, and contains nothing new; but it may prove interesting to some of your readers as a good illustration of how safely, even in unpractised hands, the aspirator may be made to assist nature, and often save life, in cases of empyema. It may also serve to call the attention of some brother practitioner in the country to the value of the aspirator, and induce him to procure one and use it for the benefit of suffering humanity and for the saving of life.

GRAND PRÉ, N.S.,

Dec. 30, 1879.

ECRASEUR FOR THE REMOVAL OF INTERNAL UTERINE TUMORS.

BY WILLIAM SCOTT, M.D., Woodstock, Ontario.

The difficulty I have found in adjusting the more commonly used ecraseurs, and, in particular, in removing the porte-chaine while preserving the relation of the ecraseur to the tumor, led me to the invention of the instrument presented. The idea being partially suggested by Gooch's double canula.

THE ACCOMPANYING ENGRAVING REPRESENTS THE INSTRUMENT.

Fig 1. The chain sufficiently long to encircle the pedicle, and to which the wires (7-7) are attached. The chain, as represented in engraving, is not a proper one for the purpose intended; it should be so constructed as to give free motion in every direction.

Fig 2-2. The canula, which presents a curve at the upper end and flattened at the lower, and gauged to show when they are in place.

Fig 3. The slide to firmly bind the canula while operating;

Fig 4. The rod attached to slide to adjust and fix it in position.

Fig 5. Screw to attach the canula to the body of the instrument.

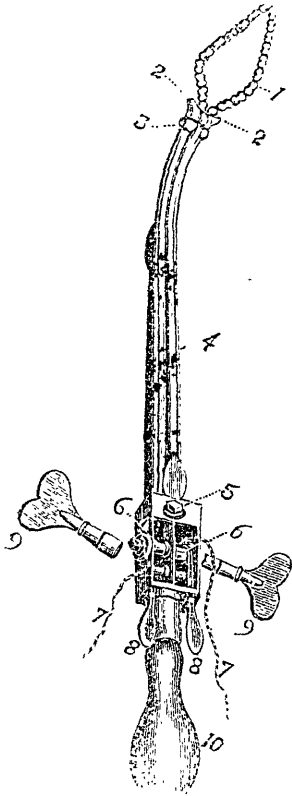
Fig 6-6. Drums and rachets on which the wires are attached and wound.

Fig 7-7. Ends of wires (unattached to drums) which connect the chain with the drums.

Fig 8-8. Thumb springs by which the chain may be instantly loosened if required during operation.

Fig 9-9. Thumb keys by which the drums are turned and force applied.

Fig 10. Handle.



MODE OF APPLICATION.

Loosen screw (No. 5), and withdraw both canulae, chain and wires, remove slide, reverse the canulae, placing the two outer surfaces together, so that the points will be touching and the chain entirely within the canulae.

Then pass both canula, guided by the finger, over the tumor up to the attachment of the pedicle. Give one of the canula to an assistant with directions to play out the chain as required—press the tumor to one side and carry the other canula carefully around one-half of the pedicle, then giving this to the assistant you pass the chain in like manner on the opposite side with the canula he held at first. The in-

sides of the canula will now be together, as seen in the engraving, and by the gauge mark it may be readily ascertained when proper apposition is attained; then pass the slide over the canula, not pressing it home, pass the wires through the openings into the body of the instrument and the lower ends of the canula into the same. Tighten the screw No. 5, and force home the slide. Now attach the wires to the drum, tighten the chain with thumb keys, and the instrument is ready for operation.

ADVANTAGES CLAIMED FOR THE INSTRUMENT.

(a) The ease with which the chain can be adapted to the pedicle.

(b) The certainty with which the chain can be retained in position when once properly adjusted, owing to no separate *porte-chaîne* being used, which is very apt in removal to disturb the position of the chain.

(c) With the *ecraseurs* in use at present the pedicle is usually cut obliquely downwards and outwards, leaving a portion still attached to the uterus, while with this instrument the pedicle is severed equally throughout.

(d) If you wish to remove the tumor by pressure alone, as in ordinary *ecraseurs*, you will turn both keys at once; but, should the pedicle be cartilagenous or otherwise difficult to sever, by turning the thumb keys alternately you may obtain a saw-like or cutting motion.

(e) If during operation you have reason to fear you are trenching on the substance of the uterus, by pressing the thumb springs No. 8-8 you may immediately loosen the chain and re-adjust it.

The instrument was made by Crane & McGee of this town.

Woodstock, January 14th, 1880.

A NEW RECTAL BOUGIE.

By C. E. NELSON, M.D., New York.

In the recent treatment of a case of stricture of the rectum, I was desirous of sparing the patient the discomfort of having the anus kept on the stretch for twenty minutes during the gradual dilatation by means of the ordinary rectal bougies; I therefore devised an instrument (which may be called a bougie, for the sake of simplicity) fashioned as is repre-



sented in the wood-cut: A is a solid or hollow cylindrical piece, made of steel, polished (or nickel-plated); the distal end (d) being moderately truncated and rounded, as in an ordinary bougie; the proximal end (e) being more conical in its curve, as with the end of a French bougie; B is the shaft to introduce it with, this latter being fitted with a handle (c); the shaft B being cylindrical, of steel, polished; the handle (c) may be flat, with its surfaces smooth or marked with raised lines, or rounded; and may be made of steel, ivory, wood, or any material adapted to the purpose; the shaft to be of proportionate diameter to the portion A, to insure strength.

The portion A is the part inserted in the stricture; the shaft (B) lies in the rectum, protrudes from the anus, the handle (C) being between the patient's legs; in this way, by having the portion A made in diameters equal in size to the different graduated sizes of bougies, with corresponding thickness of the shaft B, a stricture of the rectum can be treated, by gradual dilatation, without at the same time inconveniencing the patient by

having the anus kept long and frequently on the stretch.

As to minor details, the piece A is to be of a proper proportionate length to the shaft, say three to three* and a half inches in length, the whole instrument, including the handle, being twelve inches long; the number of the bougie can be stamped on the handle; in a set of six bougies, of graduated sizes, one handle may be used for all, by screwing it on to the shaft B.

Objections.—The objection might be made that in case the piece A was tightly grasped by or had slipped beyond the stricture, and had become detached from the shaft, it would cause an awkward delay, obliging considerable dilatation by the speculum and subsequent seizure of the piece by forceps. This could not happen if the shaft were securely welded or soldered into the piece A.

Mode of using.—The instrument can be most

easily introduced if held lightly at the middle of the shaft B, with the thumb and two fingers of the right hand; the left hand holding up the near buttock, the middle finger stretching up the anus.

In case of the stricture being situated near the anus, and the piece A slipping beyond the stricture, the end (e) of the piece A is made slightly conical, so that it can the more easily be brought back into the strictured portion.

New York, January 12th, 1880.

Address of J. W. MOUNT, M.D., the President of the Societe Medicale, Montreal.

Delivered December, 1879.

GENTLEMEN AND DEAR CONFREBRES,—I must frankly confess that I was far from expecting the honor which you have conferred upon me in electing me to the Presidency of the Société Médicale of Montreal. I had all the more reason to be surprised at it, because, without having in any way abandoned my sympathy towards this society, I had for some time past neglected to attend its regular meetings. Have the goodness therefore, to accept my sincere thanks for the mark of your confidence in me and the kindly feeling you have seen proper to bestow on one of the founders of the society.

I cannot help saying in all sincerity that I hesitated to accept the charge; I could not conceal the great responsibility and the duties which it imposed on me. I feared, and I still fear, that I will be unable, in spite of my anxiety to do so, to prove myself worthy of the honor. But I am convinced in advancing that I can count on your help and indulgence to promote the interests and advancement of the medical sciences. * * We must all work; we must guard ourselves against indifference in routine and false timidity. In short, each one of us must, in the sphere of his ability, bring the fruit of his knowledge and experience. May all, both young and old, rally round the standard of the society, whose motto should be science, labor, progress and brotherly feeling. I make an appeal to the patriotism of all the French Canadian doctors of the city and district of Montreal; and, if all would make profession of good-will and impose upon themselves some sacrifice, the result cannot be other than honor and glory to our nationality, as well as profit and advantage.

* Three inches is long enough for any stricture.

to ourselves. But, let it be well understood that, in making this appeal to French Canadian medical men I do not pretend to exclude from this society those of other extraction. We have already the advantage of counting some of them among us who do honor to their nationality and to our society. If I have made this appeal to French Canadians it is because the society is composed, in good part, of the French Canadian element, to which especially these remarks are addressed.

In accepting the presidency of the society my greatest aim would be to see disappear from among us, if it ever existed, all spirit of cliques and rivalry. All opposition existing between medical men of different schools ought to be obliterated when they come to the Société Médicale. We belong to it before anything else; we are not attached to any party in particular. Some prejudiced persons might perhaps accuse us of having a certain preference for Laval University, because we hold our meetings under the same roof as it. But I would have them to remember under what favorable circumstances we have come in here; we cannot have forgotten the generosity with which this asylum was offered to us by the Rev. Abbé Verrean. The same advantages are continued by the Laval University, and we are at the same time assured of our freedom of action and perfect independence in every thing regarding the Société Médicale. There is, therefore, every advantage to the public as well as ourselves to join hands, and uniting for the advancement of science in our midst. Permit me to cite in this regard the example shown us by the Medico-Chirurgical Society of Montreal. Read the reports of their meetings, and you will see that a large number of the English professors, both old and young attend them regularly, and that there reigns among them perfect unity. And yet that society is composed of members belonging to rival schools. In spite of that, however, they like to meet each other on a footing of equality; they put aside all party feeling in order to work for the common good. If I have spoken of examples to be followed, believe me, gentlemen, that I am far from forgetting what the Société Médicale has done since its formation. I ought to have rendered homage to those of its members who have always held themselves in readiness to work for its good, and

hold it in the position of advancement which it occupies to-day. Still I am sure more might be done.

First of all, every member should consider it his duty to attend our meetings. Next, each one of us should make an effort to render them as attractive as possible, by submitting to the society reports of all the interesting cases occurring in the Hospital, Dispensary, or private practice. How many pathological specimens might we not procure in order to submit them for example and discussion by the members of the society? and might we not also make here some chemical experiments? Certainly we should be able to find among us some chemists sufficiently skilled to take charge of their demonstration. Chemistry is often too much neglected in ordinary practice; and these experiments made from time to time would give to our meetings a new attractiveness, and would be of great use to the old who have forgotten, and for the young who would find in them something to learn.

I cannot let this occasion pass, gentlemen and dear confrères, without glancing backwards and telling you a few words about the origin and progress of our society. Although young, it yet has a history, and has made its mark in the medical arena of the Province of Quebec. The Société Médicale of Montreal was formed on the 8th of November, 1871. The founders were Drs. Coderre, Bibaud, Peltier, Rottot, Larocque, Dagenais, Rollin, Bruneau, J. W. Mount, B. P. Lachapelle, Dubuc, Brosseau, Desjardins, Ricard, L. J. P. Desrosiers, A. Dugas, Poitvin, Durocher, Vilbon, Meunier, Quintal, Leblanc, Plante, Perrin, Deschamp, Perrault, Bondi, E. Robillard, and George Grenier. If it gives me pleasure to see again to-day in our midst some of the faces which I saw there at the origin of the society I cannot refrain from telling you how much I regret not seeing the loved faces of them who are no more. Among others, that of our esteemed confrère, the late Dr. George Grenier—of that man, as humble as he was learned, whom we agreed to call our perpetual secretary, and the spirit of our society. There are others who fail to respond to the roll call, among whom many, my seniors, are still in the full vigor of their health and intelligence. If they think that they should for a time abstain from attending our meetings, let us hope they will soon

return to help us with their labor and the light of their experience.

The Société Médical was born of the same idea which presided at the foundation of the *L'Union Médicale*, that review as interesting as it is useful, and to which we owe a high tribute of gratitude for the publication of our labors, and for the interest which it has never ceased to evince for us. The "Société Médicale" and the "*L'Union Médicale*" having originated from the same idea, and under the direction of the same views, have necessarily walked together in the onward progress. Open the *L'Union Médicale* and you will see there what these Siamese twins, if you allow me to use the expression, have accomplished since their foundation. On several occasions the Medical press in France have taken notice of the articles in the "*L'Union Médicale*" and has done the honor of reproducing them.

We claim for the Société Médical the passing of the so long wished for Medical Bill. No one will dare to deny that this Association took the initiative in the law which governs us to-day, and which, whatever changes may have been made in the original character of the Bill, it must always be admitted that, to the most devoted members of the Société Médical, we owe the fact of its having been adopted by the Legislature. If some details have been eliminated, the main points have remained the same.

This law, without being perfect as yet, is nevertheless a safeguard for us, and gives to the practitioners of the Province of Quebec guarantees which they had never been able to obtain before. With such antecedents, I do not believe that the Société Médicale can ever cease to exist on the contrary, it should acquire new strength, fill up its ranks, obtain new adherents, and continue to hold the place it occupies to-day. Let us always have before our eyes, so that we may never forget them, the principal articles which form the basis and main objects of our association. As it is always well to re-temper our courage at the spring of justice and right, permit me to enumerate those articles: The society has for its object; 1st. To cement the union which ought to reign between the members of the medical profession; 2nd. To furnish to medical men a motive for meeting, and an opportunity of fraternizing, and become more acquainted with each other; 3rd. To mutually

interest each other by readings, discussions, and scientific conferences; 4th. To bind those who compose it to practice towards each other all that honor and brotherly love prescribe between members of the same profession.

Let us frequently remember this noble motive inspired by the purest patriotism, and unity will never cease to reign among us.

Permit me, gentlemen and dear confrères, to make a last appeal in favor of one of the most legitimate objects of medical men—to endeavor to better his personal position, and to render some service to his fellow-beings. Here is our aim, and here is the secret of the success and prosperity of the *Société Médicale*.

Correspondence.

WINNIPEG, January 15, 1880.

To the Editor of the CANADA MEDICAL RECORD.

I am in receipt of the CANADA MEDICAL RECORD for December, in which I notice an article referring to the rank of "Surgeon-Majors in the Canadian Militia." Being a retired officer of the Active Militia, and having had nine years service in the force, I take considerable interest in the subject, and read your article with much pleasure.

Upon referring to the militia regulations for 1879 I find that "Surgeons who have served consecutively as such during 20 years shall have the rank of Surgeon-Major, but without extra pay." This is, to say the least of it, discouraging and quite unreasonable, and only another way of saying *we don't wish to give the rank at all.*

In 1868 I was gazetted "Surgeon of the Ottawa Brigade of Garrison Artillery," and served with that corps at the Annual Drills, &c., at Ottawa, Prescott and Kingston. In 1870 I was appointed Surgeon of the 1st Battalion Ontario Rifles 1st Red River Expedition under Sir Garnet Wolsey; and again in 1871 (October) was offered "Surgeon" to the 2nd Red River Expedition, which I accepted. In 1877 the force in this province was disbanded. Thus I had nine years consecutive service, seven of which was actual service. In 1876 I applied for the rank of "Surgeon-Major. Considering I had served over *five* years, and the service I had rendered, I thought the Government would grant

the promotion, but the reply was that the department had made no provision for such rank.

Now I think that if there is a medical officer in the Dominion Militia who is deserving of the promotion of Surgeon-Major it is *myself*; there is no Surgeon in the Militia Force who has had the same practical experience on actual service. "Honor to whom honor is due."

If Col. Ross, our late Adjutant General, was in Canada he could tell you of many practical suggestions I made to the department, which they gladly accepted; and I am sure at any time I should be glad to give the Government the benefit of any practical knowledge I may have obtained while in their service.

This subject may appear to many of very little importance, but I have for years past felt that there was too little attention paid to the "Medical Department of the Militia Force," and it is time that something was done to encourage Surgeons to perfect themselves in the knowledge of their military duties. Any medical officer who imagines that his duties end after sick-call in the morning makes a very great mistake, and the sooner that impression leaves his mind the better for himself and those under his care.

I trust you will not allow this matter to drop. If at any time any suggestions would be acceptable to you for publication I should only be too happy to render them. I take a great interest in this subject, and will, under any circumstances, write you more upon our "Militia Medical Corps," which should be, and I hope will be, second to none.

I am yours faithfully,

ALFRED CODD, M.D.,

Late Surgeon of the 1st and 2nd Red River Expeditions.

Progress of Medical Science.

TREATMENT OF ECZEMA.

The following directions are given by Dr. J. B. Bradbury, in the *Lancet* :—

Cases of acute eczema speedily recover if the patients are placed upon an unstimulating diet, and have soothing applications to the skin. In acute general eczema the alkaline and bran baths are very valuable, and local applications of olive oil and lime water (the *Lanimentum calcis* of the Pharmacopœia), or lead lotion. When the disease has somewhat subsided, the

internal administration of arsenic and the local application of zinc ointment hasten the cure. In the case of a gentleman I saw in consultation, who was gouty and had albuminuria, colchicum with magnesia quickly removed the malady. These remedies are also very valuable in chronic eczema occurring in persons of a gouty habit. Indeed, in eczema, as in all diseases, the importance of looking for some diathesis cannot be over-estimated. A disease often resists cure till such constitutional vice has been discovered and corrected. A short time ago I cured a gentleman of gouty eczema with liquor potassæ in thirty-minim doses, given with compound infusion of gentian, three times a day.

In chronic eczema of the hands arsenic almost invariably does good, and, as a local application, the diluted nitrate of mercury ointment. For eczema of the axillæ, which is frequently accompanied by boils, the internal administration of the perchloride of mercury, and the local application of mercurial ointment, are almost a specific. I have cured two cases of this kind which had resisted all other treatment. The combination of iron with sulphate of magnesia is most valuable in the treatment of eczema in anæmic young women with constipated bowels. The dose of sulphate of iron should be larger than that usually given. I give three- or four-grain doses. In anæmic young men the tincture of perchloride of iron, in at least half-drachm doses, answers better than the sulphate. I quickly cured a medical student of chronic eczema of the legs by this treatment, when other remedies prescribed by a specialist had failed. In chronic eczema of the face an ointment of equal parts of white precipitate ointment, and either zinc or compound subacetate of lead ointment is very useful. Sometimes, especially where the hairy parts are affected, the dilute nitrate of mercury ointment succeeds better. In eczema of the lips a private patient has derived great benefit from an ointment composed of almond oil, yellow beeswax, new honey, and oxide of zinc, a formula which I obtained from a paper by Dr. Durkee, in the *Journal of Cutaneous Medicine*. I have cured two cases of eczema of the nostrils by the application of dilute nitrate of mercury ointment. This ointment is best diluted with vaseline. Preparations of tar are of great use in some cases of chronic local eczema, but English skins are not so tolerant of these remedies as German skins.

Patients subject to chronic eczema should, as a rule, avoid salt meats, soups, sweets, acids, fruits, pastry and raw vegetables.

Eczema in young children is frequently a very troublesome malady, probably owing to the disturbing influence of dentition. In children a few months old, where the disease is syphilitic, I give gray powder night and morning, and apply a mercurial ointment. When

the disease has somewhat subsided, I give the syrup of the iodide of iron. The perchloride of mercury has disappointed me in these cases. In non-syphilitic eczema, after correcting any error in diet, and attending to the state of the secretions, I prescribe the ferro-arsenical mixture of Mr. Erasmus Wilson, and apply the zinc ointment, and generally with the happiest results. I have recently cured three cases of eczema of long standing, which had resisted all previous treatment, by this method. It is very important in this, as in all forms of eczema, that the treatment should extend over a considerable time, in some cases six months. In eczema of the scalp, and generally in impetiginous eczema, after the removal of the scabs by poultices and oil, the local application of the *unguentum hydrargyri cum plumbi* of the Skin Hospital is invaluable. Eczematous children are almost invariably benefited by cod-liver oil.

ON THE CAUSES OF PUS IN THE URINE, AND ON THEIR DIFFERENTIAL CHARACTERS.

A Clinical Lecture delivered on March 21, 1879, being the last delivered by the late Charles Murchison, M.D., LL.D., F.R.S., Physician to and Special Lecturer on Clinical Medicine at St Thomas's Hospital, London.

The characters of the pus found in the urine are different in different cases. Sometimes, soon after micturition, when seen in a test glass, the urine is in its upper part quite clear, while the pus which has deposited appears as a more or less creamy layer at the bottom. At other times, notwithstanding the urine has been passed for some little time, it is everywhere alike turbid with pus, which remains permanently diffused. The first urine is acid, and contains ordinary pus; the second is alkaline, more or less viscid and gelatinous, and contains altered pus.

Three tests are used to determine the presence or absence of pus in the urine: the heat and nitric acid, the liquor potassæ, and the microscope tests. The first, the ordinary test for albumen, produces in the first or acid urine a greater or less opacity in the clear portion, and a much more marked one in the creamy layer. A deposit of pus is at the same time distinguished from one of pale lithates, both of which appear alike to the naked eye, since the latter would be cleared up by this test. If the second or alkaline urine be heated, it becomes a little more opaque (phosphates being precipitated), when, if nitric acid be added, it becomes again a little clearer (the phosphates being again dissolved); so that the two leave its turbidity much as it was before, the pus remaining unaltered. If liquor potassæ be added to the acid

urine, the pus becomes viscid and gelatinous, "ropy." If the precipitate be phosphates instead of pus, this change does not take place. In the alkaline urine this change has already been effected. With the microscope, which gives the best evidence, if pus be present, pus-corpuscles are seen, identical in appearance with white blood-corpuscles. How, then, can they be distinguished? you ask. They can not be; they are, in fact, only white blood-corpuscles in the wrong place. If treated with a drop or two of acetic acid, the granular contents in each disappear, and in its place a nucleus, often three-lobed, is seen.

The pus in pyuria comes from five sources: I. The female genital organs; II. The urethra; III. The bladder; IV. The kidneys and ureters; V. Abscesses which burst into the genito-urinary channels.

I. If the pus be from the female genital organs it is due to one or more of the principal causes: A. Acute and chronic vaginitis (vaginal leucorrhœa); B. Uterine leucorrhœa; C. Ulceration of the cervix uteri; D. Cancer of uterus; E. Lochial discharge; F. An abscess, as one due to pelvic cellulitis, bursting into the genital organs. These are distinguished from other causes by: 1. The clinical history and the symptoms of one or more of these affections; 2. The microscopical examination of the urine, in which may be found pavement-epithelium from the uterus, or cancer structure; 3. A purulent discharge independent of micturition; 4. The absence of pus from the urine when drawn off directly from the bladder by a catheter.

II. If the pus be from the urethra, having special reference to the male, most of it comes away just before the urine in micturition. It is also discharged in the intervals between the micturitions, and the urine is usually acid. The causes are: A. Gonorrhœa; B. An abscess of the prostate; C. An abscess of Cowper's glands or of the perineum, opening into the urethra.

A. *Gonorrhœa* is distinguished by: 1. Great pain and burning in the urethra during micturition; 2. Redness, swelling, itching, and burning at the meatus; 3. The appearance of pus at the meatus when the glans penis is gently pressed between the thumb and fingers.

B. *An abscess of the prostate* is distinguished by: 1. Pain which is present not so much during as just at the termination of micturition; 2. A swelling and tenderness of the prostate which is discoverable by rectal examination; 3. The condition of the prostate, which enables the physician by squeezing it to force pus and microscopic calculi along the urethra and out at the meatus. According to Sir Henry Thompson, an abscess of the prostate may give rise to inflammation extending back into the neck of the bladder, accompanied by symptoms resembling those of stone; such as great frequency of micturition, pain following micturition and referred

to near the lower end of the penis, a little blood occasionally with the last drops of urine, an alkaline reaction of the urine which is turbid with altered pus, an exaggeration of all these symptoms when the patient is exercising or moving about. Such a condition is distinguished from stone by (a) the absence of any history of the descent of a calculus; (b) more or less discharge from the urethra during the intervals between micturitions, but perhaps appearing only upon squeezing the glans penis or urethra; (c) often a history of gonorrhoea; (d) swelling and tenderness of the prostate; (e) the absence of a stone in the bladder, determined by the sound.

C. *An abscess in Cowper's glands or the perineum* is detected by local examination.

III. If the pus be from the bladder, most of it comes away at the end of micturition. It is altered, viscid, and like "ropy mucus," due to the alkaline condition of the urine. The urine is usually more or less ammoniacal, fetid, and deposits crystals of triple phosphates. There is more or less pain in the region of the bladder over the pubic bones, which is increased according to the disease present, sometimes before and sometimes after micturition, and which is often accompanied with tenderness in the same region, especially when the bladder is full of urine; and there is increased frequency of micturition. The causes are: A. Cystitis; B. Calculus; C. New growth.

A. *Simple cystitis*, independent of calculus or new growth, is distinguished by: 1. Pain, which is severest just before micturition, when the bladder is full, and which is relieved by emptying the bladder; 2. Hematuria only in rare cases excepting when the disease is unusually acute or the result of an injury; 3. The symptoms of the primary trouble of which cystitis is really only a symptom; such as (a) the retention of urine by stricture, an enlarged prostate, by a stone in old people, by fevers paralyzing the muscular coats of the bladder, or by paraplegia; (b) gonorrhoea extending backward to the bladder; (c) poisoning by cantharides, or by morbid states of the blood, as occurs in gout (gout being the cause of most "idiopathic" cases); 4. The absence of symptoms specially characteristic of stone or new growth.

B. *Calculus* is distinguished by the symptoms of the accompanying cystitis, and by: 1. Pain, which is severest at the end of micturition and for some time after (because then for a time, when the bladder is empty, the stone comes in contact with the sensitive mucous lining), and which is more distressing than the pain in simple cystitis, and referred to the glans penis about one inch from the meatus; 2. Hematuria very commonly in small quantity, so small often as only to be detected by the microscope, which is increased by violent exercise; 3. Increased frequency of micturition, which is more noticeable during the day when the patient is mov-

ing about than it is during the night (the reverse being true in prostatic stricture); 4. Sometimes a sudden stoppage in micturition due to the stone acting as a ball-valve in the bladder-opening of the urethra; 5. In a great number of cases a previous history of nephritic colic, a severe pain shooting from one kidney down to the testicle or penis, retraction of the testicle attended with rigour and vomiting, nausea, pallor, a quick and feeble pulse, intermittent pyrexia, and sometimes swelling of the testicle, all suddenly ceasing after the passage of the stone into the bladder; 6. The passage of a stone, red sand, or gravel in the urine; 7. The presence of a stone determined by a sound.

C. *New growths* originating in the bladder or penetrating it from without, either exciting secondary cystitis or ulcerating, are distinguished by: 1. Paroxysms of severe lancinating pain quite independent of micturition (in villous disease, however, there need be no pain if the urethra be not blocked by a blood-clot); 2. Hematuria, irrespective of exercise, which is irregular, coming on at long intervals, or being very persistent, and is sometimes very copious, especially in villous disease, in which it is dangerously so; 3. The presence in the pus of epithelial cancer-cells, or, in villous disease, villous processes; 4. Cachexia and emaciation; 5. The absence of stricture, prostatic disease, and other causes of retention; 6. Possibly a hard, irregular, tender tumor, which can be felt by the rectum or vagina; 7. Possibly enlarged glands in the groin, or the evidence of new growths in distant parts of the body; 8. In the absence of an appreciable tumor, and the presence of symptoms resembling those of stone, the evidence furnished by the sound, which may detect a thickening of the bladder-wall, but not the presence of a stone.

IV. If the pus be from the kidneys or the ureters, it is at first uniformly mixed with the urine, but after a little settles as a creamy layer, leaving the urine above clear. The urine is acid, as a rule, but may become alkaline by standing too long after micturition, or be alkaline from the first if pus comes from the bladder as well as from the ureter, and, when alkaline, is turbid with altered pus, which does not settle. There is pain and tenderness over the kidney and about the crest of the ilium which extends down to the bladder and penis (pain alone over the kidney may be a symptom of bladder disease only, but tenderness there is very significant). A tumor in the kidney region may be sometimes detected, and should in all cases be looked for. Increased frequency of micturition may be present, but without pain in the bladder either before or after micturition. The causes are: A. Certain rare cases of acute nephritis; B. Calculus pyelitis; C. Tubercular pyelitis; D. Pyelitis from obstruction of the urinary passages.

A. *Certain rare cases of acute nephritis*. These

are such as sometimes supervene in cases of carbuncle, boils, erysipelas, acute fevers, parturition, or pyemia, and also occur in rare instances in which gonorrhoea spreads upward as acute pyelitis as well as acute nephritis, and are recognized by: 1. The slight quantity of pus; 2. The degenerate products of nephritis, such as epithelial pus or hyaline casts, etc.; 3. The previous history of smokiness or other evidence in the urine of the existence of acute nephritis; 4. A quantity of albumen much too great to be accounted for by the amount of liquor puris; 5. General dropsy not uncommonly; 6. Uremic symptoms possibly, such as headache, retching, drowsiness, coma, or convulsions; 7. The absence of any tumor to be detected externally; 8. A dry skin; 9. The previous history of one of the above causes.

B. *Calculous pyelitis* is distinguished by: 1. A previous history, though not always, of nephralgia, a pain extending from the kidney to the testicle, penis, vagina, or thigh, attended with rigors, nausea, vomiting, frequent micturition, hematuria, retraction or swelling of the testicle, pallor, a quick and feeble pulse, and some fever, perhaps; 2. Pain and tenderness, or simply a burning or aching, not necessarily in all cases, however, more or less constant in the region of one kidney or both, which is increased by much exercise and fatigue, or may be present only during fatigue; 3. Hematuria, especially when the calculus is composed of oxalate of calcium, and in any other case after violent exercise, while microscopic blood is usually present at other times; 4. A variation in the quantity of pus from day to day; 5. The absence of casts; 6. Crystals of uric acid, or not uncommonly of oxalate of calcium; 7. A tumor in certain cases, not in all, more or less painful, in the kidney region, which enlarges when the quantity of pus in the urine diminishes, and becomes smaller or disappears when the quantity suddenly increases; 8. Attacks of intermitting pyrexia, occasionally ushered in by rigors, and followed by profuse sweating, which are most severe when the tumor is largest; 9. Absence of dropsy and other signs of acute nephritis, though the patient may ultimately die of uremia due to the wasting of the secreting tissue of the kidney; 10. Its duration, which may be a fair lifetime (one case lasted forty years), or may end favorably by the stone passing into the bladder or becoming encysted.

C. *Tubercular pyelitis* is distinguished by: 1. The absence of any history of renal colic; 2. A constant, dull pain in the back, over one kidney or both, with exacerbations when the ureter becomes blocked, and which is accompanied with tenderness over only one kidney in nine cases out of ten; 3. Hematuria not uncommonly which is slight, and may be the earliest symptom, and then disappear; 4. The unvarying or steadily-increasing quantity of pus in the urine;

5. The absence of casts from the urine and the presence often of amorphous granular matter insoluble in acetic acid, of particles of caseous matter, or fibers of connective or elastic tissue; 6. The absence of crystals; 7. The formation, if the ureter be blocked, of a tumor, which may point externally or even stretch across the middle line (out of sixteen cases a tumor formed in seven); 8. Persistent pyrexia, usually intermittent and hectic, with night-sweats; 9. As a rule, persistent and rapid emaciation, but the patient may even gain flesh under treatment; 10. Signs of tubercle in the lungs, bowels, testes, prostate, vertebrae, or elsewhere; 11. The fact that it occurs more frequently in males than in females; 12. The absence of dropsy and any tendency to uremia, the patient dying from exhaustion; 13. The rapid progress of the disease, which rarely lasts two years.

D. *Pyelitis from obstruction of the ordinary passages* is distinguished by: 1. The history and symptoms of a primary obstructive disease, as cancer of the uterus, stricture, enlarged prostate, hydratids in the pelvis, etc.; 2. Constant aching pain and tenderness in the back, over one kidney or both; 3. Copious urine of low specific gravity, with little urea or albumen; 4. A varying quantity of pus in the urine, possibly with casts, consisting of pus-cells from small abscesses in the substance of the kidney, or with an alkaline reaction due to the concurrent cystitis; 5. Very commonly paroxysms of intermitting pyrexia; 6. The great tendency to headache and uremic symptoms.

V. If the pus be from an abscess bursting into the urinary passages, its places of origin may be very various, some of them being: A. In rare case, empyema; B. A topical abscess of the liver; C. A psoas abscess; D. A prostatic abscess; E. Pelvic cellulitis after or independent of parturition. The urine is usually acid, and the pus falls as a creamy layer. Further, the diagnosis depends upon (1) the clinical history previous to the pyuria, and (2) the concomitant symptoms and signs of the primary disease.—*Medical Record.*

THE TREATMENT OF ECZEMA OF THE HAND, OFTEN MISCALLED PSORIASIS PALMARIS.

How I wish that our masters and teachers of dermatology would make it plain beyond all cavil that there is no such thing as *psoriasis palmaris*, except as a syphilide. Dr. Liveing approaches the nearest to this decision of utterance when he writes (*Handbook on the Diagnosis of Skin-Diseases*, p. 123) that "in syphilitic psoriasis... the palms and soles are often affected, but never in simple psoriasis." But, if the student or junior practitioner turn to the lamented Dr. Tilbury Fox's splendid

Atlas of Skin-Diseases, he will find a plate adopted from Willan and Bateman, and described as *psoriasis palmaris*, a "very obstinate form of psoriasis." It is true that Dr. Fox admits "a scaly thickened condition, with more or less fissuring of the palms of the hands and soles of the feet," as liable to follow eczema and some other affections; but he says that it may be also a part of general psoriasis, which has travelled on to the palm of the hand from neighboring portions of skin.

Acknowledging that the circumferential tracts of the palm may be affected with true psoriasis which has extended from the back of the hand, I confidently affirm (with the greatest respect for Dr. Tilbury Fox's learning and experience) that the disease represented in Willan and Bateman's plate is not psoriasis at all. The anatomical and physiological affinities of the skin of the palm forbid such an idea. The thing may look like psoriasis, but that is quite a different thing, as Dr. Fox would have been the first to admit. Fissures and moist scales on the flexor aspect of a limb proclaim unmistakably that a disease belongs to the eczematous group.

Dr. Fairlie Clarke (*Practitioner*, August, 1874) has observed the confusion which arises from applying the term psoriasis to many different morbid conditions of the tongue. Dr. McCall Anderson describes the eczema of the hand of which I am now speaking, as *eczema rimosum*.

The practical point is this. Wrong names affixed to diseases of the skin suggest and invite wrong treatment. Eczema of the palm of the hand is so disguised and altered by the thickness of the dermal structures, that it is hard to believe the heaped-up, fissured, and often bleeding epidermis to be an eczematous affection. But it is certain that any application of an irritating nature will exasperate the disease, and anything of a specifically soothing nature will gradually cure it.

A gentleman a little past middle age, of a healthy constitution, and engaged in the Civil Service, came to Bath from London last autumn with an eczema of the hands and feet more intense than (I think) I had ever seen before. He had been under the care of a distinguished London surgeon, who had called it eczema, but had certainly treated it as a psoriasis; for *liquor carbonis detergens* had been prescribed in a lotion, and arsenic had been given internally. The result was most disastrous. No treatment with thermal waters could permanently benefit such useless hands and painful feet. The hands were alternately bathed with glycerine and covered completely with compound lead ointment (the form I always use is given in Mr. W. Spencer Watson's book on *Diseases of the Nose and its Accessory Cavities*); and light thread gloves were constantly worn. Only the ointment was applied to the feet. At a later stage, the parts were washed with milk and sulphur-soap; and

towards the end of the treatment arsenious acid was ordered in the form of pills. At the expiration of about three weeks, my patient left Bath much better; he got through the terrible winter without serious drawback, and in February he was virtually well. For some time, he used the ointment occasionally; the smoothness and flexibility of the palms of the hands are perfectly restored, and he can walk any reasonable distance with ease and comfort.—By John Kent Spender, M.D. Lond., Bath—*British Medical Journal*.

ON OBLIQUE LINEAR SCARIFICATION OF THE SKIN IN THE TREATMENT OF PORT-WINE MARK.

By BALMANNO SQUIRE, M.B., Lond.

Surgeon to the British Hospital for Diseases of the Skin.

The performance of (vertical) multiple linear scarification as a remedy in some diseases and malformations of the skin as first proposed by myself, has now, for some two or three years, become commonly practised, but it has been found, both by myself and others, to be a more or less tedious process, more especially in relation to that otherwise invincible condition known as a port-wine mark.

The "obliteration of port-wine mark without scar" is a problem which still demands a somewhat easier solution than has yet been found for it, and it is probable that in *oblique* scarification this end has been already arrived at.

The process of *vertical* scarification cuts off definitely all lateral supply of blood to the cavernous vascular structure of which the skin affected with port wine mark mainly consists, but it does not cut off the abnormal supply of blood from *below*, namely, from the subcutaneous vascular net-work. Hence the frequent repetition of linear scarification which has hitherto been required, in order effectually to obliterate the port-wine mark. However, by means of oblique scarification the cure of any definite portion of a port-wine mark may be easily accomplished in only two sittings, and this fact is readily intelligible on the hypothesis that, in this way (after duly reversing the incisions in the manner to be mentioned), the supply of blood to the over vascular skin is finally cut off in *every* direction, except, indeed, by means of those limited channels which subsequently become re-established, and which serve eventually only for the due nutrition of the tissue operated on.

The satisfactory result which is thus obtainable is effected equally as in the case of vertical scarification without the production of any scar.

It remains for me only to describe the few details of the improved process.

At the first operation (performed after freezing the skin with the ether spray), the skin is

cut by means of a scalpel rapidly into a series of minute squares, but the instrument, instead of entering the skin perpendicularly, enters it obliquely, that is to say, at an angle of 45° with the surface, so as to divide the skin, not into a series of vertical slices at each of the two crossed operations, but into a series of slanting flaps.

The second operation is precisely the same as the first, only that the slants are respectively the opposite of the slants practised on the first occasion.

Bleeding is almost absolutely prevented by exercising effective pressure on the surface operated on for say about ten minutes continuously.

I am now engaged in devising the construction of an instrument with many blades for the prompt performance of this operation. It is an instrument similar in many respects to my (*vertical*) multiple linear scarifier, which perhaps explains itself sufficiently by its name.—*Dublin Medical Press*, November 26, 1879.

HOT APPLICATIONS TO THE HEAD IN UTERINE HÆMORRHAGES.

The anæmia of the brain is one of the most dangerous symptoms in acute hæmorrhage; hence Schroeder recommends to put the head of the patient low. Others recommend transfusion, some Bismarck's apparatus on the extremities (Moeller), and nitrate of amyl has also been highly spoken of, in order to force more blood in the anæmic brain.

Koehler used for the last seven years hot applications to the head, in order to remove anæmia from the brain, especially as the brain is considered the chief factor of life. At the same time hot applications may be put over the cardiac region. As sand is nearly always handy, he prefers hot sandbags. The patient bears well, sand of such high temperature that the hand can hardly hold it. The sandbags are hardly applied when consciousness returns, the pulse returns and becomes stronger, the patient acknowledges to feel better, the dimness before the eyes and the surging in the ears disappear, and, as the heat in the bag declines, she requests another hot one. Even in most desperate cases Dr. Koehler saved thus the life of his patient. There is no time lost, inasmuch as any person can attend to it. In acute anæmia, in consequence of epistaxis, the same treatment succeeds. Let us discard the ancient horrible icebag in anæmia from acute hæmorrhages. The patient wants heat, it feels agreeable to her, let us respond to this call of nature.—*Allg. Med. Cent. Zeitung*, 2, 1879.—*Maryland Medical Journal*.—*Nashville Journal of Medicine and Surgery*, September, 1879.

DOUBLE PNEUMONIA AND ABORTION.

On the 11th March I was called to see, with another physician, a white woman, aged thirty-three; skin very hot, both cheeks flushed, eyes suffused, respiration about 23, pulse 120. Complained of severe pain in both sides of the chest. Cough constantly. Both sides dull on percussion, right side more involved. Respiratory murmur at upper part of both lungs very loud, accompanied by some fine crepitation. Tongue very broad and flat, deeply furrowed in centre, base covered with a dense, dirty, brownish fur, lips red, breath very offensive. Diagnosed double pneumonia. Ordered a large mush poultice, to cover both sides of the thorax, to be as hot as the patient could endure it. Acetate of ammonia, in one drachm doses, to be given every three hours. Five grains of dextro-quinine every six hours. Eleven A.M. next day pulse was 120. Right lung more involved, pain more acute, respiration more rapid, mouth dry, tongue more brown, fissure deeper, heat of skin 103½. Ordered poultice to be continued, and increased my dose of dextro-quinine to twelve grains, to be given at once, and repeated in four hours. At nine P.M. saw the patient; complained of diarrhœa. Three doses of dextro-quinine were taken, and the symptoms were much improved. For the diarrhœa a few drops of Monsell's solution of iron were ordered every hour. Nourishment principally consisting of milk. Dextro-quinine was given only twice during the night. On the morning of the 12th symptoms much improved, though the dullness was as great, but heat and restlessness abated somewhat; diarrhœa under control. During the next two days the acetate of ammonia was continued in one-drachm doses, every four hours, five grains of dextro-quinine to be given three times a day.

On the 15th I was called in haste to her. Found pulse 135, respiration very rapid, skin very hot; two slight convulsions came on while I was with her. Ordered beef tea and milk to be given frequently, in small quantities. Tincture of veratrum was given in small doses every hour. Four o'clock I saw her again; was told that labor pains were on her. She was four months advanced. Made a vaginal examination, and found the os dilated, perineum soft and yielding, but little hæmorrhage, and before I left the house the fœtus was expelled, minus the placenta. The shock this abortion inflicted on the system was fearful; she became semi-comatose, pulse went up to 150, small and thready, breathing diaphragmatic. Several convulsions then came on. Hard ones were on her in twenty minutes or more. Face was pale, skin of body intensely hot, while the extremities were cold. Something had to be done forthwith, and as I put about as much faith in dextro-quinine as most men do in a good brake on an express train, I poured out what I thought to

be a good twenty-grain dose of that drug, which was dissolved in a solution of tartaric acid, and poured it down her throat. This was repeated in an hour. It was certainly marvelous to witness the effects produced. In two hours the pulse was reduced forty beats, and the skin much cooler. Though the convulsions did not entirely subside in that time, they were very much lessened. In three hours more I gave her ten grains again; by night she recovered her senses. Next day I found, to my surprise, that there was very much less solidness of lung than at any other time since I first saw her. I removed the placenta with a hook this day; but very little hemorrhage occurred at any time. The dextro-quinine was now combined with Squibb's tincture of iron, five grains to thirty drops every three hours. From this time on the convalescence went on uninterruptedly. I make no comments on this case, but would ask the attention of the profession to the line of treatment followed, which I believe will be found a successful one in cases, both of double pneumonia, pleuro-pneumonia, intermittent fever, and allied diseases.

L. A. RUTHERFORD, M.D.

Macon, Ga.

—*Philadelphia Medical and Surgical Reporter.*

EFFECTS OF TEA ON THE SYSTEM.

Dr. W. J. Morton, of New York, describes a nervous disorder resulting from excessive tea drinking (*Journal of Mental and Nervous Disease*, Oct.), and adds these general conclusions on the subject:—

1. With tea, as with any potent drug, there is a proper and improper dose.

2. In moderation, tea is a mental and bodily stimulant of a most agreeable nature, followed by no harmful reaction. It produces contentment of mind, allays hunger and bodily weariness, and increases the incentive and the capacity for work.

3. Taken immoderately, it leads to a very serious group of symptoms, such as headache, vertigo, heat and flushings of body, ringing in the ears, mental dullness and confusion, tremulousness, "nervousness," sleeplessness, apprehension of evil, exhaustion of mind and body, with disinclination to mental and physical exertion, increased and irregular action of the heart, increased respiration.

Each of the above symptoms is produced by tea taken in immoderate quantities, irrespective of dyspepsia, or hypochondria, or hyperæmia. The prolonged use of tea produces, additionally, symptoms of these three latter diseases. In short, in immoderate doses, tea has a most injurious effect upon the nervous system.

4. Immoderate tea drinking, continued for a considerable time, with great certainty produces dyspepsia.

5. The immediate mental symptoms produced by tea are not to be attributed to dyspepsia.

In the above experiment upon myself, the whole group of symptoms was produced, with no sign of digestive trouble superadded.

6. Tea retards the "waste," or retrograde metamorphosis of tissue, and thereby diminishes the demand for food.

It also diminishes the amount of urine secreted.

7. Many of the symptoms of immoderate tea drinking are such as may occur without suspicion of tea being their cause; and we find many people taking tea to relieve the very symptoms which its abuse is producing.

SWALLOWING A SAFETY PIN.

A remarkable case is reported to us in a letter from Dr. G. S. Trezevant, of Columbia, S. C. A little girl, three and a half years old, swallowed what is known as a safety or diaper pin, the point of which rests in a sheath when closed, but when not, opens, by a spring, to the width of $\frac{3}{4}$ of an inch. This formidable apparatus was swallowed when opened. Dr. Trezevant's advice to the parents was to abstain from all medication, as the only hope for the child's safety was for the pin to become imbedded in the feces, so as to guard the point, and to feed the child on such nourishment as would favor constipation. The little girl did not have an ache or pain; bowels open regularly once every day. Two weeks, exactly, after the pin had been swallowed, it was passed, imbedded in the solid feces.

We would call attention to the sound wisdom of this advice. It was exactly right; yet we have known physicians who, in similar cases of swallowing foreign bodies, advised spare diet and cathartics. Nothing could be further from correct practice.—*Phil. Med. Reporter*, Dec. 13, 1879.

A GOSPEL TRUTH.

Writing of "gratuitous treatment of clergymen," Dr. Wood, in the *Philadelphia Medical Times*, says:

It has long been etiquette among physicians, how long we do not know—always, perhaps—to treat clergymen without remuneration. In the opinion of the laity a doctor's fee, no matter how small it may be, seems out of proportion to what he expends or gives for it. The line or two of hieroglyphics and the dozen words of advice are all-powerful for life or death; but they cost the physician nothing at the time they are given, although the giver may have spent thousands of dollars on his education. A certain annual income is then necessary in order simply to pay the interest upon what his know-

ledge has cost him. Moreover, we have always contended that the better the physician's education the more valuable is his advice, just as the labor or the opinion of a master workman is worth more than that of his apprentice or half-developed journeyman. But while in the one case the laity see the logic of this argument and are willing to pay for it, concerning the highly-educated physician there is a spoken or tacit opinion that he demands too much. When danger has passed the smallest fee is grudged, the animus being that of the old French couplet, which signifies that while he is needed the doctor is an angel, but when his bill is presented he is a—the contrary. [That is, the "devil to pay."]

In eighty cases out of one hundred a doctor whose opinion is worth having not only earns his fee, but, in view of what he really gives for it, is underpaid. Like other human beings, he has his butcher, his baker, his grocer, his tailor. Like them, too, he has bills to pay. He may be a mathematician, but he has sufficient algebra to know that o will not pay for x . What wonder, then, that he sometimes feels himself an abused and unappreciated individual!

When he received his diploma perhaps he took the Hippocratic oath, which requires him to listen to the plea of the sick poor; and if he have a human heart, he finds pleasure in healing their ills for the sake of that untold satisfaction which is the reward of relieving suffering. It is his method of giving in charity, and only he knows how much and how often he thus gives, and gives willingly. But when he is called upon to give gratuitously where there are larger means of payment than are represented by his own income, he involuntarily feels wronged, and wonders how the man of income equal to or larger than his own can accept much and give nothing. This is the position in which he is placed when called on to attend many of our city clergymen and their families.

If the physician attends church—and it is hoped he does—he assists in paying his minister's salary. If he marries—and let us again hope he does—he pays his minister a fee which five times exceeds what he would ask for granting the clergyman a similar amount of time. In case of death in his family he perhaps would hardly feel comfortable unless he sent his minister a fee for his services at the funeral. Now the real question arises, why should he not receive a reward for his services when the minister calls for them?

There is no kind of doubt that in this superannuated, unworthy custom of gratuitous medical treatment of all clergymen there exists a rank injustice. If the minister is poor, his family large, and his salary small, who should be more ready than the large-hearted physician to give of his medical largess? But when the clergyman is getting three, four, or five thou-

sand a year there is no justice whatever in his being an eleemosynary institution.

APPLICATION IN APHTHOUS STOMATITIS.

R Pulv. sodii borati..... } aa ʒj;
 Pulv. acid salicylici..... }
 Mellis..... ʒiij. M.
 —*Phila. Med. Times.*

HEMORRHOID OINTMENT.

R Iodoform..... ʒj;
 Acid carbolic..... } aa gr. xv;
 Acid tannic..... }
 Ext. belladonna..... } aa gr. viij;
 Pulv. opii..... }
 Vaseline..... ʒj.
 —*Southern Clinic.*

SUPPOSITORIES IN VAGINISMUS.

R Ol. theobromæ..... ʒj;
 Potassii bromidi..... gr. x;
 Ext. belladonnæ..... gr. vj;
 Acid. thymici..... gr. j. M.
 Fiat in suppositor No. 1.

To be placed in the vagina every evening.
 —*Phila. Med. Times.*

THE CURE OF CONSUMPTION.

It is now pretty generally believed—universally, we might say, in the medical profession—that the age of miracles is over; but the statements now starting the rounds of the medical journals in Germany regarding the cure of tuberculosis by the inhalation of the benzoate of soda are calculated to renew the most sinking faith.

Dr. Krocak, of Innsbruck, says: "We use one part of benzoate of soda in a five-per-cent solution twice daily to the thousand of the body-weight by means of a good atomizer for seven weeks without interruption. With it we enjoin the use of abundant satisfaction of the rapidly-returning appetite with meat diet, fresh air, and abstention from all debilitating causes."

A Vienna paper adds: "Our druggists can hardly supply the demands for the benzoate of soda, as the use of it has surpassed all medical prescriptions. It is indeed bought up on every hand."—*Cincinnati Lancet and Clinic.*

TYPHOID FEVER—ITS TREATMENT.

Sir Wm. Jenner sums up his views of the *Treatment of Typhoid Fever*, in an address on this subject in the *Lancet* of Nov. 15th, as follows:—Typhoid fever cannot be cured; but more lives may be saved by the judicious treatment, and more lives lost by the improper

treatment, of typhoid fever, than of any other acute disease. For a very large proportion of cases no other treatment is really required from beginning to end than rest in bed, quietude, fresh air, pure water and regulated diet, although most cases are benefited by a little wine in the 3rd and 4th weeks. If medicinal, in addition to hygienic, treatment is required, it is because special symptoms by their severity tend directly or indirectly to give an unfavorable course to the disease. At the same time, it must be remembered that the gravity of some symptoms is in certain cases due to lesions of structure beyond the possibility of successful treatment, *e. g.*, primary deep sloughs of Peyer's patches, and that other grave symptoms pass away spontaneously, although no special treatment is prescribed for their relief. When drugs are required to hold in check a special symptom, their use should be discontinued when the gravity of the symptom for which they are prescribed has subsided.

Temperature so high and continuous as to be a cause of danger, either directly or indirectly, by favoring serious degenerative changes of structure, is present in exceptional cases only, and for such cases alone is the direct application of cold to the general surface required.

Alcohol, by the influence it exerts on the nervous system, is of the greatest value in the treatment of typhoid fever, but it should only be given for the purpose of attaining a definite object; its effects should be watched, and the dose so regulated as to attain the desired effect from as small a quantity as possible. As the treatment in reference to many symptoms is, in the present state of our pathological knowledge, tentative, it may have to be varied frequently, both as regards continuance and dose of drugs, of stimulants and cold. My experience has impressed on me the conviction that that man will be the most successful in treating typhoid fever who watches its progress, not only with the most skilled and intelligent, but also with the most constant, care, and gives *unceasing attention to little things*, and who, when prescribing an active remedy, weighs with the greatest accuracy the good intended to be effected against the evil the prescription may inflict, and then, if the possible evil be death, and the probable good short of the saving of life, holds his hand.

While admitting without reserve that heroic measures, fearlessly but judiciously employed, will save life when less potent means are useless, the physician whose experience reaches over many years will, on looking back, discover that, year by year, he has seen fewer cases requiring heroic remedies and more cases in which the unaided powers of nature alone suffice for effecting cure; that year by year he has learned to regard with greater diffidence his own powers, and to trust with greater confidence in those of nature.

SUCCINATE OF IRON IN GALL-STONE.

In the able address delivered before the Gynecological Society, assembled last week in Baltimore, Dr. Thomas, president of the association, referring to the recent triumphs of and accessions to surgery, said it had even invaded the gall-bladder. In what manner and with what object has it made this raid? By cutting through the walls of the abdomen and then into the gall-bladder itself, with the object of removing therefrom biliary calculi! We must not be surprised to hear next of aspirating the fourth and lateral ventricles for drawing off serous effusions, or tapping the torcular Herophili for the purpose of depletion. Dr. Thomas selected an unfortunate example to illustrate the progress and paramount importance of surgery; for if there is any one thing that does and must forever belong exclusively to the department of practical medicine it is the ready means physicians have at command of always being able to dissolve in the gall-bladder cholesteric gall-stones with as much certainty as if these same calculi were in a glass tumbler before them. Eight or ten years ago a much-abridged paper was published in Ray's Journal recommending chloroform in doses of from five to sixty drops every four or six hours, as a sure means of dissolving in the gall-bladder calculi, however large or numerous they might be. In the American Journal of the Medical Sciences for July, 1867, I also advised the use of succinate of iron as a solvent of gall-stones and of cholesteric fat, whether in the coats of arteries or elsewhere. This preparation contains more nascent appropriate oxygen than any other known therapeutic agent, in its decomposition and recompositions can do no harm, and is of all the ferruginous articles one of the very best for malarious cachexy, or in any other conditions where the blood globules diminish or need rehabilitation. Nitric acid contains, of course, a great deal more oxygen, which is however, too easily taken up where it is not wanted; whereas the oxygen in succinate of iron is only appropriated when required, and if not needed is not appropriated at all. And for this reason, in all those cases of liver trouble where nitric and hydrochloric acid are usually prescribed the succinate of iron will, it is believed, be found on trial far more efficacious. I have used the article for thirty-five years, prepared as a hydrated succinate of the peroxide of iron. Held in suspension by pure water, in impalpable form, it is permanent when carefully manipulated. Considering the activity of oxygen, it is easy to see what this compound can do with cholesterine and cholesteric fat containing only one and one half per cent of that omnivorous agent. In the Transactions of the Kentucky State Medical Society for 1877 Dr. John A. Oeterlony reports a number of cases

of chole-lithiasis which were treated with complete success by the use of succinate of iron alone. In these critical and urgent cases of gall-stone, where often no time can with safety be lost, I prefer the conjoint use of terchloride of formyl and Stewart's preparation of the succinate of iron. In the last three cases treated successfully I commenced the use of both chloroform and succinate of iron as soon as the existence of a gall-stone was beyond reasonable doubt established, giving the former in doses of ten drops every four hours, and of the latter a teaspoonful half an hour after each meal.—*T. H. Buckler, M.D., in Boston Medical and Surgical Journal.*

HYSTERICAL RETENTION OF URINE.

A great rule in hysterical retention is not to draw off the urine. If you once begin to do so you will have plenty of work supplied to you. I do not mean to say that in no case are you to draw off the urine, because the bladder may become so distended that if you did not draw it off you would do the woman serious injury; but, after drawing it off, and after observing that the bladder has contracted, I recommend you to abstain from further assisting the woman. Of course you must be quite sure of your case—that it is a hysterical case; and here the importance of diagnosis is immense. It would be a dreadful thing to do a woman a serious injury through having mistaken her case for hysteria.

The way of treating these cases was well illustrated in an example which I had not long ago in the hospital, where a woman had been the torture of the physicians in the district from their being sent for at any hour of night or day to draw off urine. She was the protégé of all the Ladies Bountiful in the neighborhood, so that the doctors were afraid to treat her heroically. When she came into the hospital I said aloud in her presence, what I did not mean, that, although the bladder burst, the urine was not to be drawn off. It never was drawn off again. She made her water regularly after that, and went home cured, very much against her will. Repeated catheterism is sometimes required in cases of dilated bladder, in consequence of its large size and imperfect action; and some cases of irritable bladder from extreme size are cured by repeated emptying by a catheter and allowing the bladder to contract.—*J. Matthews Duncan, M.D., LL.D., in Medical Times and Gazette.*

TREATMENT OF LUMBAGO.

The best treatment in acute lumbago, at first, is the application of cut-cups to the muscle or muscles affected, to be followed immediately by narcotic fomentations in the shape of a bag of hops soaked in hot

water, hot vinegar, or alcohol, and applied directly over the scarified parts. There are various stimulating and anodyne liniments which may also be used, as turpentine, ammonia, and camphor. Opium in the form of a ten-grain Dover's powder, given early, relieves pain and produces diaphoresis. Atropia hypodermically (one eightieth of a grain) is valuable, but must not be given to nursing women. Morphia may also be given hypodermically (except in pregnancy), and these two remedies are usually the best in private practice when cut-cups cannot be used. Iodide of potassium, in doses of five to ten grains every three hours, gives very good results. Chronic lumbago is very stubborn. The most useful class of remedies are blisters, sinapisms, the actual cautery, etc. Local friction and *massage* conscientiously applied are often useful when counter-irritants fail. Tepid water may be applied, either in the shape of wet compresses kept in constant contact with the part, or in the form of a douche falling steadily upon the rheumatic muscles for some time from a height of eight to ten feet. The action of water, though slow, is a very permanent one. After the treatment by douche or by wet compresses the parts should be briskly rubbed with a coarse cloth or a skin-brush, and then covered with cotton or wool or a piece of India-rubber cloth. The use of a metallic brush is sometimes advantageous, and finally tying a cloth over the lumbar regions and ironing them thoroughly two or three times every day, following this up with the application of some stimulating liniment, is often to be advised.—*Hosp. Gaz.*

THE HOT-WATER DOUCHE IN PARTURITION.

The condition in which we get the most signal effects from the douche is that of uterine inertia after the placental delivery, and in this condition I am inclined to think that we have an absolutely reliable agent to control bleeding—an agent which may reduce the terrors of post-partum hemorrhage and make its fatal termination an almost impossible event if applied at any time while power of reaction is not entirely exhausted. The dangerous use of iron and other styptic injections will then be without excuse, and the study of prophylactic measures a matter of little moment.

For this purpose no other apparatus is needed than that already described. Special tubes are not required. The ordinary vaginal nozzle of the Davidson syringe, prepared as before suggested, will be found as useful as any other. In applying it the patient is turned upon her back. If a pan is at hand it should be used; but if not, the urgency of the case requires that there shall be no delay. The water is

placed in a vessel—preferably a small pitcher or deep basin—to the bottom of which be dropped the supply-tube, and carefully sild there, that no air may be drawn into the instrument. If carbolic acid or other disinfectant be at hand put a suitable quantity into the water (of carbolic acid two fluid drams of ninety per cent solution to the pint; of Labarraque solution one half fluid ounce; if neither of these, a tablespoonful of common salt may be quickly dissolved). The temperature may be guessed at by the accoucheur if no thermometer be had, or, if the case is very urgent, letting it be just hot enough not to be painful to the hand. The nozzle is then carried, upon the index-finger of the hand corresponding with the side of the patient toward the operator, to the vicinity of the vulva, the bulb compressed by the nurse or other assistant until all air has been forced from it, then carried into the vagina, while the opposite hand grasps firmly the uterine globe. The fingers in the vagina may be moved about freely to break up clots rapidly, there being sometimes a complete distension of the vagina with firm, hard coagula. The stream is kept up continuously, washing out as fast as the clots are loosened. The nozzle is to be carried to the os uteri and directed into the orifice. If the coagula in the uterus are loose and not abundant the force of the stream may be sufficient without carrying the finger into the uterine cavity; but if the hemorrhage has been great and the uterus largely distended it is better boldly to introduce the pipe, guarded by the finger, and, moving it around gently, let it, with the aid of the stream, detach from the intra-uterine surface all shreds of membrane or small coagula which may be found adherent to the surface, and which, if not removed, will act as centers of coagulation. While this is going on, the hand upon the uterine tumor feels it steadily, and generally instantly contracting, condensing itself into a firm, hard mass, receding completely into the pelvic cavity below the brim. The water passing from the vulva is soon observed to be free from color, and the hemorrhage is arrested. A uterus after such accident ought to be carefully watched and compressed in the hand of the accoucheur or of an assistant until all probability of secondary relaxation is over. Yet so far it has not been found necessary to resort to a second injection. In only two cases since using it has it failed; those occurred very early in my experience with it, and I believe I only resorted to the use of ice because my confidence in the hot water had not been sufficiently established. Judging from all experience since, then, a perseverance with the douche would probably have rendered the ice unnecessary.—*Dr. Albert H. Smith, in Medical Times.*

THE VALUE OF CALOMEL IN THE ZYMO-TIC DISEASES OF INFANCY.

Dr. E. M. Boddy expresses his views as follows, in the *Medical Press and Circular*, October 8th:—

I shall make a few remarks on the advisability of administering calomel in diseases which are specially *peculiar* to infancy, such as scarlet fever, measles, and others of a zymotic type.

In all the zymotic or exanthematous fevers, there is the accompanying eruption or rash, as it is usually called, which when it has thoroughly exhausted itself, or in other words, when it has finally disappeared, and the desquamation of the cuticle has commenced, then is the time to direct our attention to the alimentary canal, for we shall invariably find after, as well as during the attack, that the alvine excreta are in a most filthy and unhealthy condition, in fact, almost approaching a poisonous character, and, as some believe, contain an element highly infectious to the last degree, and especially when the patient is suffering from typhoid fever. Regarding these infections, or non-infectious characteristics, I have nothing to do; but, parenthetically, I may say, they develop gases, exceedingly offensive and injurious if inadvertently inhaled; they must, therefore, be extremely detrimental to the recovery of the sufferer, for if they are poisonous when ejected or exposed to atmospheric influences, what must they be when allowed to remain in the intestines, pent up in a confined space, with the mucous membrane absorbing the impurities resulting from the effects of the fever, besides the impure liquid portion of the fæces; what must be the result, I say—a protracted recovery, or a certain death?

Therefore, it behooves us, immediately on the disappearance of the rash, to administer purgatives till we have eliminated the fever poison which has been germinating and stagnating in the fecal contents of the intestinal canal, and the only purgative which is at all capable of thoroughly cleansing out the intestines is calomel; for, owing to its dual properties, it not only purges the patient; but by virtue of its cholagogue action, it cleanses out the human cesspool, viz.: the liver, which, in all fevers, is a reservoir for everything impure and unhealthy.

If we do not pursue this course, the inevitable result is diarrhœa, which, instead of being regarded as a good omen, as indicating that nature requires assistance, and that she is trying to accommodate herself to the force of circumstances, we go diametrically opposite to her, and regard the efforts of nature as significant of approaching evil; and so we resort *instantly*, to astringents; and if that is not sufficient (and it very seldom is), we inject up the rectum certain astringent compounds, which is as unscientific

as the insertion of a cork would be ; we know, or can guess the result—the child dies, presumably from the fever, though I cannot help thinking that the child succumbs to the deleterious action of the astringents.

METHOD OF PRESERVING DEAD BODIES.

Mr. Keymann, United States Consul General at Berlin, in his dispatch to the Department of State, dated October 30th, communicates a description of a newly discovered process for the preservation of dead bodies. The inventor or discoverer had secured a patent for the process, but the German Government, conceiving the high importance of the invention, induced the patentee to abandon his patent. Thereupon the Government made public, through the press, a full description of the process, as set forth in letters patent. The following extracts are translated from the German newspapers of Oct 23d :

The dead bodies of human beings and animals, by this process, fully retain their form, color and flexibility. Even after a period of years such dead bodies may be dissected for purposes of science and criminal jurisprudence. Decay and the offensive smell of decay are completely prevented. Upon incision the muscular flesh shows the same appearance as in the case of a fresh dead body. Preparations made of the several parts, such as natural skeletons, lungs, entrails, etc., retain their softness and pliability.

The liquid used is prepared as follows: In 3000 grams of boiling water are dissolved 100 grams of alum, 25 grams of cooking salt, 12 grams saltpetre, 60 grams potash and 10 grams arsenious acid. The solution is then allowed to cool and filter; to 10 litres of this neutral, colorless, odorless liquid, 4 litres glycerine and one litre methylic alcohol are to be added. The process of preserving or embalming dead bodies by means of this liquid consists, as a rule, in saturating and impregnating the bodies with it. From $1\frac{1}{2}$ to 5 litres of the liquid are used for a body, according to its size.

THE TREATMENT OF HEMORRHOIDS.

In the *Practitioner*, October, Dr. D. Young, of Florence, speaks favorably of the steady administration of glycerine for hemorrhoids. He adds—

I would call attention to aloes as an aperient in these cases. Out of between thirty and forty cases treated as above, and as many more treated for constipation alone, I have only found one in which aloes seemed to increase the hemorrhoidal trouble. When it is combined with belladonna and quinine, or belladonna and nuxvomica, it rarely, as far as my experience goes, causes any trouble in the rectum.

I would only further suggest that much may be done preventively in these cases, and nothing is more useful in this direction than the free use of cold water *immediately* after each action of the bowels. When the hemorrhoids are inflamed warm water is generally more agreeable and soothing, but when they are in a chronic state—giving little or no trouble—the free use of cold water, in the manner presently to be described, will not only be a source of much comfort, but greatly lessen the frequency of the attacks. Not only is there a great deal of neglect in the matter of personal cleanliness, in the present day—at least as far as the bowel is concerned—but many to whom this charge would not apply equally fail from want of proper knowledge as to the manner in which the lower bowel ought to be bathed. When the question is put, “Do you carefully attend to bathing the rectum every day?” the answer invariably given is “Yes;” but when you inquire more particularly, you find that it is done during the ordinary bath, before the bowels have been relieved, or at some other time, having no relation to the hour of defecation. This is where the mistake lies. The moment when the application of a cold sponge to the bowel is of so much value in preventing the formation of piles, and in giving relief when they are present, is just the moment *after* the motion has passed. At the instant of the passing of the motion a partial eversion of the lower bowel takes place, and any hemorrhoids which may be lying on its surface come down with it. If paper is used, as is so universally done, in order to cleanse this portion of the rectum, the sensitive mucous lining shrinks from the rough touch of the paper, and the everted portion returns to its place only partially cleansed, and having adhering to its surface particles of fecal matter, which keep up a constant irritation, giving rise to great discomfort, even when no hemorrhoids exist.

In cases of hemorrhoids, fistulæ and ulceration, when I have had occasion to examine the rectum just after a motion had been passed, I have been greatly struck by the amount of fecal matter which was found covering the surface of the sphincters; sometimes completely obscuring a tender ulcer or other abraded part, affording a ready explanation why rectal sores are so intractable in the hands both of the physician and surgeon. I invariably prohibit the use of everything but the wet sponge. If the patient is very sensitive the application of cold water to the lower end of the bowel will sometimes cause colicky pains in the abdomen, in which case I advise tepid water, at least to begin with. All that is necessary is a little vessel about the size of a tumbler, having a lid which fits tightly, and a bit of sponge. The vessel, filled with water, is taken into the closet, and the soaking sponge freely used the moment the motion has passed. Instead of the mucous membrane shrinking

from contact with the wet sponge, it appears rather to be soothed by it, and therefore the everted portion of the rectum is thoroughly cleansed before it returns within the bowel. Many have objected to this simple plan that it is troublesome and difficult to manage; but of all those who have adopted it not one but has given the same testimony, viz., that of the great benefits which they have derived from it.

COTO BARK IN THE DIARRHOEA OF PHTHISIS.

Dr. J. Burney Yeo has found coto bark of great efficacy in the graver forms of the diarrhoea of phthisis (*Practitioner*, October, 1879.) He says—

I have given it in many cases of apparently uncontrollable diarrhoea, that is to say, cases of diarrhoea which were not controlled by the ordinary remedies, such, for example, as opium, bismuth, tannin, ipecacuanha, etc., and I have found it almost invariably have the effect of arresting the intestinal flux, and of relieving intestinal pain and irritation in a very short time. I say "almost" invariably, for when I first gave it I found no such good result, and on inquiry I found that one of my colleagues had employed it also without effect. This led me to consider the mode of its administration. I found my colleague had given it mixed with other substances and made into pills, and I had given it, in the first cases in which I tried it, blended with the *mistura cretæ* of the *Pharmacopœia*. It is deserving of notice, that when given in both these forms it appears inert; and one might have been induced to hastily discard it as a drug without remedial value. This is probably the fate of many valuable medicines which appear to fail; not from want of virtue in themselves, but from want of patience and attention in their mode of administration.

Finding that the fluid extract contained a resinous element, which was precipitated in tough masses when the extract was carelessly mixed with water, I had the following mixture carefully prepared:—

℞. Fluid extract coto, ℥℥.
Comp. tinct. cardamoms, ℥℥.

Mix these together and triturate them slowly with mucilage of acacia, ʒ iij, and simple syrup, ʒ ij. Finally add water to ʒ vj.

A tablespoonful of this mixture is a dose. In this form it is an opaque mixture, with a not unpleasantly warm and aromatic taste. I have usually found two or three doses of this mixture arrest or check the severest forms of phthisical diarrhoea.

The bark is imported from Bolivia, in South America, and the preparation I have used is the fluid extract. The dose is from ʒ 5 to ʒ 8 minims. An alkaloid *cotoïn* has been prepared from the

bark, and is reported to have the same valuable properties as the extract of the bark itself, but of that I have no personal knowledge.

TREATMENT OF ENTERIC FEVER.

In Vol. IX, St. Thomas's Hospital Reports, just issued, we find the following *résumé* of the treatment of seventy-one cases of enteric fever, in which the death-rate was 11.1 per cent.:

On examining the bed-tickets of the seventy-one patients it is found that in by far the great majority of cases the treatment adopted has been expectant. As a rule the following course has been adopted. The patient has been bathed (washed) on admission, and then kept perfectly quiet in bed till about the tenth day after the temperature has sunk to normal. For the most part the diet has consisted of milk, beef tea, occasional eggs, with alcoholic stimulants when indicated by the constitutional state. The medicines ordered were either salines, effervescing or otherwise, or the mineral acids. Thus, it may be stated, that in no case has any treatment been adopted which would have for its object the arrest of the fever,—in other words, no methods of relief were prescribed as specifics; for, although salicylate of soda and quinia were given in one or two cases, they were used for the control of hyperpyrexia; and in the same category must be placed the graduated bath. The medicines most frequently ordered have been the dilute hydrochloric acid, effervescent citrate of potass, and preparations of ammonia.

In order to reduce hyperpyrexia, the graduated bath was administered in ten cases. This subject is treated in a separate paper by Dr. Ord, in which he says:

To sum up the general results of observation and reflection, the following propositions may be laid down: that the graduated bath, reduced, during a period of from twenty minutes to thirty minutes, from between 90 and 100 to between 70 and 60° Fahr., is a powerful agent in the reduction of febrile temperatures; that in enteric fever it is most efficient and most safely applied early in the disease; that it is not contra-indicated by intestinal, cerebral or pulmonary complications, but, on the contrary, distinctly tends to check them; that it is contra-indicated by excessive feebleness or rapidity of the pulse, or by great exhaustion; that it is desirable in many cases of intense fever to use the bath more than once; in fact, to repeat it so long as the fever is unchecked, but not to repeat it at shorter intervals than twelve hours, an apparent revival of the temperature often subsiding after such a period. And I am of opinion that the systematic use of this kind of bath as early as the seventh or eighth day of fever is likely to contribute importantly to the reduc-

tion of the mortality from enteric fever in hospitals.

As regards the treatment of diarrhea, no astringent or other remedies were prescribed so long as the purging was not severe; but any case in which there were passed three or more loose motions per diem was treated with special remedies.

In the treatment of urgent diarrhea sulphuric acid was frequently prescribed, often in conjunction with opium, or opium and its preparations were given by themselves. In children vegetable astringents were used, such as catechu, hematoxylin, etc. When the purging became severe, and a remedy was required which should act in a short space of time, enemata with opium, or morphia suppositories (gr. $\frac{1}{2}$) were used. Occasionally the tincture of *assafoetida* was added to an enema if there was much distention of large intestine. Hemorrhage was mostly treated with ice-bag to the abdomen, and either morphia or opium by some of the physicians, or spirit of turpentine by others. This last remedy, by results, would appear to have been most efficacious. Ergot was given in three cases. The guide to the seat of application of the ice-bag has been the situation of pain and tenderness. The ice-bag was not invariably ordered when hemorrhage was suspected or showed itself, and when it was applied some astringent was also administered.

In perforation or peritonitis opium was mainly trusted to, and was given in large and continued doses. In one case it had a markedly beneficial effect upon hiccup which was causing great distress. Vomiting, if it became severe, was met by ice, effervescing salines, the subnitrate of bismuth, hydrocyanic acid, and rarely liq. strychnia. In one case the vomiting was arrested by an addition to diet.

Delirium and sleeplessness were treated with chloral in four cases. Opium was the general remedy, and occasionally bromide of potassium was prescribed, either by itself in large doses (gr. xx), or in combination with other drugs. Further, although the prime reason for ordering a graduated bath was the high temperature, the bath was nevertheless a very successful remedy in controlling delirium.

Constipation was combated in the great majority of cases by enemata, either simple ones of gruel, or with castor oil thrown in. The rule has been to give one every second or third day if the bowels were very obstinate, but not so frequently if no discomfort. Laxatives were rarely given, and only towards the end of the fever. They consisted of castor oil in drachm or two drachm doses, or of preparations of senna.

Quinia was given in three cases in large doses with a view to the reduction of temperature, but only with slight temporary benefit. To two of the above patients salicylate of soda

was given after the quinia had partly failed. Finally, in a fair minority of patients, no medicine was prescribed at all, the only remedy on the bed-ticket being an occasional simple enema.

As regards alcohol, the diet columns show that twenty-six, or over one-third, patients received no alcoholic stimulant whatever, or some only during convalescence. Of the remaining forty patients, thirty-three were ordered stimulants during their first week's residence, and seven only during the second week—in other words, when the fever was most severe. The quantity varied from one glass of wine to eight ounces per diem, and in one case to eight ounces of brandy.

THE TREATMENT OF TYPHOID FEVER IN THE PHILADELPHIA HOSPITALS.

(Prepared for THE N. Y. MEDICAL RECORD.)

THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

The remedies which have been found at the University Hospital to exert the most powerful influence upon the follicular intestinal catarrh, always present in this disease, are first and foremost the nitrate of silver, and next the subnitrate of bismuth and carbolic acid. There would seem to be abundant evidence that nitrate of silver reduces the size of the enlarged follicles, relieves the inflammatory engorgement, and allays the hyperæsthesia of the nerves. It has also been settled by numerous experiments that the nitrate of silver is the most easily administered of the three astringents above mentioned, and the best tolerated by the system. If there is any putrid element in the disease, carbolic acid is employed instead of the nitrate of silver. The nitrate of silver is administered in doses of one-fourth of a grain four times a day. This treatment is persevered in until the ulcers have entirely healed.

If the discharge from the bowels is composed of small, semi-solid stools, it is, with propriety, disregarded; but if the stools are watery and large, opium is administered in pill-form, combined with the nitrate of silver. From one-quarter to one grain of the powdered opium is given three times a day. If there is constipation instead of diarrhœa, belladonna is given conjointly with the nitrate of silver.

Great care is had with regard to the diet when the catarrhal inflammation of the intestines is present. The food employed is, of course, as digestible as possible. Milk has been found to be the best diet in this disease. If the curd appears in the stools, the milk is diluted with water, or lime-water. Of this mixture of milk and lime-water three ounces are given every two hours, or a little over two pints in the course of the twenty-four hours. When the

bowels are torpid, beef or mutton broth is given alternately with the milk.

The beef-tea employed is prepared after the following recipe: Take a quantity of tender meat, and, after cutting off the fat, chop it up fine, put it in a bowl, pour a pint of water over it, and let it stand over night. The water should be kept just on a simmer—the temperature never being allowed to go above 140° , otherwise all the albumen is coagulated, and so either left on the sieve in straining, or introduced into the stomach in the form of curds. After this simmering solution has been allowed to stand over night, pour it into a pipkin, and heat it again gently with enough salt to give it flavor, and, if necessary, add a drop or two of muriatic acid. Then pour it out over a hair-sieve into a jar. The resulting solution will be found to contain all the nutriment possible, and to be the most valuable kind of stimulant and laxative.

When the fever is high, the patient is given all the food he can take. Care is had, however, that, in allowing food, the already inflamed intestinal tract is not further irritated.

The poison in the blood is controlled by means of quinia, and nitro-muriatic or salicylic acid. As a general thing, salicylic acid is only employed where there is some putrid discharge joined with high fever. Quinia is considered (1) to neutralize the effects of the septic poison in the blood, (2) to act as a good tonic to the muscular and nervous systems, (3) to tend to check febrile action, and (4) to remove any malarial element that happens to be present. Quinia is never given in the enormous doses advised by the German physicians. It has been found that such doses will break down high fever, but they produce entirely unnecessary irritation of the gastric mucous membrane. About twelve grains of quinia are given in the course of the twenty-four hours.

The temperature is kept down by preventive measures rather than by the cold bath, which is regarded as a last resort. It is unnecessary after this to say that the practice of the University Hospital is wholly opposed to the indiscriminate cold bathing in typhoid fever, so much in vogue in Germany within a year past.

When the temperature runs up in spite of drugs,—in the milder cases, spongings of the whole body are practised every two hours, the sponges being squeezed out of a mixture of water and bay rum at a temperature of from 60° to 80° . If this does not succeed (it rarely fails), and if the patient's temperature mounts up to 104° or 105° , he is then wrapped up in sheets wrung out of cold water. If the temperature still runs up to such an extent that life is threatened, the patient is placed in a cool bath until the bodily temperature is sufficiently reduced.

Before the local lesions appear, the fever can be more boldly attacked; but when, in sub-

sequent stages, it runs high, it is regarded as partaking of the nature of a sympathetic fever; largely dependent upon the amount of intestinal lesion, and the use of baths at this period is thought to be attended with great risk. If the cold bath is used at all (except as a last resort, and when temperature cannot be reduced in any other way), it is employed during the first ten days in cases where the temperature rises above 103° and cannot be controlled by frequent spongings, large doses of quinia, diaphoretics, etc.

With regard to the use of stimulants, the hospital practice is not in favor of administering them simply because a patient has the fever. It is believed that stimulants are only demanded for the relief of certain symptoms. As a general thing, they are not given to children before the age of puberty. They are only administered to old persons, and to meet certain indications, viz., (1) ataxic nervous disturbances, such as sleeplessness, twitchings of the muscles, maniacal delirium; (2) circulatory disturbances, such as feeble and rapid pulse, and feeble development of the first sound of the heart; (3) profound asthenia, as shown by great tremulousness, inability to make any movement, and tendency to slide down off the pillow; (4) dry and brown tongue, with sordes on lips, teeth, and tongue.

The milder forms of stimulus are always used at first. The one most frequently employed is wine-whey. This is made in the proportion of one part of sherry to three of milk, and as much as a gill or half a pint of it is given in the course of three hours. If the symptoms increase, stronger stimulants are used, such as whiskey. Whiskey is usually given in lime-water and milk; the lime-water prevents the coagulation of the milk by the alcohol. These ingredients are mixed in the proportion of one tablespoonful each of whiskey and lime-water to every three ounces of milk. In this form half an ounce of whiskey is given every hour. If the stimulation is doing good, a diminution of the serious symptoms is noted. If the symptoms increase, on the other hand, the amount of stimulus is reduced.

With regard to complications: relapses are always regarded as true second attacks of the disease, and are treated accordingly. The treatment is resumed, the diet restricted, and the same general watchfulness had over the state of the case as during the course of the first attack.

Hemorrhage occurring early in the attack is considered as of little consequence, but when it supervenes later—when the sloughs are thrown off—it is regarded as a very serious matter. The treatment of hemorrhage is by absolute rest in bed for twenty-four hours, and by the administration of opium, to produce complete quiet for the alimentary canal. The opium is given by the rectum, one grain of the

solid opium being prescribed every two or three hours until the patient is gently under its influence; of astringents, for local action, acetate of lead is preferred. A suppository containing one grain of opium and three grains of the acetate of lead is given three or four times daily. Ergot, by reason of its action upon the walls of the arterioles, is also very highly prized. It is given hypodermically near the supposed seat of the hemorrhage. The food allowed is very small in quantity, and absolutely liquid.

Peritonitis is treated by antiphlogistics, sedatives, perfect rest in bed, and a diet which leaves no residuum to irritate the bowels.

True perforation is regarded as beyond the reach of medical skill to mend.

THE GERMAN HOSPITAL.

The quinine treatment (heroic doses) has been given a fair trial in the wards, and has been found to do but very little, if any, good. It has not even been satisfactorily demonstrated that it reduces the temperature, as the same changes in temperature have taken place in the case of those who have been taking the mineral acids alone. Indeed, after giving quinia some time in some cases it was stopped, and the same changes were found to exist. Quinia has seemed rather to increase the diarrhœa and headache, and in two cases it produced entire deafness for two weeks. Sponging with vinegar and water has been found to act beneficially. Plenty of ice is given the patient to suck, and the ice-cap is applied to the head. The wet pack has been found to lower the temperature for the time being, but in an hour or more it generally mounts up again. To this is added the consideration that it has the disadvantage of necessitating the constant moving of the patient, wearing and weakening the constitution, thereby destroying his or her main support against the disease.

Oil of turpentine, as recommended formerly by Dr. George B. Wood, has been proven to act most beneficially. Especially has it been found useful in those cases where the dry, dark, and heavily coated tongue exists, with abdominal symptoms. It is given in twenty-drop doses in mucilage, every hour or two, and is continued in smaller doses during convalescence. In a large number of cases in which dry, dark tongue existed with tympanites, turpentine acted most beneficially, the tongue regaining its normal color and becoming moist in from six to eight days, and the tympanites disappearing in a much shorter time.

The mineral acids are of great service in keeping the stomach in good order, stimulating the appetite and relieving the intense thirst. In many cases the patients call for their dose of the acid hours before the time, so much are they pleased with its taste and effects. The acid commonly used is the dilute nitromuriatic acid.

Whenever active, wild delirium exists, from one-third to one-half of a grain of morphia is given hypodermically. This medication has been found to act promptly in almost every instance. In one case particularly, the patient towards evening showing signs of approaching delirium, a large dose of morphia was immediately given hypodermically, which had the effect of rendering the patient perfectly rational when he awoke. Upon another occasion, when this same patient again showed signs of approaching delirium, the morphia was omitted, upon which a wild attack of delirium came on, which was at once broken up by the use of a moderate dose of morphia hypodermically.

THE EPISCOPAL HOSPITAL,

The temperature is reduced and the heart strengthened by fifteen-drop doses of the tincture of digitalis and two grains of quinia, every three hours. Stimulants are only employed in the severer cases. Excessive diarrhœa is controlled by injections containing fifteen drops of laudanum and half a fluid ounce of starch. Dilute muriatic acid is given in fifteen drop doses every three hours, and in the second week of the disease five drops of turpentine are administered every three hours. Hemorrhage from the bowels is controlled by the internal use of ergot, and the local application of ice to the abdomen. A number of cases have been treated of late with one-fourth grain doses of the nitrate of silver in the second week of the disease, this dose being repeated every three hours with entirely negative results.

THE PENNSYLVANIA HOSPITAL.

Ten grains of quinia are given daily, and ten drops of muriatic acid every three hours. The patient is sponged all over with cold water, in mornings and evenings. Diarrhœa is controlled by opiates and astringents. This is the routine treatment. The diet is very carefully regulated, consisting principally of beef-tea and milk. When the first sound of the heart is altered (weakened) early in the course of the disease, it is regarded as an indication that the patient should immediately be put upon the use of stimulants; or, if he is already taking whiskey, that the daily amount should be doubled.—*New York Medical Record*, Nov., 1879.

THE TREATMENT OF HEMORRHOIDS.

Dr. F. P. Atkinson, says in the *Practitioner*, August, 1879:—A good deal has of late been written with respect to the operative treatment of hemorrhoids, and I think in this way attention has perhaps been diverted from the use of topical applications. Of course local treatment by itself is of little use, inasmuch as while the cause remains any benefit that may be obtained can only be partial and temporary. As far as

I can see, hemorrhoids are to be divided into three classes, viz., acute, subacute, and chronic, according to the symptoms and time that they have existed, and the treatment has to be adapted to the stage in which they are presented to our notice.

In the acute stage they are inflamed, of a dark red appearance, and give rise to a throbbing, burning pain, or like that which would be produced by the application of a red-hot coal. Mr. Biddle, a fellow-practitioner, tells me that in this stage the effect of calomel-dusting is something wonderful, and that relief is more quickly gained from this than anything with which he is acquainted. He considers that it acts in a two-fold manner, viz., upon the liver, and at the same time as a local sedative. Sponging also with hot water gives a good deal of ease.

If this treatment prove inefficient, and the pain be very excessive, leeches may be applied to the anus, or an incision made into the centre of the swelling and the contents squeezed out.

In the subacute stage the feeling complained of is more that of weight and tension, though on going to stool the pain is often very acute.

To relieve the existing condition, the compound gall ointment or a solution of acetate of lead and opium should be freely and frequently applied, and an enema of cold water used after each action of the bowels.

In the chronic stage the best application is the common pitch ointment. For this useful piece of knowledge I am indebted to a Mr. Corbett, and he, it appears, got the hint from an old nurse by seeing her apply some tarred rope. Its astringent effect is something remarkable, and I know of nothing which acts so quickly and effectually.

The general treatment has to be directed towards altering the particular mode of living which has brought about the abnormal condition. Hence all luxurious and sedentary habits, hard riding, venereal excesses, the use of aloetic purgatives, should be forbidden; whilst the object of the medicinal treatment should be to keep the bowels freely relieved and lessen as much as possible portal congestion. Dr. Young, of Florence, wrote a paper in the *Practitioner* of January, 1878, upon the use of glycerine internally in these cases, but I do not think it has any specific action upon the hemorrhoids themselves; the improvement which he says takes place is, I fancy, in all probability, simply due to an increased action of the bowels which it produces. Confection of senna is a particularly useful, and by no means unpleasant, aperient in these cases. I would, however, rather suggest the use of a euonymin pill occasionally at night with a dose of effervescent Carlsbad salts in the morning, as these have a direct effect upon the portal circulation. In conclusion, I would remark that I cannot speak too strongly with regard to the effects of the pitch ointment, for I

feel certain that the necessity for operative measures may often be prevented by its timely use, and I would recommend every one to give it a trial where the compound gall ointment is ineffectual.

PRURITUS ANI.

In reply to the query of M. D., in the *British Medical Journal*, the following answers were received:

M. D. Cantab.: 1. Ablution with tepid water to be substituted for the use of paper after defecation; 2. A suppository of a quarter to half a grain of extract of belladonna to be used every night; 3. The bowels to be regulated with a mild laxative, such as the acid tartrate of potash, with confection of senna; 4. A mixture containing small doses of quinine with arsenic two or three times a day.

Mr. W. Frowse has found two remedies of the greatest use in the immediate relief and ultimate cure of this affection of the skin. The glycerinum acidi carbolici (P. B.) should be carefully applied at bedtime every night; and an ointment made of one dram of calomel, half dram of camphor, and six and a half drams of vaseline every morning. Stimulants and tobacco-smoke are contra-indicated.

A Member says the best local application is a mixture of one dram carbolic acid in one or one and a half ounces olive oil, applied with the finger at bedtime, being careful to have the rectum empty, the laden condition of which seems to aggravate the annoyance. In pruritus pudendi, nitrate of silver (five grains to the ounce of distilled water) is a specific, applied with a sponge instead of giving way to rubbing, which only increases the local misery. The lithic-acid diathesis seems to be the cause in both cases, and attention should be directed by alkalies, etc., to correct this.

Mr. P. Miall strongly recommends the glycerine of tannic acid, or the lotion made by precipitating compound tincture of benzoin with its bulk of water. But the best application is strong mercurial ointment applied somewhat sparingly at bedtime. One application is enough for a time at least. In some cases he has found the following answer better: ℞ Unguenti hydrargyri fortioris, ʒj; chloroform, ʒj; adipis benzoati, ʒij; acidi carbolici, gr. xv. This must be used every night, and causes a burning said to be rather pleasant. Oleate of mercury (twenty per cent.) may be used instead of blue ointment. For constitutional treatment, he advises hot-air baths, mineral acids after meals, abstinence from pastry, sweets, and other unwholesome diet.

Dr. Oliver suggests the following lotion: Scheele's hydrocyanic acid, ℥ xxx; solution of morphia, ʒj; best birdseye tobacco, ʒj; water to half a pint. "To be used night and morning, or when necessary."

THE CANADA MEDICAL RECORD,

A Monthly Journal of Medicine and Pharmacy.

EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D., L.R.C.P., LOND.

ASSISTANT EDITORS:

R. A. KENNEDY, M.A., M.D.

JAMES PERRIGO, M.D., M.R.C.S. Eng.

EDITOR OF PHARMACEUTICAL DEPARTMENT:

ALEX. H. KOLLMYER, M.A., M.D.

SUBSCRIPTION TWO DOLLARS PER ANNUM.

*All communications and Exchanges must be addressed to
The Editor, Drawer 356, Post Office, Montreal.*

MONTREAL, JANUARY, 1880.

BOARD OF HEALTH.

At a late meeting of the Medico-Chirurgical Society, a paper was read by Dr. Larocque, medical health officer of Montreal, on the subject of Hygiene and the Board of Health, his purpose being to enlist the interest and support of the profession in carrying out preventative measures against the spread of disease. Being worthy to receive every support in this matter, we trust that his efforts to improve the public health will receive that attention from our authorities which its importance demands.

Having imposed upon himself the onerous task of educating the general public in sanitary matters, it is to be hoped that, as the recompense is inadequate, success may follow his teaching.

Incidentally during the discussion that followed there was pointed out the urgent necessity for the formation of a central Board appointed by Government for the whole Dominion.

It might be supposed that one of the chief aims of legislation, especially in a new country like ours, would be the conservation of the health and preservation of the lives of the people, for the possession of health and increase of inhabitants must be regarded as the equivalent of capital. To the political economist this subject should be of the greatest practical moment, because the presence of preventible diseases inflict incalculable injury upon a community both physical and pecuniary which is a direct loss in a commercial point of view on account of loss of time, expenditure through sickness, and the too often removal of useful

lives. Such results must amount to the loss of thousands of dollars annually. As a rule, party politics too often outweigh the good of the country, and therefore the formation of such a Board can only be accomplished by persistent efforts on the part of those who are sufficiently enlightened to see its importance. In the presence of great epidemics, attention is forcibly drawn to the necessity of Government interference, so that means may be taken to arrest the progress of disease throughout a large extent of country, and as soon as this is effected all sanitary measures cease. The necessity of adopting sanitary precautions at all times, even when there is no apparent cause for anxiety, appears to be above the ordinary legislator, and even those they represent are unwilling to sacrifice present interest or convenience for a possible future benefit. An epidemic arrested in its progress by special means obtains for that means deserved credit, but should such means be continually carried out due appreciation of them is not met with, no matter how successful they may be. Because this necessity does not become apparent, and as disease does not run prevalent, the precautions themselves may appear to be unnecessary or excessive.

As an illustration of the ravages inflicted by a preventible disease, take the death rate of Montreal for last November. The report of this month bring before us, sixty deaths, or about one-fourth of the whole were from small-pox. As we have not at hand the average death rate from this disease for the year, a correct estimate of its extent cannot be given, but as the report also states that in the previous November there were 90 deaths from this disease, it may be inferred that the ratio of one-fourth is not exceptional. Indeed it is an incontestable fact that for years our ratio of mortality has been kept exceedingly high by this disease alone, and it has now become so thoroughly endemic that we may expect this rate to continue for some years to come. What an immense loss financially must the community have suffered if the estimated value of each human life is taken as a standard.

If any disease is preventible, surely this is; and it certainly indicates a vast amount of ignorance on the part of our population when one-fourth of the death rate is attributable to this cause solely. In spite of local efforts at

vaccination and re-vaccination it continues unabated, and if it were but for this alone the necessity for Government investigation and interference is urgently required. Every citizen is entitled to protection as regards his liberty and property, so long as he does not infringe upon the rights and privileges of others, and just in the same respect is he entitled to protection in regard to his life and health. Attempts to enforce sanitary measures are usually regarded by the mass as attempts upon their individual liberty, and unfortunately their representatives are in many cases not much better informed. The removal and isolation of all cases of contagious diseases, more especially the one alluded to, would be resisted as an invasion of private rights; the prohibition of trades, such as soap factories, which poison the atmosphere of a neighborhood by their noxious gases, for like reason is not attempted, but the law prohibits the storage of explosive materials in any quantity because there might result destruction of property.

In either case life is endangered, but the sudden loss of life, should an explosion occur, alone seems to be considered. The very subtlety by which lives are lost through disease or poisoned air tends to develop thoughtlessness of the danger because of frequency of such deaths and the intangibility of the cause.

The miner who uses an open lamp in the presence of the fire damp, does so because his very familiarity with the danger breeds indifference, and so the presence of disease may come to be looked upon as a matter of course. Still it must not be forgotten that the presence of such a disease as small-pox causes a far greater mortality than would ever occur from explosions, even if explosive materials were to be allowed to be stored in bulk without restriction. It is well known that during war more deaths take place in an army from disease than from actual fighting, and yet it is the bullet that is feared. Until it is generally recognized that the true principle of liberty consists in protecting the health of the majority as against the individual, and that no man has the right to retain on his premises any source of danger to the lives of those surrounding him, so long will disease continue to be rife.

Had this principle been carried out in Mon-

treah fourteen years ago, what an immense outlay would have been subsequently saved, and a present deserved reproach never thought of, for the total number of cases of small-pox to the present time would have been insignificant alongside of the present record. Our authorities, however, were not alive to the necessity of isolation, and the city now reaps the fruits of their ignorance. Experience does not seem to have improved their intelligence as yet, or else there would not still be reported the fact that clothing is manufactured in homes with cases of small-pox actually in the work rooms, or that so many dwellings have become permanent sources of contagion, so that with each yearly change of family fresh cases are yearly occurring. It is not yet too late to try effective measures, indeed they must be taken if ever we expect to rid ourselves of this loathsome disease. Vaccination fails to reach those who most urgently require it, and so long as a single person remains unprotected, and those who are in constant communication with the disease allowed freely to mingle with the crowd, so long will the enemies of vaccination deride its usefulness.

Our annual death rate under proper sanitary precaution should be as low as 16 per 1000, but so long as the present system of inaction prevails it will remain at the exceedingly high ratio as now quoted compared with other and less favored localities. Local boards of health, while being better than none, should be under the control of a central system.

As generally constituted the members of such boards are appointed, not from any peculiar fitness for the task, but because circumstances have placed them in that position. The consequence is that from want of requisite knowledge each member is apt to form some pet theory of his own as to drainage, ventilation of sewers, causes of disease, and what should be done to prevent sickness. Possibly he thinks that he knows just what remedies are required in certain disorders, and can instruct those who are supposed to have made such matters a study. No account is usually taken of means that may have been found necessary or beneficial elsewhere, but the time is occupied in arguing out fresh schemes, which if tried at all are generally found wanting, thereby creating a doubt as to the possibilities of a board being

of any use whatever. When money is required for the furtherance of sanitation, it is found that such cannot be afforded, that furnished by our heavily taxed citizens having been expended on useless extravagance or the erection and adornment of such idiotic structures as the city hall. The extraordinary arrangement of our sewers in many places, where the larger pipe is above and the smallest at the outlet, as stated by a late writer, does not indicate much intelligence in the engineering department. Thus public funds are wasted or worse, for the very existence of such an arrangement tends to produce typhoid, diphtheria, cholera infantum and such kindred diseases which help to swell up the death rate. If an officer appears to be somewhat over-zealous in the discharge of his duty, he must be investigated and health measures for the time allowed a rest. We are not, however, without hopes that before many years have elapsed the best known measures will as far as practicable be adopted and carried out efficiently, and that then Montreal will occupy the position, as regards sanitation, which is her right from the healthy position she occupies.

The success of recent numbers of Scribner has been so marked, that the edition of the February number has been placed at 125,000. This number will contain the first part of Eugene Schuyler's illustrated life of Peter the Great, which is said to be graphic and interesting to an unusual degree; also Mrs. Burnett's new story, "Louisiana," which will present some strong contrasts of character; a rollicking paper on Bicycling, entitled, "A Wheel Around the Hub," and other features.

A paper on "The Disadvantage of City Boys," by Rev. Washington Gladden, of Springfield, Mass., is announced for an early number of St. Nicholas. The article is said to be based entirely on personal statistics gathered from a hundred prominent business men concerning their surroundings, habits of life, etc., during boyhood. The statements thus collected will, it is announced, exhibit a remarkable showing of the "Disadvantages of City Boys," and enforce strongly the author's hints toward a successful life. The paper, moreover, is addressed directly to the boys themselves.

REVIEWS.

Messrs. William Wood & Co., of New York, announce the publication of *A Practical Treatise on Nervous Exhaustion (Neurasthenia), its Symptoms, Nature, Sequences and Treatment*. By George M. Beard, A.M., M.D., of New York.

The book is now in press, and will be published in February of the present year. The treatise is one on which Dr. Beard has been specially engaged for a number of years, and it will be devoted mainly to his original observations and researches on this important and growing subject. It is designed to make the work at once condensed and practical, and to adapt it to meet the wants of the practitioner and inquirer in a department of the nervous system that up to the present time has received very little attention from scientific men.

Medical Chemistry, including the Outlines of Organic and Physiological Chemistry. By G. GILBERT WHEELER, Professor of Chemistry in the University of Chicago. William Wood & Co., New York, 1880.

A short time ago we noticed a condensed work by Prof. Wheeler, on organic chemistry, after Riche's *Manuel de Chimie*. The matter contained in that volume has been supplemented by about an equal amount of material treating of the various subjects usually comprised under the head of Animal Chemistry, and published with the above title. To the medical student the latter portion of the book is even more interesting and important than the first issue, because it necessarily assists him in the allied studies of physiology and pathology, while this can only to a much less degree be said of the first section, where only an occasional reference is made to the *Materia Medica*. The author is undoubtedly correct in making attempts only in the direction of generalization; for not only is it important that the student should have some recent and reliable information upon such subjects as the chemical constitution of the blood in health and disease, the chemistry of abnormal urine, the nature of urinary calculi and deposits, &c.; but the information so imparted should be given in as few words as possible. In this respect, especially, is the work a useful one, and likely to be of great value to students of medical chemistry. Lectures on

chemistry in many of our medical schools too frequently have but a classical or a sentimental value—a fact that has started the questions as to whether they are worth the time and study spent upon them, and whether it would not be advisable to have the whole subject included in the preliminary examination.

Prof. Wheeler's work forms a complete reply to these interrogations, for he plainly shows that a discussion of the numerous applications of chemistry to physiology, *Materia Medica*, physiology, pathology and hygiene is of the greatest practical importance, and might with profit take the place of the purely ornamental discourses that form the subject matter of most collegiate examinations. We should like to see treated, in a similar way, inorganic chemistry and chemical physics. In the meantime we prophesy a large demand for the Medical Chemistry.

ANNUAL REPORT OF "THE WOMEN'S HOSPITAL" OF MONTREAL.

FOR THE YEAR ENDING 31ST DECEMBER, 1879.

The number of cases receiving attendance in the Hospital is in both In-door and Out-door departments larger than during any previous year; and, in consequence, the insufficient accommodation—the inconvenience of which was deplored in the Report of the previous year—has this year proved exceedingly trying to those having the management of the Institution; especially has the demand for private wards been in excess of those available for that purpose. These difficulties have rendered it imperative on the part of the Managing Committee to procure a more commodious building for the future; and at present arrangements are all but completed for securing a very suitable place, containing ample room, and furnished with all modern conveniences in regard to heating, water, ventilation, &c.

The Ladies' Committee have contributed considerably to the success of the Hospital during the year, being the mediums frequently through which contributions and donations of useful articles have been received; they have also assisted by personal donations. The wards are visited by them weekly.

The committee acknowledge with sincere thanks the receipts of the annual grant of \$500

from the Provincial Government, and the contributions and donations from the friends of the Institution.

In the "*Lying-in Department*" there were admitted during the year.....112

Remaining in Hospital at last report.... 10

Number confined109

Remaining in Hospital..... 13

Religion. { Catholics.....62

{ Protestants.....60

Sex of children. { Male.....46

{ Female.....64

Presentation. { Breach.....2

{ Foot.....2

{ Vertex.....106

Position. { 1st.....105

{ 2nd.....4

{ 3rd.....1

Still-born.....3

Twins.....1

Premature birth.....1

Placenta Prævia.....1

Forceps used in.....13

Mothers died 3 { Suicide.....1

{ Syphilis.....1

{ Hæmoptisis.....1

OUT-DOOR DEPARTMENT.

Number of Consultations.....296

Religion. { Catholics.....160

{ Protestants.....136

DISEASES.

Ulcus Os Uteri 34

Chlorosis 11

Leucorrhœa..... 32

Enceinte..... 15

Amenorrhœa 18

Prolapsus Uteri..... 7

Retroflexio " 3

Hyperplasia " 9

Subinvolution Uteri..... 1

Anteflexio " 4

Endometritis..... 22

Anæmia..... 39

Ut. Fibroid..... 4

Gonorrhœa..... 8

Stricture Cervix Ut..... 1

Ovaritis..... 11

Syphilis..... 15

Menopause..... 5

Metritis..... 1

Menorrhagia 15

Artiversion Ut..... 2

Hysteria..... 13

Perly Cellulitis.....	1
Neuralgia.....	6
Cancer.....	3
Vaginitis.....	2
Gravel.....	3
Ascites.....	4
Abortion.....	1
Retroversion Ut.....	5
Metrorrhagia.....	1
Other Diseases.....	75

Respectfully submitted, 296
 J. B. McCONNELL, M.D.,
Secretary.

MEDICO-CHIRURGICAL SOCIETY.

MONTREAL, Dec. 12, 1879.

A regular meeting was held this evening, the President, Dr. R. P. Howard, in the chair.

There were present: Drs. R. P. Howard, Hy. Howard, Kennedy, John Reddy, H. L. Reddy, Kerry, Gurd, Ross, Molson, Wilkins, Osler, Imrie, Proudfoot, F. W. Campbell, Bessey, Roddick, Bell, Major, Blackader, Brodie, Laroque and Edwards.

Dr. Osler exhibited as pathological specimens: 1st, a case of tuberculo-pneumonic phthisis. The patient, a recently arrived emigrant, had come under Dr. F. W. Campbell's care, and was sent into the General Hospital with pneumonic symptoms, which proved fatal. The post-mortem revealed these facts: the right lung weighs 850 grains, is crepitant throughout, but in posterior part contains much blood and serum, and very little air. In anterior part of upper lobe are three or four groups of small grey nodules, no caseous masses. Left lung weighs 1,500 grains, the organ heavy and in great part airless, being crepitant only at the anterior border of the lobes. On section at the apex is a small cavity surrounded by small grey miliary tubercles in places closely set. In the anterior border and the back part of the lower lobe are many isolated firm caseous masses and scattered groups of small tubercles, some of which have fused together, and are in the process of conversion into caseous areas. The process had depended upon an acute eruption of small tubercles in the lungs. Each grey nodule had excited more or less irritation in the contiguous air vesicles, with proliferation of cells and exudation into them. In this way isolated tubercles fuse together, and groups of hem become agglomerated in the same manner,

so that extensive tracts may be involved and caseation finally ensue.

The second case exhibited was one of cirrhosis of the liver with enlargement.

The third, one of acute colitis.

The 4th, an aneurism of the anterior communicating branch of the circle of Willis. This patient had fallen while in a shop, and died immediately. On examination the anterior communicating artery was found very wide, and projecting from it between the anterior cerebrals was a small aneurismal pouch with a small slit-like opening on its under surface.

Dr. Wilkins then read a paper on "A Case of Spinal Apoplexy." Remarks on this case were made by Drs. Osler, Ross, Henry, Howard and the President. Dr. Reddy moved and Dr. Roddick seconded a vote of thanks to Dr. Wilkins for his paper.

The President brought forward the subject of registration in disease, giving the facts of the manner in which this had been to a certain degree carried out in Ontario through the earnest efforts of Mr. Monk of the Meteorological Department of the civic service, resident in Toronto. After a free discussion, Dr. Ross moved and Dr. Osler seconded the following motion:

That this Society having learned through the President of the scheme already initiated in Toronto for the weekly forwarding of reports of diseases in the practice of each medical man, strongly approves thereof, and all its members are hereby requested to co-operate in extending it to this Society.

The Committee appointed in the matter of a short-hand reporter for the Society reported that the employment of such assistance was precluded on account of the expense. They suggested to the Society the plan of each person taking part in the debate sending to the Secretary within three days of the time of meeting a statement of the part he may have taken in the debate. Discussion on this report was deferred till the next meeting.

The meeting then adjourned.

O. C. EDWARDS, M.D.,
Secretary.

MARRIED,

At St. Celestin, County of Nicolet, on the 7th January, by the Rev. Mr. P. A. Lebrun, Charles Edward D. Comeau, C.M., M.D., to Marie Elmina Henriette Houde, second daughter of Charles E. Houde, Esq., M.P.P. for the County of Nicolet.