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Original Communications.

Two Years and a Half in a London General Hospital. By G. F. Slack, B.A., C.M., M.D., M.R.C.S., Eng. Late House Surgeon Charing Cross Hospital, London.

Any of the London hospitals afford a student ample opportunities of studying cases of fracture, dislocation, &c., and especially one situated like Charing Cross, on the leading, although very narrow highway from the city to the west end. The traffic on this street, the Strand, is very great, and although the London bus drivers, cabmen and coachmen are wonders in their way, still, in the course of a year a large number of people are run over, knocked down or thrown from vehicles. Covent Garden market also furnishes a large number of cases as well as the different lines of railway centering at Charing Cross. On great holidays, such as the day set apart for thanksgiving for the recovery of the Prince of Wales, &c., an immense number of accidents occur, owing partly to the narrowness of the streets, partly to the large crowds assembled, but chiefly, I am afraid, to the free use of what is now, by some, called the national beverage of England. I have attended, on one of these occasions, to as many as seventy cases of accident in one day, varying from slight cuts, contusions, etc., to cases of concussion, fracture, and occasionally, cases of suffocation from close crowding. In a considerable proportion of these cases, the head is the seat of injury, and the immediate cause of the injury a pewter pot, which, in skilful hands is a very formidable weapon. The treatment of scalp wounds of any size or extent was almost invariably the following: After cleansing the wound carefully, the edges were brought together with silver wire and the wound then covered with a pad of lint soaked in a solution of carbolic acid. There is an idea in the minds of some men, that the use of wire sutures for scalp wounds increases the danger of erysipelas. I am quite sure that this is not the case; but of this I am also certain, that when erysipelas does occur in any of these cases, the sutures ought to be at once removed, and if the symptoms continue, a free incision down to the bone will give speedy relief.

One of the great advantages of wire sutures is that bleeding, in nearly all cases, will be speedily arrested, providing sufficient care is taken in their application. Another is, that in a healthy person the wound will unite by first intention. Sometimes the bleeding from scalp wounds is very severe in spite of sutures, pressure, the application of ligatures, iron, etc. I have seen two severe cases in which all these means completely failed, and the bleeding was at last arrested by sitting the patients upright in bed, supported by bedrest and pillows and applying ice-bags to the nape and sides of the neck. Such cases, no doubt, are rare, but they will occasionally occur. Whilst speaking about wounds, it is interesting to notice that, in wounds of the scalp and about the body, some dressing or lotion is nearly always applied after the edges have been brought together, while in wounds of the face the usual treatment is to bring the edges carefully together, either with plaster or, what is generally better, fine sutures of wire or silk, and then to leave them exposed to the air. I have seen this followed where extensive incisions had been made through the face, as in operations upon the upper jaw. This practice no doubt arose from the difficulty or inconvenience in applying dressings and bandages. In most cases it is very successful, however, as nearly every medical man who has tried it can testify.

In a considerable number of these cases of injuries to the head, one or more of the bones of the skull were fractured. The following, selected from the number, are interesting:

A girl, aged 12, fell from a second story window, striking head foremost upon the stone pavement. She died immediately. The curious point in this case was, that although the bones of the skull were all broken or separated and the fragments moved freely one upon another, there was not the slightest cut, break, or apparent bruise of the scalp.

A second case was that of an Irishman, about fifty years of age, who, in passing near a scaffolding upon which bricklayers were at work, received a brick full upon his left temple. He was knocked down and for the moment stunned. In a few minutes he recovered sufficiently to be able to walk to the hospital, where, on examination, his skull was found to be fractured and a triangular piece of bone considerably depressed. No bad symptoms occurring to justify interference with the depressed portion of bone, he remained in hospital some weeks, until some small fragments of dead bone came away, after which the wound rapidly healed. For some months after leaving hospital he remained under observation, but the only effects of the injury were slight pain in the head and very obstinate constipation, requiring constantly strong purgative medicines.

A third, and very tedious case, was the following: A contractor, aged thirty, fell from a scaffold to the ground, a distance of about twenty-five feet. He

was picked up insensible and carried to the hospital. He presented all the symptoms of a severe fracture of the base of the skull, and a very unfavorable opinion was given to the man's friends. He remained for several days insensible, breathing sterterously, the bowels acting involuntarily, fluid coming from his ears, etc. From that time he began slowly to regain consciousness, and in a fortnight he was up and about the wards, although for two months his faculties were in a very disturbed state, not recognising his friends or seeming to have any recollection of the past, and behaving altogether in a very silly, childish manner. In four months he was nearly as well as ever, and went back to his business.

One of the most painful cases I ever saw was that of a very tall, powerful brewer's drayman, upon whose head a thirty gallon keg fell a distance of eight feet. His skull was extensively fractured, in spite of which he lived a week, during which time scarcely an hour passed without his being thrown into a very severe convulsion, in one of which he died.

With regard to the treatment of cases of fracture of skull, in most of them very little was done beyond quiet, purging, and such local applications as might be indicated in each case. In regard to cases of depressed fracture, unless symptoms of compression of the brain manifested themselves, it was seldom deemed advisable to interfere with the injured part. I think the operation of trephining is very seldom resorted to in London, and is only looked upon as justifiable in very well marked cases of compression. There is a wide difference of opinion about what constitute the certain symptoms of fracture of the base of the skull. I have seen a good number of such cases, in most of which post-mortems were made, and as far as I can judge there is only one symptom which can be taken as positive, and that is the oozing of cerebro-spinal fluid from one or both ears. Recovery followed this occurrence in only two cases out of a large number.

Fractures of any of the vertebræ do not often occur, and when they do, a fatal result, sooner or later, may nearly always be anticipated, especially when the cervical ones are implicated. I remember two cases of that nature, in both of which post-mortems were made.

A woman, about forty years of age, was brought into the hospital dead. According to her husband's account, she had fallen backward down a flight of stairs, alighting upon her head. She screamed, "Oh, my neck," and died instantly. A post-mortem revealed a fracture of the fourth cervical vertebra.

In the second case, the history was more obscure. A young woman was taken into the hospital in a paralyzed condition. According to her own account, she had fallen from a table a week previously, and had been unable to move since. She gradually failed, and in a fortnight died. During this fortnight the prominent symptoms were great pain in the neck, high temperature, and very rapid, difficult breathing. A post-mortem revealed a compound fracture of the body of the fifth cervical vertebra. Inflammation had followed, and pus was found between the fragments, and for about two inches along the spinal cord.

Fracture of the clavicle is, perhaps, the most common, and the one of all fractures that yields to treatment the most readily. The old method of treatment, with the figure of eight bandage, has, to a great extent, fallen into disuse, and has, I think, very sensibly been replaced by the following plan. A firm pad about the size of an orange, is placed in the axilla of the affected side. The elbow is then raised by an assistant, and the lower part of the arm, the elbow and forearm (with a pad of wool under the hand) are bandaged firmly to the side. By these means, if carefully applied, the outer fragment is raised and drawn outward, which will generally bring the broken surfaces in apposition. The seat of the fracture is not covered, so that it can be readily examined. In severe cases, two or three days in bed will assist towards a rapid and successful recovery.

One of the rarest of fractures is that of the body of the scapula. A man came into the hospital one day with his right arm bandaged to his side. A man in driving a very high-wheeled cart, had driven against him. The wheel came violently in contact with his right scapula, splitting it in two nearly equal pieces. He went to an hospital near by, and was at once told the nature of his accident, and that the only treatment required was to bandage the arm of the affected side firmly to the body. Not being satisfied, he came on to Charing Cross for a second opinion. There was not the least doubt about the nature of the injury, as he was very thin and the fragments could be easily felt. The parts united rapidly, and the man soon went back to work.

One of the most unpleasant sights to a surgeon is that of an ununited fracture. A wide difference of opinion exists as to the cause of non-union of bone. Syphilis, scrofula, rheumatism, and several other complaints come in for a share of blame in most cases. In the few cases I have had to do with, non-union has been due to one or other of the following causes, mal-apposition of the fragments from careless-

ness on the part of the surgeon, or inability owing to the great amount of displacement or, perhaps what is the commonest cause, the inter-position of a portion of muscle between the fragments. Restlessness on the part of the patient, if it extends over any length of time, or wilful movement of the affected limb, are occasionally the causes of non-union. A cabman was admitted with fracture of the middle of the femur. In a few days he became so reconciled to hospital life, that in order that he might make as long a stay as possible, he used at night to put the foot of the sound leg under the broken thigh, and work it about, with a view to preventing, or rather delaying, union. This went on for two months. As he was a very healthy man, it was a matter of surprise that his case progressed so slowly. At last, a firm starch bandage was applied to the limb, and he was sent out on crutches. In about three weeks he was brought in drunk, and, on removing the bandage, it was found that little or no union had taken place. In his tipsy state the man told me, as a great joke, what he had been in the habit of doing to his leg. He paid dearly for it, as, after months of treatment of all sorts, it was deemed advisable to take his leg off.

A somewhat similar attempt was made by an old huckster woman, who had been admitted with a compound fracture of the humerus. After a few weeks, however, a very firm plaster of Paris bandage was applied over gutta-percha splints, so that it was out of her power to interfere with the arm, and she soon showed signs of improvement.

Cases of fractured ribs are very common in any large city, and are generally uninteresting, as the treatment is very simple and the results almost always satisfactory. Of course, where the lung or a blood vessel is injured, serious consequences often follow. An old man was picked up one night on a back street, and brought to the hospital. On examination it was found that four of his ribs were broken. His breathing became more and more difficult, and in twenty-four hours he was dead. A post-mortem revealed a collapsed right lung, and the pleural cavity full of blood.

A powerful young man, in carelessly coupling two railway carriages at Charing Cross station was squeezed between the buffers. He was carried at once to the hospital. As soon as he was comfortably placed in bed he seemed almost free from pain and perfectly sensible. His breathing was rapid, but did not seem very difficult, as he could talk in a low tone without any great effort. The chief point noticeable was the great duskiness of countenance, which became deeper and deeper until he died, which event took place in eight hours from the time of the accident. He remained quite sensible to the last, and suffered very little. A post-mortem was made the next morning. None of the ribs were broken or displaced, but there was an extensive rupture of the right lung.

The usual treatment for fractures of the femur was with long liston splints applied directly to the limb without any short splint. With a perineal bandage carefully applied and frequently tightened most cases were turned out without shortening. Occasionally cases occurring near the trochanters, or in the lower third were treated with McIntyre's splint, by which means all the muscles of the thigh and leg are relaxed. For fractures between the knee and ankle a back splint, with a foot-piece, was the rule, and if there was much displacement, or the patient proved restless, well padded side splints were strapped on.

(To be continued.)

Progress of Medical Science.

CHRONIC STORE THROAT.

The patient before you, Josephine —, æt: thirty years, complains of sore throat, which has existed for some time, and has become chronic. She has great pain in swallowing, but none at any other time, and little soreness. The tonsils are enlarged and inflamed in a marked degree, as is also the uvula; they are both red and discolored. Her general health is poor. She has some trouble with her liver and kidneys, and complains of neuralgia in the heart and thorough the entire system. There is a great pain in the head. She is also a little dyspeptic. Has no flatulence or eructations. She has cold moist hands and feet, and, as a general rule, where you have cold hands you will find cold feet also, showing a poor circulation of the blood in the extremities.

These symptoms are due to the disorder of the digestion, and are the accompaniments of neuralgia and bad health. Her flesh is soft and flabby, and her sleep is poor, owing, she thinks, to nervousness. I now proceed to touch the throat with nitrate of silver, which may be applied in stick or solution. About an inch or an inch and a quarter of the stick should be taken and fastened in the barrel of a quill; the edges should be rounded off with a wet rag, and the stick kept in a dry place. Care should be taken in applying this agent, as it will act as an irritant if too much be applied. The touch should be light and rapid. Professor Meigs used to speak of the antiphlogistic touch, which is a very good term. The patient should sit upon a chair, with the head thrown back, and in a position where a good light can be obtained. In urgent cases this remedy may be applied once every twelve hours; in

others once every twenty-four hours, or it may be used only every two or even three days. The application is followed by some pain, uneasiness, and trouble. Sometimes we apply leeches behind and below the ramus of the jaw. Twenty-five foreign leeches would be about the proper number in an acute case of tonsillitis. In cases of this kind it used to be the custom to take from twenty to twenty-five ounces of blood from a man's arm; this would sometimes afford relief in a few hours.

A solution of water impregnated with alum and tannic acid, and applied with a sponge mop, or in a spray, many times proves beneficial. I prefer the mop to the spray. In children, where the use of a gargle is out of the question, the application should be made by the physician himself, or by a well instructed nurse. Many a child has been lost from the inflammation extending down the larynx into the lungs, proving fatal to life, and all owing to negligence in this respect. In these cases patients' diet should consist of mostly liquid food, such as milk, of articles containing milk, of soft boiled rice with crumbs of stale bread broken up into it and of aliments of that description. No solid food should be taken. If there is any fever, the ordinary antiphlogistic remedies may be given; the antimonial and saline mixtures may do good. There is great pain in swallowing, and owing to the large amount of mucus deposited, a full anodyne once or twice in the twenty-four hours would prove beneficial in producing resolution. You may tell the patient to bathe the feet in hot water containing a little mustard, she or he, as the case may be, lying extended on the bed with the feet hanging over the edge, and having them immersed in a tub containing the mixture, with a blanket spread over them to confine the steam. The foot bath is very good when properly given. You should keep the feet immersed for half an hour at a time.

The common practice in country houses, of patients sitting in a chair, with feet immersed, for ten or fifteen minutes, amounts to nothing at all. At the same time with the bath a hot lemonade or whiskey punch may be given. Before the bath you may give about ten grains of Dover's powder with a little morphia. This will soothe the parts, promote sleep, and patient will rise in the morning in good condition. I will now order for this woman a prescription which will tend to equalize the circulation, viz:—

℞.	Quiniæ sulph.,	gr. ij
	Ferri sulph.,	gr. ss
	Morphiæ sulph.,	gr. 1-20. M.

Ft. pil.

To be given three times in the twenty-four hours

When the patient's skin is clammy, as a rule, you may give quinine and iron, or some preparation of bark and iron, with a little morphia. Sir Astley Cooper has told us that a man exposed on the top of a stage coach during a journey of several days would derive great benefit from a little opium, which almost always would prevent him from taking cold.

I myself have found benefit from this agent in this respect. I frequently, when going on a journey in the railway cars, take a little morphia to prevent cold. It is much better than the thickest shoes and stockings for this purpose.—*Philadelphia Reporter.*

TEDIOUS LABOUR FROM DEBILITY AND ITS TREATMENT.

Dr. Hugh Miller, of Glasgow, in a paper read before the Obstetrical Section, British Med. Assoc., made some remarks having reference solely to cases in which delay was due to enfeeblement or failure of the natural powers of the organs specially called into action during parturition. The writer held that the element of time should not be considered in the classification of labours, that it was unscientific to do so, and that uncomplicated labours should only be assumed to be unnatural when the pains were no longer active, and the labour non progressive. After considering the powers of expulsion in a healthy woman, the author referred to the forces at work which prevented a high standard of health from being maintained in city life, and said that, in proportion as it was wanting, labour was prolonged in many cases. Labour in cities was thus frequently tedious from constitutional debility, so that, even while it might be regular and its progress certain for a time, the pains either lingered or became arrested through exhaustion taking place before the labour was completed. When symptoms of acute fatigue set in the pains were short and sharp, and they recurred more frequently. The general indications for treatment were to support the strength before labour set in, and during the first stage, and as soon as the pains indicated debility, to deliver with the forceps. The timely application of the forceps was preferred to ergot, because it seemed more reasonable to assist a weakened organ by giving help from without, than by applying a stimulant to an already overworked one. This practice, instead of inducing flooding, helped to prevent it, through preserving the power of the uterus from becoming exhausted; it also prevented inflammatory diseases of the passages, and the death of the fœtus. In his private practice, he found one case in every twenty-six labours show symptoms of debility; and since he had adopted the early application of the forceps, not one of the children so delivevered were stillborn.—*Brit. Med. Journal.*

EARLY CLINICS.

That bedside teaching was pursued eighteen centuries ago, although in no very pleasant way for patients, appears from the following lines translated from Martial:

"I'm out of sorts, but Symmachus is here,
His hundred pupils following in the rear;
All feel my pulse with hands as cold as snow,
I hadnot fever then—I have it now."

—*Mapother's Address, Med. Press and Circular.*

As an example of the "multum in parvo" style, we extract the following from an article in a recent eclectic journal:

"Diagnosis—'jiggers.' Prescription—sulphite of soda. Result—fixed them the first day."

NOTES OF NEW YORK HOSPITAL PRACTICE.

From the New York Medical Record.

CHARITY HOSPITAL.

PNEUMONIA.—The remedies commonly employed in this hospital in the treatment of pneumonia, are quinine, carbonate of ammonia, and the alcoholics; occasionally, if the fever is too brisk, liq. ammon. acetatis is administered. The oil-silk jacket is uniformly adopted. Quinine is administered from the beginning. Alcohol, as a rule, is early resorted to. Carbonate of ammonia comes in before the second stage becomes completely developed, and is continued throughout the remaining portion of the course. Diet includes hospital extras. An effort was made by one of the visiting physicians to withdraw, somewhat at least, from this highly tonic and stimulating plan of treatment. Accordingly, liq. ammon. acetatis and tincture of aconite were recommended as the chief remedies to be employed during the earlier part of the disease; but the experiment proved so disastrous, the rate of mortality increasing so rapidly, that the attempt at reformation was at once abandoned.

The constitutional condition of the patients who find admission to this hospital, doubtless has a controlling influence upon the treatment necessary to be adopted in this class of diseases, if the best results would be obtained.

EXPECTORANT MIXTURE.—An expectorant mixture very commonly used in cases of chronic bronchitis, and with very good results, is the following: Ammon. muriat.; liq. morph. sulph (Mag.), of each one drachm; syr, tolu; syr. scillæ co., of each one ounce. Mix. S. one drachm, t.i.d.

NIGHT-SWEATS OF PHTHISIS.—House-Physician Smith remarked that two-grain pills of oxide of zinc t.i.d., has answered a better purpose in his division for controlling this symptom than any remedy that had been employed.

ACUTE ARTICULAR RHEUMATISM.—Dr. Smith also directed my attention to an external application to be used for the joints, during the progress of this affection. The following is the formula: Tinct. opii, one ounce; spts. chloroform, one and a half ounce; lin. saponis, ad., one pint. Mix. This liniment is applied freely over the joints, and immediately covered with cotton and oil-silk. The relief from pain afforded by this application has been very gratifying to all his rheumatic patients. The general treatment is alkaline.

IRRITABLE STOMACHS.—The case to which my attention was directed, was one in which the ordinary irritability of stomach associated with phthisis, required special treatment. The method of treatment, however, is almost uniformly adopted when an irritable condition of the stomach manifests itself in connection with *any* chronic disease. The remedy is *raw beef*, chopped fine, and seasoned with salt, pepper, and vinegar. The patient is to subsist entirely upon beef prepared in this manner. Dr. Smith remarked that this plan had, in his wards, seldom failed to afford relief to this condition, when associated with any chronic affection.

SILICATE OF SODA IN THE TREATMENT OF FRACTURES.—House-Surgeon Pierce informed me that he had employed the silicate of soda in his division in the treatment of fractures equally as much as he had employed PLASTER-OF-PARIS. The soda splint has furnished very pleasing results, and, when carefully applied, makes a most elegant and serviceable splint. Three bandages are ordinarily used, the limb being coated over with the silicate, after the application of each bandage. It is also well, and perhaps always advisable, to add narrow strips of pasteboard as the bandages are being applied. Extension, in the proper direction, must be maintained until the splint is thoroughly dried.

ACETIC SPRAY IN DIPHTHERIA.—Diptheria, scarlet fever, typhus and typhoid fevers, and small-pox, constitute a group by themselves.

By present arrangement this department falls under charge of the hospital staff, as one of the branches of "Out-door Service." Dr. Partridge, House-Physician, mentioned that, with regard to diphtheria, very satisfactory results had been obtained in the local treatment of the disease by the use of acetic acid, in solutions of varying strength, in the form of spray. The remedy is used by means of the so-called atomizer. It seems to have the power to dissolve the membrane, and in several cases, where well-developed and somewhat advanced croupy symptoms were present, all were relieved, and that quite speedily, by the use of this agent. The administration of alcoholics is governed by the condition of pulse and temperature. The rate of mortality is small.

ITCHING AND PITTING IN SMALL-POX.—To relieve the intense itching which attends this eruption, washing the surface with glycerine and water acts as if by magic.

To prevent pitting, one of the visiting physicians recommended the use of tr. iodine. The remedy should be employed, if possible, before vesicles are formed. It is to be applied once a day. The effect of this remedy has not been sufficiently noted in the Small-Pox Hospital to warrant any conclusion relative to its value in this direction.

It was used, in one case, after the eruption had been vesicular for one or two days, but before it had become pustular; and only a moderate amount of pitting followed. Whether the adoption of an *ectrotic* plan of treatment will not do the patient more harm than can be counterbalanced by the benefit arising from a moderate arrest of pitting, or even a complete prevention of pitting, is, in many cases, thought to be a question worthy of consideration.

To prevent the formation of abscesses, the combined hypophosphites have served a very excellent purpose. One patient had eight abscesses, and another four, at various situations on the body, and as had rapidly healed under the influence of this combination treatment. In several instances, threatened formation of abscess had been dispelled. The influence of this remedy, therefore, was looked upon with favor, for the reason that abscesses, under such circumstances, are not infrequently attended with *grave* results.

BROMIDE OF POTASSIUM IN GONORRHŒA.

Dr. John W. Bligh, (M.D. McGill College,) in the *London Practitioner*, gives the following directions:—As soon as a patient complains of gonorrhœa, the bromide of potassium should be immediately commenced, and continued throughout the duration of the disease. As it is said to increase the acidity of the urine, a condition not at all desirable, some alkaline bicarbonate should be combined with it, to counteract this tendency. The following formula has been found useful:—

R.	Potassæ bicarbonatis	gr. lx.
	Pottassi bromidi	gr.xc–cxx.
	Tincturæ hyoscyami	fl. ʒ ss.
	Aquæ camphoræ	fl. ʒ vss.

Mis. fiat mistura.

One-sixth part of this mixture to be taken three times a day, and once during the night, should the patient happen to be awake.

Care should be taken not to administer a dose whilst a meal is in process of digestion in the stomach, as it may, by neutralizing the gastric juice, interfere with the conversion of the food into chyme.

If the disease is in the first stage, an injection of the salt is ordered and recommended to be used as frequently as opportunities allow. The following is the usual form and strength in which I employ it:

R.	Potassi bromidi	gr. cxx.
	Glycerinæ	fl. ʒ ss.
	Aquæ distillatæ	fl. ʒ vss.

Mis. fiat injectio.

One syringeful to be used every four hours.

When the discharge has assumed the form of gleet, a similar injection, associated or not, as may be thought advisable, with some astringent, will be found useful. In addition, I am accustomed to administer, during this latter stage, from fifteen to twenty grain doses, three times a day, combined with fifteen minims of the tincture of the perchloride of iron, and dissolved in some suitable menstrum.

There are certain accessories which should not be neglected in this, any more than in any other plan of treatment. The bowels should be carefully regulated, the proper diet prescribed, and a total abstinence from beer and other stimulants insisted on. Rest should be enjoined, and over-exertion strictly avoided. The testicles should be supported by a suspensory bandage, and the genitals bathed from time to time, especially before retiring to rest. The flow of urine may be increased by the free use of diluents, as linseed tea, barley water, &c.

CURE OF CHRONIC GONORRHŒA, GLEET, AND LEUCORRHŒA, BY ICE.

Gustav Adolph Abrath, M.D., Medical Officer to the Hospital for Foreign Seamen, Sunderland, writes to the *Medical Times and Gazette* on this subject: There is no disease with which the Medical Practitioner has to deal more troublesome in their nature or more persistently chronic than inveterate gonorrhœa, gleet, and leucorrhœa. Although in the majority of cases they are amenable to treatment, yet instances occasionally occur which baffle our therapeutical efforts, however skilfully selected and perseveringly continued, until at last the unfortunate patients lose confidence in their professional advisers and become a ready prey to charlatans and quacks. Any additional remedies, therefore, which experience, from time to time, may add to those already in use against these affections, will no doubt be received as valuable contributions to our stock of practical knowledge. Acting under this belief, I now venture to introduce to the notice of the Profession the efficacy of ice in chronic gonorrhœa, gleet and leucorrhœa. In my experience it has proved most successful.

He gives several cases, and adds that other cases of a similar nature were also treated by him in this manner, and all successfully. In all cases, nevertheless, the general health of the patient should be carefully inquired into, and the presence of any complication ascertained, and then a suitable general treatment should be combined with the local. The method of applying the icicles should be as follows: The bladder should be evacuated, and the urethra washed out by injection of a little cold water. About six icicles should then be introduced in succession night and morning, each being allowed to melt away. In northern countries icicles might be easily manufactured in the form of ice bougies with a central stem which is not fragile. In more temperate and variable climates ice machines might be employed to produce them.

The treatment of leucorrhœa, blenhorrhœa, or fluor albus, is also of primary importance, in consequence of the very stubborn disposition of this affection, which may be caused by either vaginal or uterine catarrh; but, without entering into any pathological disquisition on the subject, I shall content myself with the details of some important cases successfully treated by the application of ice.

Case 1.—Mrs. McN., æt. 36, a native of Scotland. She began to menstruate regularly at the age of 14 years, and has borne six children, the first when 20, the last when thirty years of age. All labors were natural except the last, during which craniotomy was performed. Shortly after she began to suffer from leucorrhœa, and afterwards to menstruate at irregular periods, but six months previous to consulting me menstruation had ceased. She suffered much pain periodically. She had the advice of several eminent practitioners in Edinburgh and Glasgow, and had employed preparations of iron, injections, escharotics, sea-bathing, etc., but with slight benefit. She came to Sunderland to reside in April, 1868, suffering from leucorrhœa, when she consulted me. On an examination by the speculum I observed that both lips and portio vaginalis of the cervix were very eroded by ulceratian, which produced an offensive ichorous discharge containing blood. Cold water was first injected into the vagina, and then ice per vaginam applied to the cervix for one hour night and morning, and complete cure was effected in five

weeks. A nutritious diet and aperients were also necessary in this case. In the course of six weeks afterwards she menstruated, and has since been delivered of a stillborn child.

There are several points connected with leucorrhœa which should be attended to by the practitioner —namely, the state of bowels and urinary organs; also where there are tumors, polypi, or dislocation of uterus, etc., which are often the cause of leucorrhœa, and some of which are irremediable as well as malignant diseases. Before the ice is introduced into the vagina up to the surface of the uterus, a gentle stream of cold water should be injected, and any adherent discharges removed with a sponge. At the os uteri we often find an adherent plug of matter, which should be removed, and then the ice applied.

TREATMENT OF OTORRHŒA.

M. Ménière, in the *Journal de Médecine*, translated in *The Practitioner*, says that:—In all cases of otorrhœa great attention must be paid to the constitution, so that scrofula, syphilis, or other constitutional disease should be treated by appropriate general measures. In this lies an essential element of success in all instances. Systematic injections play an important part; they cannot do harm, and they are almost certainly productive of immense advantages. Cleanliness is a capital point in the treatment of otorrhœa, and nothing is better for this purpose than pure warm water injected from an ordinary syringe with moderate force, the nozzle being placed fairly within the meatus. The caoutchouc pears may be used, but the stream they give is less continuous and strong than that from a syringe. In the early stage, and when the otorrhœa is accompanied by sharp pain, the treatment is but little different: A good injection is composed of warm decoction of marsh mallow, in which one or two poppy heads have been boiled; this may also be poured into the affected ear, the patient resting his head on the sound side. A leech or two may also be applied behind the ear, the second being allowed to attach itself to the same point seized by the first. The whole ear may be covered with a poultice of linseed meal on which a little laudanum has been sprinkled. M. Giampiétre recommends as a topical application the instillation into the meatus of two or three drops of a liquid containing one-sixth of a grain of aconitia in one ounce of distilled water. M. Ménière rejects the instillation of laudanum, ether, or chloroform. He objects also to the instillation of oil of almonds, and other similar fluid, so commonly employed; he thinks they often serve to aggravate the original evil. Where the pain is very intense he adopts the plan of subcutaneous injections of morphia, etc. Otorrhœa of old standing is more frequently complained of by patients than acute attacks; and in their treatment warm injections are always indicated. The fluid injected may be either pure water or a very weak solution of alum, one to five grains in two ounces. Solutions of sulphate of zinc and acetate of lead may also be used of the same strength. No other treatment will effect improvement, if injections, which remove pus and the secretions of the meatus, are neglected. A little piece of wool dipped in a weak solution of carbolic acid may be placed in the orifice of the meatus after each injection; a little weak solution of nitrate of silver may be employed in the same way, and may also be injected once a day, the ear having been first thoroughly cleansed by the injection of warm water, and dried by the subsequent introduction of a little warm dry wool. Neither of these topical applications, and especially of carbolized glycerine, is painful or harsh, as they simply cause a tickling sensation in the ear, and the secreting surface is thus modified without harm. M. Ménière frequently uses the following lotion, the ear having been previously injected with water and dried:—

Water, 200 parts.
Glycerine, 100 parts.
Sulphate of zinc, 5 to 6 parts.

Another lotion, which may be used even when there is great vascularity at the bottom of the meatus, and even in cases of perforation of the tympanum, is:—

Acetate of lead, 5 to 15 parts.
Water 300 parts.

In both cases a few drops may be allowed to remain in the ear for eight or ten minutes. By the use of these means it is not to be expected that every case of otorrhœa will be cured, but at all events the disease will be prevented from getting indefinitely worse, and the patient placed under the most favorable conditions for special treatment.

THE STYLOID MUSCLES AND ANESTHETICS.

D. S. W. Copeland gives the following explanation of the irregular and obstructed breathing which so frequently occurs at a certain stage in the administration of anæsthetics, the patient being in the usual sitting or recumbent posture, with the head held back:

The styloid muscles are put on the stretch. The stylo-glossi draw the tongue backwards, the stylo-hyoidei draw the os hyoides upwards and the stylo-pharyngei raise the pharynx and thyroid cartilage upwards, all thus uniting to close the epiglottis. Pulling out the tongue will partially overcome the action of the styloglossi, while the other muscles will maintain their action.

If now the head be tilted forward, the styloid muscles are all relaxed, the tongue falls forward in the mouth, and the larynx falls into its proper place, thus leaving the epiglottis free and the glottis unobstructed, and establishing regular respiration through the natural channel of the nose.—*Boston Medical and Surgical Journal*, Feb. 26, 1874.

SCHEME FOR THE EXAMINATION OF THE URINE.

I. Observe the color of the urine, its appearance, if clear, smoky, turbid, &c.
II. Ascertain the specific gravity.
III. Examine the reaction, whether acid, neutral, or alkaline, by means of litmus or turmeric paper.
IV. Test the urine for albumen. If albuminous, examine microscopically for—Renal Casts; Pus Corpuscles; Red blood Corpuscles.
V. Test the urine for sugar.
VI. If there be no albumen or sugar present, and no deposit, the urine need not be further examined, unless some special indication exist.
VII. But if any sediment be observed, the urine must be examined microscopically; the following enumeration of the more common deposits will assist the student:

Pink or reddish deposit, dissolved on heating test-tube—urate of soda.
White crystalline deposit, soluble in acetic acid —phosphates.
White amorphous floculent deposit, rendered ropy by alkalies—pus.
Brownish-red crystalline deposit—uric acid.
Red amorphous deposit—blood.

PHYSICAL EXAMINATION

The physical examination of the urine is the application of the senses to its investigation without the employment of chemical or microscopical aids. The colour, translucency, odour, and consistence are the only characters which can be ascertained by this simple method of observation.

Colour. Urine is ordinarily of a reddish yellow colour; but it may be as colourless as water, or dark brown black like porter; a smoky tint is absolutely diagonistic of the presence of blood; a brownish green suggests the presence of the colouring matter of the bile. Many drugs, as rhubarb and saffron, give a peculiar colour to the urine.

Translucency. In health, the urine deposits, after remaining at rest for a short time, a slight cloud of mucus, derived from the bladder and urinary passages; but, in all other respects, healthy urine is perfectly clear. On cooling, however, it may sometimes become turbid from the presence of urates, which are distinguished from other deposits by their appearing after the cooling of urine which was perfectly clear when passed. In disease the urine is often turbid when first voided; and pus is the most frequent cause of this condition.

Odour. It is not yet ascertained to what substance the peculiar odour of the urine is due, nor is it of much importance to the clinical student. When the urine loses its natural odour and becomes fœtid and ammoniacal, the change is due to the decomposition of urea into carbonate of ammonia, and the formation of sulphur compounds; in cases of cystitis and paraplegia the alteration begins very rapidly after emission. Various drugs, as cubebs, and articles of diet, as asparagus, give a characteristic odour to the urine; turpentine gives the odour of violets to the secretion; it is stated that in organic disease of the kidney, and in gout, these substances cannot be recognised in the urine by their smell, after they have been given by the mouth; observations, contradictory to this statement, have, however, been recorded.

Consistence. The urine is a limpid fluid, flowing freely from one vessel to another. But in catarrh of the bladder, and in retention of urino, the ammoniacal products of the decomposition of the urea render the pus present thick and viscid, thus causing the secretion to be ropy, and poured with difficulty from one vessel to another.

The froth on normal urine readily disappears; but if the froth be permanent, the presence of albumen, or one of the constituents of the bile, may be suspected.

Before passing to the mechanical and chemieal examination of the urine, it may be well to state the apparatus and reagents which are necessary for bedside investigation by the student. They are

Cylindrical Urine Glasses, containing about 6 fluid-ounces.
A Urinometer, the stem of which is graduated from 1000 to 1060.
Blue and Red Litmus, and Tumeric, Paper.
Test Tubes.
A Spirit Lamp, or Bunsen's Gas-burner.
Nitric Acid.
Acetic Acid.
Liquor Potassæ or Liquor Sodæ.
Solution of Sulphate of Copper, 10 grains to the fluid-ounce.
Fehling's Test Solution for Sugar.
Glass Funnell and Filtering Paper.

With this apparatus, the student will be able to perform all the most important reactions described below.

SPECIFIC GRAVITY.

The specific gravity of the urine varies in health between 1015 and 1020; the simplest way of estimating it is by means of the urinometer.

In order to use this instrument, a quantity of the urine to be examined is poured into a cylindrical glass, and care is taken to remove all the froth which may form, either by blotting paper, or by overfilling the vessel. The urinometer must then be introduced, and allowed to float freely in the urine, without touching either the sides or bottom of the vessel. Since the fluid accumulates around the stem of the urinometer from the physicical force of attraction. the specific gravity appears to be higher than it really is, when it is read off while the eye is above the surface of the fluid; to abtain a correct reading, therefore, the eye must be lowered to the level of the surface of the fluid, and the number on the stem read off by looking at it through the urine; having noted this, the urinometer should be depressed in the urine, and again allowed to come to rest, when the number may be again read off; this second estimation is made to correct any mistake that may have occurred in the first reading. The specific gravity thus ascertained should be noted down at once.

The knowledge of the specific gravity of a few ounces of urine is a matter of little value. To render the observation in any way serviceable, the whole quantity passed in the 23 hours must be collected and mixed, and the specific gravity of a small amount of this taken. A rough estimation of the solid matters passed may be made from the specific gravity in the following way; the two last figures are multiplied by 2 (in diabetes by 2·33) which gives the amount of solid matters in a 1,000 parts of urine; if, for exemple, the specific gravity of the urine be 1,020 1,000 grains of urine will contain 2 × 20 *i.e.* 40 grains of solids.

Clinical Import Sugar in the urine is the most common cause of a high specific gravity; if this substance be not present, excess of urea will be the probable cause.

A low specific gravity, below 1,010 occurs after fluid has been ingested in quantity. A low specific gravity is also noticed frequently in chronic Bright's disease, in hysteria, immediately after the paroxysm, in anæmic conditions, and in diuresis from any cause, such as mantal emotion, or exposure to cold.

A high specific gravity with a pale colour, and a low specific gravity with a deep tint, are equally signs of disease.

A new urinometer should be carefully tested since those sold by the instrument makers give results, varying as much as 10 or 12 degrees. The urinometers in common use in Hospitals are very rarely correct.

REACTION.

The urine is almost always secreted acid, thought it may become alkaline within a very short time of emission. In the majority of cases in which the urine is said to be alkaline. as in paraplegia and cystitis, the alkalinity is really due to decomposition after being passed. If the urine, then, be found to be alkaline, a fresh specimen should be tested immediately after it has been voided. In cases of retention, the urine sometimes becomes alkaline in the bladder; and, in health, can be made alkaline, by the administration of drugs.

The urine is rarely neutral to test paper; so that many observers have denied its occurrence. Occasionally the urine as an equivocal reaction, reddening to reddened litmus paper.

The cause of the acid reaction of the urine is the presence of the acid phosphate of soda; and according to some observers, of free lactic and hippuric acids. Very shortly after emission, the acidity increases, and lasts, in health, for days, free uric acid being often deposited.

Sooner or later however, the alkaline fermentation sets in, and the urine becomes ammoniacal and fœtid from the conversion of urea into carbonate of ammonia, and the formation of sulphide of ammonium, while the phosphates and the urate of ammonia are deposited as a white sediment.

Clinical Import. The acidity of the urine is decreased during digestion, and increased by fasting or perspiration. A very acid, high-coloured urine is associated with the "uric acid diathesis."

Alkalinity of the urine is nearly always due to decomposition of the urea into carbonate of ammonia. It is frequently present in some diseases of the spinal cord, and in chronic affections of the bladder and urinary organs, as a few drops of urine, which has undergone the alkyline fermentation, will rapidly produce the same change in perfectly fresh urine.

When the alkalinity is due to ammonia, the brown colour of the turmeric disappears whe the paper is exposed for some time to the air, or gently heated; but the change from yellow to brown is permanent, if the alkalinity be owing to either potash, or soda.

EXAMINATION FOR ALBUMEN.

This is the first and most important step in the chemical examination of the urine; the presence or absence of albumen must always be determined before proceeding to test for any other substance, and the search much never be omitted in the examination of any urine.

The best way of testing for albumen, is to fill a test tube about two-thirds full of the urine to be examined, and to heat the upper layer of the fluid over the flame of a lamp, the lower end of the tube being held between the thumb and forefinger of the observer. By employing this method, two strata of fluid are obtained for comparison.

The heat is applied until the upper portion of the urine begins to boil, for although albumen, when in large quantity, coagulates far below boiling, yet the presence of a small quantity gives no precipitate below 212° F. The bottled stratum of fluid should now be carefully compared with the cool layer in the lower part, by holding the test tube against the light; if any cloudiness or opacity be seen, it must not at once be concluded that albumen is present; but a drop or two of dilute nitric acid should be allowed to flow gently down the side into the urine; the cloud is permanent, if due to albumen; but disappears immediately if due to the earthy phosphates. This addition of acid after boiling should never be omitted, since the most practised eye cannot distinguish, by appearance only, between the cloud produced by albumen, and the phosphate of lime.

Cautions. (*a.*) The addition of the nitric acid not unfrequently carries down some of the coagulated albumen into the unboiled laper of urine, and thus causes the cloud to be less thick than before; such an appearence is never produced by phosphates; when they are the cause of the turbidity, the urine becomes absolutely clear, as before boiling; slight brown coloration only, occurring from the addition of the nitric acid.

(*b.*) Should the urine be turbid from the presence of urates, it quickly becomes clear on the application of slight heat; and as it is desirable before testing for albumen to have a clear solution, the whole of test tube should be passed two or three times through the flame of the lamp, until the urates are dissolved; the upper stratum of the urine should then be boiled, and compared with the lower, as above.

(c.) If the urine be neutral or alkaline at the time of testing, the albumen will not be precipitated by heat; the acid reaction must therefore be restored

by a few drops of weak acetic acid, and the urine then boiled, and nitric acid added. If alkaline urine be boiled without previous acidulations, a deposit of phosphate of lime is almost sure to occur, which is immediately dissolved on the addition of an acid.

If nitric acid be added, before boiling, to an albuminous urine, the albumen will often not be precipitated on the application of head. Care must therefore be taken that it is acetic acid which is used in the preparatory acidification of the urine.

(*d.*) If the urine be permanently turbid, from any cause, and it is desired to know accurately whether albumen be present ,the urine must be filtered before boiliug; in this way very minute quantities may be discovered.

The method of testing for albumen, proposed by Heller, which consists of pouring nitric acid into a test tube, and allowing the urine to flow down upon the acid, so that the two fluids touch, but do not mix, and observing the layer of coagulated albumen thus produced, is open to many notorious fallacies, and does not detect minute quantities ; it cannot, therefore, be recommended.

A rough way of estimating the amount of albumen present in the urine, is to pour some of the urine into a test tube, until it is about half full, and to boil the whole of the urine in the tube, until the albumen is completely coagulated. One or two drops of nitric acid are then added, and the test tube is set aside for 24 hours : at the end of that time, the proportion of the coagulated albumen, which has collected at the bottom of the tube, to the rest of the fluid, is noticed ; if the albumen occupy one-third of the height of the fluid, there is said to be one-third of albumen in the urine ; or one-sixth, or one-eight, as may be. If, however, at the end of 24 hours scarceley any albumen has collected at the bottom, there is said to be a trace. If the urates have been deposited, the urine must be filtered before boiling, or a considerable error will creep in, by their increasing the appearent amount of albumen.*

Clinical Import. The presence of albumen in the urine is an important objective sign of disease.

Any state, which produces a mechanical impediment to the return of blood from the kidneys, will be accompanied by albumen to the urine ; and the albumen will be persistent so long as the congestion of the kidney continues ; the longer the albumen remains in the urine, the greater danger is there, of permanent textural injury to the kidney. In many acute febrile diseases, albumen is frequently present, which, as a rule disappears with the termination of the illness ; but, if persistent, it affords evidence of organic disease of the kidney. In a chronic, non-febrile disorder, without obvious impediment to the return of blood from the kidneys to the heart, the discovery of albumen in a clear urine would indicate structural change in the kidney.

The search for rensl casts must always follow the detection of albumen in the urine. The discovery of these structures renders it certain that the albumen, or, least, part of it, is derived from the kidney.

A frequent cause of the presence of albumen is pus, in proportion to its quantity ; in the urine of woman, a small quantity of albumen is frequently due to leucorrhæal discharge, which is composed chiefly of pus. Gleet, in the male, similarly causes albumen to be present in the urine.

The presence of blood in the urine necessitates the presence of albumen as well from the escape of the serum through the divided vessels.

EXAMINATION FOR SUGAR

If the specific gravity rise above 1,030, sugar may be suspected, and should be looked for.

Many methods of testing for sugar have been proposed ; but only the most prominent and trust-worthy will be mentioned, although it must be confessed that a rapid, and yet trustworthy, test, suited to practitioners, is still a desideratum.

Moore's Test. Equal parts of urine, and liquor potassæ or liquor sodæ, are poured into a test tube, and the upper stratum of this mixture is heated to boiling in the manner described in the section on examination for albumen. The heatrd portion becomes brown-red, dark-brown, or black, according to the quantity of sugar present. The least alteration of colour may be perceived by comparing the upper and the lower portions of the liquid.

Cautions. (*a.*) High coloured urines, and urines containing excess of phosphates, darken perceptibly on boiling with caustic alkalies, and, if the urine be albuminous, the colour will be greatly deepened, though no sugar be present. Before, therefore, applying Moore's test to an albuminous urine, the albumen must be removed by filtration after boiling with a drop of two of acetic acid.

(*b.*) It has been noticed that liquor potassæ which has been kept for a few weeks only in white glass bottles, takes up lead from the glass, and that a black precipitate of sulphide of lead is formed, when the alkali is boiled with certain urines which contain much sulphur. Care must be therefore taken that the liquor potassæ is free from lead.

The value of Moore's test is chiefly negative ; if the urine on boiling with liquor potassæ does not perceptibly darken, it may be assumed to be free from a hurtful quantity of sugar ; if, however, darkening occur, a further observation must be made with the tests, described below.

The Copper Test depends on the property which grape sugar possesses, of reducing the higher oxide of copper to a suboxide. There are two methods of conducting this reaction, identicle in principle, named respectively Trommer's Test, and Fehling's Test.

Trommer's Test. About a drachm of the suspected urine is poured into a test tube, and liquor potassæ, or liquor sodæ added in about half the quantity, a week solution of sulphate of copper (about 19 grs. to the fluid-once) is dropped into the mixture. The precipitate which first forms is redis-

* The plan for estimating the albumen, by the difference in the specific gravity, before and after coagulation, is not yet based upon sufficiently numerous observations, to be trustworthy.

solved on shaking the test tube, and the copper solution should be carefully added, agitating the test tube after each drop has fallen into the mixture, so long as the precipitate is easily redissolved, when the solution will have acquired a beautiful blue or green colour, but should be quite clear, and free from any precipitate; the contents of the test tube must next be heated to boiling, when, if sugar be present, an orange-red precipitate is first thrown down which, after some time, becomes reddish brown. The precipitate consists of the suboxide of copper.

Since uric acid and mucus will also reduce copper when they are boiled with its salts, a similar solution should be set aside in the cold; and if after the lapse of 24 hours, the reddish precipitate has fallen, sugar is undoubtedly present.

Cautions. Much difficulty is often at first experienced in arranging the proper proportion between the coper solution, and the liquor potassæ. If too much copper be added, which is the most common mistake, the potash cannot redissolve the precipitate first formed, which may then be mistaken for a precipitate of suboxide. The best rule to bear in minds is —always to have an excess of potash present, and never to operate except with a clear solution.

Fehling's Test. In consequence of the difficulty of properly adjusting the quantity of alkali and copper in Trommer's test, many practitioners prefer to use a solution in which the copper and alkali are present in the exact proportion necessary. This solution may be prepared in the following way; 65½ grains of crystallized potassio-tartrate of soda are dissolved in about 5 fluid-ounces of a solution of caustic potash, sp. gr. 1·12. Into this alkaline solution is poured a fluid prepared by dissolving 135½ grains of sulphate of copper in 10 fluid-drachms of water. The solution is exceedingly apt to decompose, and must always be preserved in stoppered bottles, and in a cool place. It is very often more convenient not to mix the alkali and copper until the solution is wanted for use. In this case a fluid-drachm of the sulphate of copper solution may be added to half a fluid-ounce of the alkaline solution prepared as above.

About a couple of drachms of the test-solution are poured inta an ordinary test-tube, and the fluid boiled over a lamp. If no deposit occur, the solution may be used for analysis; but if a red precipitate be thrown down, the liquid has decomposed, and a fresh supply must be obtained. While the solution is boiling in the test-tube, the urine must be added to it drop by drop, and the effect watched. A few drops of urine which contains a large percentage of sugar will at once give a precipitate of yellow or red suboxide; but if no precipitate occur, the urine should be added to the fluid, drop by drop, any deposit being carefully looked for, until a quantity equal to that of the Fehling's solution employed, has been added. If no precipitate be found after allowing the test-tube to remain at rest for an hour, the urine may be considered free from sugar.

Cautions. (*a.*) The test solution should never be employed without previous boiling for a few seconds; the tartrate being exceedingly apt to decompose, and the solution then reduces copper as effecturlly as would grape sugar.

(*b.*) The quantity of urine used in the test should never be greater than the quantity of test solution employed.

(*c*) After adding the urine in volume equal to the Fehling's solution, the boiling of the mixture must not be contiuued, as other substances, besides sugar, present in the urine, will reduce copper at a high temperature.

Fermentation Test. A few grains of German yeast are put into a test tube, which must then be filled with urine, and inverted in a shallow dish already containing a little of the urine, or better still, quicksilver, and set aside in a warm place, as a mantelpiece, or a hob. A similar test tube must be filled with water, a few grains of yeast added, and the whole subjected to the same conditions. If sugar be present, the formation of carbonic acid will, at the end of 24 hours, have driven nearly all the urine out of the test tube; a few bubles only will have appeared in that containing the water. To prove that this gas is carbonic acid, some caustic potash or soda must be introduced into the test tube, when the gas will be quickly absorbed, and the urine again rise in the tube.

Estimation by loss of density after fermentation. Dr. Boberts has found that after fermentation, "the number of degrees of 'density lost' indicated as many grains of sugar per fluid ounce," and he proposes to estimate by this means the amount of sugar present.

About 4 fluid-ounces of the urine are placed in a 12-ounce bottle with a piece of German yeast of the size of a chesunt. The bottle is then set aside, very lightly covered, in a warm place, such as the mantel piece, or hob, and by its side, a bottle filled with the same urine, but without any yeast, and *tightly corked.* In 24 hours the fermentation is almost finished; the fermented urine is poured into a urine glass, and the specific gravity taken with urinome. ter; the specific gravity of the unfermented urine is also taken, and the specific gravity of the fermented is substracted from the specific gravity of the unfermented, the remainder giving the number of grains of sugar contained in a fluid ounce; for example, if the specific gravity of the unfermented be 1,040, and that of the fermented 1,010, the number of grains to sugar in a fluid-ounce will be 30.

The researches of Bruhcke have proved that healthy man excretes daily through the kidneys about 15 grains of sugar.

Clinical Import. If the foregoing test announce the presence of sugar, in considerable quantity, whenever the urine is examined, diabetes mellitus may be inferred to exist. But should the presence of sugar in the urine be variable, and its amount small the fact is not of any known great diagnostic, or therapeutic, importance.

Some writers have asserted that sugar is present in the urine in all cases of impediment to the respiration, and in old persons; this statement, however, must be received with the greatest caution, since it has been contradicted by many excellent observers.

DISAPPEARANCE OF FIBROID TUMOUR UNDER THE ADMINISTRATION OF CHLORIDE OF AMMONIUM.

Dr. F. W. Hatch relates (*Pacific Med. and Surg. Journ.*)

The case of a woman æt. 39, who had a tumour in the abdomen, "extending from the pelvis upwards and to the left side, above the umbilicus," and with neuralgia in the supra-orbital and temporal regions of one side. For the latter affection chloride of ammonium was given to the extent of 60 to 80 grains daily in divided doses. The relief to the neuralgia was very marked and at the same time the abdominal tumour which Dr. H., regarded as a uterine fibroid diminished, and before the end of the year had disappeared.

BROMIDE OF POTASSIUM IN THE TREATMENT OF EPILEPSY.

Dr. Thomas Hayden, in a paper on this subject, read before the Med. Soc. College of Phys. (Ireland,) related three cases of epilepsy treated by the above article, and made the following remarks in regard to them :—

"None of these cases would warrant the assertion that a cure of epilepsy had been effected, although in all three the condition of the patient has been greatly ameliorated, and in two of them, after an interval of three and sixth months respectively, there has been no return of the fits, whereas, previously to treatment, they were in one case of monthly, and in the other of fortnightly recurrence. Some examples of alleged permanent cure have been recorded, but in none of them had sufficient time elapsed after the suspension of treatment. to warrant their being so regarded. So much granted, it is, nevertheless, quite-indisputable that bromide of potassium is capable of controlling epilepsy in a marvellous manner, considering the hitherto intractable character of that disease. Though its agency the fits are mitigated in severity, the interval between them is protracted, and the nutrition of the nerve-centres is promoted, as judged by the improvement of memory, and of self-confidence, and the cessation of muscular tremor on the part of the patient.

"Dr. Anstie and Jackson are of opinion that its efficacy is limited to a reduction in the number of the fits, and a mitigation of their severity ; with the exception of a single case observed by Dr. Anstie, they have not witnessed an example of cure, in the sense of long absence of well-pronounced fits, without the continued use of the medicine at short intervals.

"This is likewise my experience ; but surely, even if no more can be claimed for the bromide than this, it will not be argued that in the treatment of so formidable a disease as epilepsy, the inconvenience arising from the occasional use of a medical agent by which it can be controlled, and, with more or less of certainty, averted, is a penalty in excess of the advantage gained."

Dr. H. rarely exceeds 30 grs. thrice daily for the dose of bromide, as he thinks that the full effect of the remedy may be obtained without exceeding that quantity.—*Dublin Journ. Med. Sci.*, Feb., 1874.

USE OF SWEET-OIL AS A DRESSING FOR WOUNDS.

Dr. Jos. W. Howe has recently introduced at Trinity hospital, New-York, ordinary sweet-oil for the treatment of all kinds of wounds. It has several advantages over any of the other dressings in use, and apparently yields better results. The advantages are, that it keeps the air from the wound, and at the same time is a grateful dressing to the patient. It also promotes healthy granulations.

The mode of application varies with the variety of wounds for which it was intended.

In necrosis, after the sequestrum is removed, the cavity is filled with the oil, and a lint tent introduced. Every day the oil is renewed. In one case of necrosis of the lower jaw this procedure was had recourse to, and, shortly after, the patient was attacked with facial erysipelas, but, strange to say, the side of the face which had been operated on was not affected.

In incised wounds, the edges are brought together, and lint soaked in oil used as an external dressing.

CHANCROIDS.

Iodoform is used as a dressing for chancroids in the proportion of one part glycerine and one of iodoform. This is applied to the ulcer twice in twenty-four hours, and appears to be more satisfactory than the usual applications.

PAINLESS METHOD OF CAUTERISING WITH NITRIC ACID.

It is found that chancroids can be cauterized with nitric acid without causing severe pain, by first applying to the sore pure carbolic acid. The carbolic acid serves as a local anæsthetic, and prevents the nitric acid from causing pain which is not easily borne by the patient.—*New-York Medical Journal.*

A story is related of a Chicago physician, who is also an extensive real estate operator, that recently he prescribed some pills for a lady, at a time when he was very much absorbed in one of his land transactions. She asked how they were to be taken: "A quarter down," said the doctor, "and the balance in one, two, and three years."

ARTIFICIAL REST IN PLEURISY

Dr. Roberts says, in the *Practitioner*:—In the *early* stage of the disease I would strongly recommend that a trial should be given to the plan of *mechanically fixing the entire side* by one of the methods to be now described. In order to be of any use it should be done effectually, so as to restrain the movements as much as possible, and the sooner the application is made, the more likely is it to be of service. The plan I originally adopted was the following :—Strips of adhesive plaster, from four to five inches wide, were fixed at one end, close to the spine, and then drawn tightly round the side, as far as the middle line in front, the patient being directed to expire deeply. In this manner the whole side was included, commencing from below and proceeding

upward, each succeeding strip partially overlapping the one below. One was also fixed over the shoulder. Over this layer of plaster strips of bandage of the same width were fixed in like manner, having been previously dipped in a mixture of mucilage and chalk, such as is used in the treatment of fractures. Two or three layers of these were laid on, and then heated sand-bags applied, in order to dry the application as soon as possible. This is a most effectual mode of fixing one side of the chest, while it leaves the other quite free to act; and I would, by the way, commend it to those who are called upon to treat fractured ribs. The plaster adheres firmly to the skin, and the bandages adhere to the plaster, a firm casing being formed which will remain on any length of time. With regard to pleurisy, however, I have since then adopted another plan, which, so far as the disease is concerned, seems sufficiently efficacious. It is merely to use strips of plaster, putting on two or three layers in the following manner:—The first strip is laid on obliquely *in the direction of the ribs*, the second *across the course of the ribs*, the third in the direction of the first, about half overlapping it, the fourth the same as the second, and so on until the entire side is covered. A strip is also passed over the shoulder, which is kept down by another fixed round the side across its ends. Now it is difficult positively to prove that this treatment actually checks the course of pleurisy: but taking a common-sense view of the mattter, it is not improbable that such a result is anticipated; and, from my own experience, I have not the slightest doubt but that it is brought about. I have carried it out now in a good number of cases, and in all the course and termination have been most satisfactory, while relief to the pain and other distressing symptoms has been generally immediate. I feel convinced, also, that in any of those cases of extensive pleuritic effusion which come under observation, the accumulation might have been prevented or moderated had his plan of treatment been adopted at an early period.

TREATMENT OF CEREBRO-SPINAL MENINGITIS.

The advice on this subjcet given by Dr. Dowse, in the London *Medical Times and Gazette*, is as follows:—

1. It has to be considered how to relieve the vessels of the cord, and to equalize the action of the vaso-motor system of nerves. Nothing appears to be of greater service in effecting this than the ergot of rye and belladonna. The former he has prescribed in decided doses, such as half a drachm of the powder every four hours; and the latter he has applied to the spine in the form of a belladonna paste, made by mixing the extract with one-third its weight of glycerine.

2. To check the reflex vomiting, small pieces of ice must be swallowed, not sucked, as the full effect of its sedative influence upon the stomach is then attained.

3. To relieve constipation, Dr. Dowse prefers the administration of a pill of the watery extract of aloes, for the reason that it acts upon the mucous membrane of the rectum, and dilates the hemorrhoidal veins.

4. To relieve sleeplessness, both chloral and bromide of potassium have proved ineffectual; but what he found of most service was a suppository of eight grains of the extract of henbane, with four of the extract of conium.

5. One essentially practical point must not be forgotten, namely, to keep the paralyzed bladder constantly free from urine. It is not sufficient to draw off the water night aad morning, which is the course usually adopted, but a self-retaining catheter must be kept continually in the viscera.

6 In reference to diet, it ought to be both nutritive and stimulant from the first.

7. There is a stage in the treatment of this disease, when quinine in large doses becomes of the most signal value—at that crisis when exhaustion appears imminent; the skin covered with sweat; sudamina and bullæ over the body; temperature 102° to 105°; pulse small, weak, and over 120. But more especially is quinine invaluable when rigors surpervene; it never fails to have a good effect. But it must be given in ten or even twenty grain doses; and if the stomach cannot tolerate it, it must be introduced into the system by the rectum.

8. The detraction of blood, either local or general, is not advisable.

CHLORAL HYDRATE AND CAMPHOR AS A LOCAL APPLICATION IN NEURALGIA.

It is stated that the intimate mixture of equal parts of chloral hydrate and camphor, will produce a clear fluid which is of the greatest value as a local application in neuralgia. Mr. Lenox Browne relates (*Brit. Med. Journ.*, March 7, 1874) that he has employed it, and induced prfessional friends to do so, and that in every case it afforded great, and in some instantaneous, relief. "Its success does not appear," he says, "to be at all dependent on the nerve affected, it being equally efficacious in neuralgia of the sciatica as of the trigeminus. I have found it of the greatest service in neuralgia of the larynx, and in relieving spasmodic cough of a nervous or hisierical character. It is only necessary to paint the mixture lightly over the painful part, and to allow it to dry. It never blisters, though it may occasion a tingling sensation of the skin. Has found it also an excellent application for toothache.—*Medical News.*

ON THE VALUE OF GUARANA IN VARIOUS FORMS OF CHRONIC RHEUMATISM.

By Edward A. Rawson, M. B., M. Ch., &c.,
Assistant Surgeon to the Carlow Infirmary.

Suffering severely from lumbago, and finding all vaunted remedies fail, I tried guarana as an experiment. I took 15 grs. blended with hot water, and added cream and sugar. For twenty-four hours afterwards I had a delightful relief from pain.

I thought it must be a coincidence; but, on a return of the lumbago, took another dose in the same manner and with a similar result. I gradually increased the dose to 40 grs., and took it regularly, once a day, for about a week. The lumbago disappeared. I gave up the guarana, and in a few days the pain in the back returned. A 40 gr. dose removed it, and it did not return for several days afterwards. Now, whenever it does, I have my remedy at hand. During the last month I have experimented largely with guarana on a variety of patients, rich and poor. The results vary. When the pain is acute, coming on with sharp stings, guarana acts like magic; when it is of a dull, aching character, the drug is slower in its action, and several doses must be taken before any dicided benefit can be perceived.

I have come to the following conclusion, viz., that whenever the fibrous envelopes of nerves, the aponeurotic sheath of muscles, the fasciæ or tendons are the parts affected, guarana gives, if not instantaneous, at least very immediate relief, which will last from twelve to twenty-four hours; and I confidentlv expect that perseverance in the use of the drug, gradually increasing the dose up to 40 grs., will entirely remove any of the above mentioned kinds of rheumatism.

Of the good eflects of guarana on nervous hemicrania there is no doubt, and I trust it will prove, in other hands, as valuable against rheumatism as it has in mine.

I find guarana was examined by Martins in 1829, and by Gravelle in 1840. According to them "it stimulates, and at the same time soothes, the gastric system of nerves, and reduces the excited sensibility of the cœliac plexus, thereby diminishing febrile action, strengthening the stomach and intestines, particularly restrining any excessive mucous discharges; at the same time increasing the action of the heart and arteries, and promoting diaphoresis." *Irish Hospital Gazette.*

ROOSEVELT HOSPITAL.

REPORT OF PRACTICE AND PECULARITIES OF TREATMENT.

(Dr. La Grave, House-Surgeon.)

GONORRHŒA.

Injections of the silicate of soda have been employed in the treatment of this affection in both acute and chronic stages.

℞. Silicate of soda..... grs. xx.
Aquæ..... ℥ viii.
M.

The injections were given three times a day. So fas as employed, the results obtained were eminently satisfactory. No other treatment was combined with it.

ULCERS.

This class of cases, "old ulcers," are quite uniformly dressed with Labarraque's solution (liq. sodæ chlorinatæ) until the sore becomes surgically clean. The solution is to be diluted with water, according to circumstances. If then the granulations have a healthy appearance, the ulcer is strapped, and the limb bandaged. If the granulations become flabby and inactive, a dressing of balsam of Peru is applied and over that straps and bandage. Grafting is resorted to in certain cases, when the ulcer is of some size, and, in this manner, a certain proportion are made to heal very rapidly.

BURNS.

For this class of difficulties white-lead paint seems to meet the indications of treatment as satisfactorily as any material which has been employed. This is interesting, from the fact that almost every plan of treatment which has ever been devised has been employed, and the leaning is towards the paint dressing. Mix as for painting, except considerably thicker, and apply with a brush. It is much more *cleanly* than Buck's burn mixture or Carron oil, and that is not an unimportant element in its favor. A very neat and satisfactory dressing for superficial burns consists in in coating the surface with mucilage, and then covering it with powdereed Lycopodium.

FOR FLATUS.

℞. Pulv. camphor,
" capsicum,
" ginger..... ..... aa gr. i.
M.
Divide into six pills.
S. One p. r. n.
Said to afford immediate relief.

FRACTURES ON THE NECK OF THE FEMUR.

In fat individuals it may be difficult to differentially diagnose fractures of the neck of the femur, owing to the impossibility of examining the parts thoroughly. If such be the case, place the patient upon his abdomen, and, having etherized him, see how far the injured limb can be lifted in a backward direction up from the bed, for it will soon be arrested against the brim of the acetabulum, if the neck is intact; but if fractured, the limb can he bent backwards to an abnormal extent. *Philadelphia Med. Times.*

TREATMENT OF POISONING WITH CHLORAL.

Dr. Albert Erlenmeyer discusses the best method of treating patients who, either by inadvertence or idiosyncrasy, have taken too large a dose of chloral. The symptoms of the toxic influence of this substance are—collapse, diminution of the frequency of respiration, which has been observed to be reduced to four in a minute; injection of the conjunctiva, contraction of the pupil, blueness of the lips, dropping of the lower jaw and retracted tongue, whilst the pulse is in the early stage strong and slow, but subsequently becomes frequent and feeble, and ultimately scarcely perceptible. In more protracted cases, the face becomes pale, there is tendency to fainting and

vomiting, rigors, disturbrace of voluntary movements, weakness of the lower limbs, and cramps in the calves of the legs. Erlenmeyer recommends, first, that the chloral should be removed from the stomach by emetics or the stomach-pump, or be much diluted with water, tea, or coffee; secondly, that artificial respiration should be maintained; and thirdly, that some antidote should be given. Erlenmeyer doubts the value of strychnia as recommended by Liebreich, since, although chloral is useful as an antidote to strychnia, it by no means follows that strychnia should be an antidote to chloral; for we find that morphia is an antidote to atropine poisoning, but atropine is not an antidote in poisoning by morphia. He thinks musk might be tried, but is inclined to place most reliance on liquor ammoniae, subcutaneously injected, As a last recourse, transfusion may be adopted.—*The London Practitioner*, April, 1874.

FATTY DEGENERATION OF THE HEART IN WOMEN DYING SUDDENLY AFTER DELIVERY.

Dr. Philipps reports five cases of sudden death in women, soon after delivery, in none of whom had there been the loss of more than a small quantity of blood. Fatty degeneration of the heart was found in each of the cases.—*Schmidt's Jahr.*

INCONTINENCE OF URINE.

Dr. Thomas Kennard, of New York, uses the following ointment in the treatment of this disease: Sulphate of atropia, ten grains; veratria, ten grains; hog's-lard, twelve drachms. By rubbing the perineum three times daily with the ointment, in three cases of paralysis accompanied by incontinence of urine, Dr. Kennard obtained a complete recovery at the end of a few days.—*The Clinic.*

HYPODERMIC SYRINGE AND ABSCESSES.

Dr. Squibb calls attention to the liability to the production of abscess by the use of a hypodermic syringe which has been used in septic cases. Abscesses almost indefinite in number, may be produced in this manner, unless the syringe is properly cleansed by submitting the needle to the flame of a spirit-lamp.

TREATMENT OF THREADWORM.

In a recent lecture by Dr. J. Spencer Cobbold it was stated that the difficulty experienced by physicians in relieving patients from oxyuris vermicularis arose from the old and mistaken notion that the parasite resides in the rectum and sigmoid flexure, whereas recent investigations have shown that the entire length of the colon is the territory inhabited by the threadworm, while the cæcum constitutes the parasite's true headquarters. For this reason active saline cathartics should be given to wash out the contents of the colon and cæcum, injections being afterwards given to dislodge such oxyurides as have been driven down to the lower bowel.

ARSENIC IN THE FURUNCULAR DIATHESIS.

M. De Savignac (*L'Abbeille Médicale*) maks use of arsenic in the treatment of the furuncular diathesis in the following way. Internally he prescribes,

℞ Sodii arseniat., gr. ii;
Aquæ, f℥ v. M.

Of this mixture a teaspoonful in a little sweetened water is taken twice a day for three weeks. At the end of that time the arsenic is suspended, and for ten days sulphate of sodium is administered daily, in doses of half an ounce to an ounce.

He returns then to the arsenic as before, repeating the course of treatment, if necessary, three or four times. Occasional doses of decoction of dandelion or sarsaparilla are also administered, and the patient is confined to a diet chiefly vegetable.

Externally, poultices and, later, diachylon are used; and if the tubercles occur in groups, and are quite hard, the following emollient application is employed:

℞ Sulphuris sublimat., ℥ ss;
Pulvis camphoræ, ℥ ii;
Unguent. aq. rosæ, ℥ iss. M.

—*Phil. Med. Times.*

LOCAL APPLICATIONS IN NEURALGIA.

Chloroform.—Dr. Dupuy speaks very highly of this remedy used as follows: A pledget of lint moistened with chloroform is to be applied to the painful locality, and retained in position a longer or shorter time, depending upon the age, sensitiveness, etc., or the patient, and the part operated upon. Usually, half a minute to five minutes is sufficient, and the application may be renewed from one to a dozen times. Dr. D. states that recent and superficial neuralgias yield to one or two applications, and that even in severe sciatica of long standing he has never been obliged to make more than twelve.

Blisters to apophysal points.—The constant presence of such points in neuralgias, as shown by M. Armaingault, has led to the use of blisters applied in their immediate neighborhood, with very satisfactory results. In cases of facial, intercostal, lumbo-abdominal, and sciatica neuralgias, even when of the most persistent character and rebellious to other forms of treatment, this plan has been found effectual.—*L'Union Médicale*, Nos. 19 and 20, February, 1874.

TREATMENT OF PITYRIASIS RUBRA.

The Lancet, February 28, 1874.

Dr. Tibury Fox believes that in cases of pityriasis rubra—hyperæmia of the skin and exfoliation of the cuticle—the free use of diuretics is called for, especially in cases which come under observation at an early date, before the hyperæmic state of the skin has given rise to secondary alteration, such as

infiltration into the tissues. It is an established rule in renal therapeutics to stimulate the skin to increased action in cases where the kidneys are congested, or in other conditions in which it is desirable that they should be given rest from work. In the case of a hyperæmic state of skin, where this hyperæmia is not removable by local remedies, and where it is extensive, it is likewise desirable to stimulate the kidneys to increased activity, to relieve the skin of its work,—to give it rest.

Dr. Fox uses a diuretic mixture composed of half a drachm each of acetate and bicarbonate of potassium, one drachm of spirit of juniper, and one ounce of infusion of calumba, for each dose three times daily. The skin is soothed by oily inunctions, and perchloride of iron is administered internally to act as an astringent to the weakened cutaneous vessels.

There is a flavor of genuine wit in the following: Some person said to Sterne that apothecaries bore the same relation to octors that attorneys does to barristers. "So they do," said Sterne; "but apothecaries and attorneys are not alike, for the latter do not deal in *scruples*."—*Balt. Physician and Surgeon*, April, 1874.

AT THE UNIVERSITY OF BERNE,

There are, at present, twenty-five lady medical students, among whom are twenty-two of the Russian women, whom the last ukase forced to leave Zurich. —*Lancet.*

FOR A CORN ON THE TOE.

—Take a black snail and roast him well in a white, wet cloth; bruise him and lay him hot to the Corn, and it will take it away in a very short time. —*Culpeper*, 1656.

EMETICS BY SUBCUTANEOUS INJECTION.

—The only therapeutic agents as yet know which are capable of being used as emetics by subcutaneous injection are *emetin* and *apomorphia*. The dose of the former is one-thirtieth of a grain, given in acidulated water. Apomorphia, which is morphia less an atom of water, is a speedy, safe and pleasant emetic, never acting as a local irritant. The dose (hypodermically) is from .046 to .169 of a grain.

POISONING BY CHLORAL.

—Dr. J. M. Winn reports a case of poisoning by this drug, the patient being a young woman who was in the habit of using a syrup of chloral, without medical advice. On the occasion in question, she took seven teaspoonsful, equal to seventy grains, to relieve a headache. The syrup was purchased of a druggist who sold it as a domestic remedy. Dr. Winn deplores the impunity with which apothecaries sell such drugs.—*Lancet.*

OF THE FACE AND ITS INFIRMITIES.

—1. *The Cause.* It is palpable, that the cause of redness, and breaking out of the Face, is a venomous matter, or filthy vapour ascending from the stomach towards the Head, where, meeting with a Rheum or Flegm, thence descending, mixeth with it, and breaketh out in the Face. Therefore let the first intention of cure be to cleanse the stomach.

2. *Caution Negative.*—Let such as are troubled with red Face, abstaine from salt Meats, salt Fish and Herrings, drinking of strong Beer, strong Waters or Wine, Garlick, Onions and Mustard, yea, if it be a Welch Man, or Woman, he must abstain from toasted Cheese, and Leeks, and that is a Hell upon Eearth to them.—*Culpeper*, 1656.

ICED-WATER ENEMATA IN DYSENTERY.

—Dr. B. Wenzel has related in the *Berliner Klinishe Wochenshrift* a series of successful cases of dysentery treated by enemata of iced water. They arrested both hæmorrhage and tenesmus, and reduced pyrexia; and, after one trial, a patient would call for another enema as soon as the pain recurred. Only rarely was opium given, the treatment being confined to iced water alone. In acute cases, he cured. In old chronic cases, the benefit was temporary, as in all other modes of treatment. Whilts, therefore, this plan gives relief in chronic cases, Dr. Wenzel concludes that in acute or recent cases it is the most effective at our disposal.—*The Doctor.*

LATOUR AND OLLIVIER ON MORBID SWEATING OF THE FEET AND ITS TREATMENT.

—Dr. Debrousse Latour has lately published a thesis on local sweatings, in which the unpublished observations of M. Ollivier are incorporated. (*London Medical Record*, March 18, 1874.)

The forms of local sweating which offer the greatest number of interesting points are, according to Hebra, those which affect the armpits, the genital organs, the palm of the hand, and the sole of the foot. Regarding the latter, an elevation of temperature for the time being brings about a really insupportable condition of disordered function. The causes of this morbid perspiration are little known: it is not an attribute of lymphatic temperament, nor always of a want of cleanliness; it is not contagious or hereditary.

There is a conviction among the French medical profession, which the auther also holds, that it is dangerous to suppress habitual sweating of the feet. "Perhaps, however," remarks Latour, "we must draw a distinction between patients having a good constitution and those predisposed to pulmonary phthisis or phlegmasiæ of the respiratory organs."

The hygienic treatment of this morbid state in delicate patients, consists in avoiding sudden cooling of the feet. The patient should wear stout shoes or boots and woolen stockings, which should be changed frequently. If, in consequence of a chill, sudden

suppression of perspiration be followed by any unpleasant consequences, the sudorific hypersecretion should be brought on again by the use of very hot foot-baths, and afterwards by wearing woolen socks covered with oiled silk, or even stockings springled with chlorhydrate of ammonia mixed with quicklime, in the proportion of two parts of the latter to one of the former. As a means of diminishing the disagreableness of excessive and fœtid perspiration, the following disinfectants may be used with advantage; the solution of permanganate of potash (0.05 centigrammes to 250 grammes of water), or the solution of tincture of coal tar (1 gramme to 250 grammes of water). If the epidermis becomes softened by maceartion, if it falls of, leaving the *reté Malpighii* exposed, and thus renders walking painful and difficult, Hebra recommends that the soles of the feet and the toes should be coated with a mixture of equal parts of compound diachylon plaster and lin seed oil, which should be melted before it is used; the excoriated portions should afterwards be covered with linen. If the constitution of the patient warrants more active treatment, lighter boots and thread stockings should be ordered, together with lycopodium, charcoal, and tannin powders.

M. Gaffard recommends allowing some drops of the following liquid to penetrate between the toes:—

Red oxide of lead.	1 gramme.
Solution of subacetate of lead.	29 grammes.

M. Ollivier succeeded with Barèges water and cold douches. Lotions with aromatic vinegar will also be found useful. Another means consists in spreading frequently on the secreting parts clay softened in water and passed through a sieve. As to medicines given and praised as specifics, MM. Ollivier and Latour are convinced that they are powerless againts perspiration of the feet and other local sweatings.

FORMULA FOR TAPE-WORM.

—The following mixture is recommended, in *The Druggist's Circular*, as perfectly safe and capable of of expelling a tape-worm, alive and entire, *within two hours*:—

Take bark of pomegranate root,	½ ounce.
pumpkin seed,	½ drachm.
powdered ergot,	½ drachm.
ethereal extract of male ferm,	1 drachm.
powdered gum arabic,	2 drachms.
croton oil,	2 drops.

The pomegrate bark and pumpkin seed should be thoroughly bruised, and, with the ergot, boiled in eight ounces of water for fifteen minutes, and then strained through a coarse cloth. The croton oil should be well rubbed up with acacia and male ferm, and then formed into an emulsion with the decoction. The worm is generally expelled with the head fastened to the side of its body at about its widest part, while the body is frequently twisted and doubled into various knots, the result of the distress caused by the powerful medicine.

ANY part of the bone of a man's arm, with the biggest end of a goose-wing being borne about one that hath a quartan ague, cures them.—*Culpeper*, 1656.

THERE is a stone to be found in the head of a long snaile, which being beaten into a fine powder and blowne into the eye, takes away the web, spots, or other infirmities that annoy it.—*Culpeper*, 1656.

A FORMULA FOR NEURALGIA.

—Dr. Edward C. Huse has employed with success, in a large number of cases of neuralgia, the following combination of ergotine with the phosphide of zinc.

R· Zinci phosphidi, ʒ i.;
Ergotin, gr. v.
In pilulas No. 60 dividened.

One pill to be taken after each meal.—*The Richmond and Louisville Medical Journal.*

PATHOGNOMONIC SING OF PERTUSSIS.

—The practitioner may be sometimes consulted on a case of whooping cough, without having the opportunity of witnessing a paroxysm. In such a case, M. Bouchut recommends him to examine the frænum linguæ, which he will always find the seat of a small ulcer in children the subjects of pertussis, or who are on the point of becoming so.—*The Medical and Surgical Reporter.*

DEATH FROM LANCING OF THE GUM.

—In tne *American Medical Journal*, for April, are given the particulars of the death of a child, fourteen months old, from hæmorrhage occasioned by the lancing of the gum over a molar tooth. The blood oozed from the divided gum for three days, in spite of all efforts to suppress it. The child was well developed, and healthy from birth, and no previous suspicions had been entertained of the existence of a hæmorrhagic diathesis.

TREATMENT OF LUPUS.

With regard to outward applications, I believe that their principal value is restricted to excluding the air, and that those are the best caustics which effect this most certainly and with the least pain. Perhaps the nitrates achieve this result more certainly than any other means. When the patient can remain indoors, and does not care about the dark stains caused by it, the nitrate of silver may be used; it is an excellent remedy, either solid or in saturated solution. In the lupus of children, previously spoken of, even a very weak solution can scarcely be borne. Here it is not a bad plan to use a solution of sulphate of copper (cupri sulph. gr. vi., aquæ rosæ ʒ ii.) for some time till the sensibility has

become deadened. The acid nitrate of mercury is a very valuable preparation, and has the advantage of not forming so dark a crust. It is peculiarly suited for small, not very sensitive ulcers and tubercles. It may be brushed with a glass brush over the part, and should be used at first diluted with water till the full strength can be borne. When applied, a basin of water should always be at hand, and so soon as ever the pain begins to be felt the surface should be freely washed. The yellow nitrate of mercury may also be used in the form of ointment made with the lard as prepared by Mr. Squire. It is chiefly adapted to those cases where there is only slight or superficial ulceration, and to the lupoid from of sycosis. It answers very well for those patients who cannot well have anything applied which produces a visible mark. These are the only external means in which I feel any confidence, and even these I look upon solely as so many aids to external treatment. If they are relied upon, both patient and surgeon must lay their account to the possibility, nay, even the great probability, of a relapse. Mr. Hunt, who has had a very extensive practice in these diseases, says the practice of using caustics is not only barbarous but useless, and M. Rayer distinctly says that whatever caustic may be used it must always be repeated often twenty or thirty times. Dr. Parkes, a most able and careful observer, entertains a very indifferent opinion of their value. It is true that views utterly opposed to these have been held by very good surgeons. Mr. Liston, for instance, thought that local treatment was alone to be depended on, and always used the chloride of zinc unsparingly. Mr. Gay, too, has seen the best results from the use of the pernitrate of mercury in lupus exedens. Professor Bennett seems to entertain a similar view. M. Cazenave thinks there is nothing like biniodide of mercury suspended in oil; but he admits that its action is very painful. Professor Hardy also clings to the biniodide. Mr. Wilson uses caustics, though he expresses himself very guardedly. Dr. Hillier eulogizes the iodide of starch, recommended by Mr. Marshall; he says its use is almost unaccompanied by pain. Dr. Frazer says that whatever medicine be given, local treatment is still of primary importance. Dr. Danzel, of Hamburg, looks upon solution of hydrochlorate of gold as more powerful and less painful than other caustics. Still it is clear, from what he says, that its operation is most severe. He uses a solution from half a scruple to a scruple in a drachm of distilled water, and works it deep into the bed of the ulcer by means of a fish-bone or glass style. Hebra relies upon the solid nitrate of silver, freely applied, and iodized glycerine; the latter being principally employed in the erythematous form. Cod-liver oil is almost his sole internal remedy.—"*On the Treatment of Lupus*," *by J. L. Milton.*

CHLORAL HYDRATE AND CAMPHOR: CROTON-CHLORAL.

Last year (*London Medical Record*, May 7, 1873) attention was drawn to the fact that the intimate mixture of equal parts of chloral hydrate and camphor will produce a clear fluid, which is of the greatest value as a local application in neuralgia. I have now employed this preparation for several months, and have induced many professional friends to use it also. Having in every case found great, and often instantaneous, relief follow its application, I think the members of the Association may be glad to have the opportunity of adding to the very uncertain stock of anti-neuralgic remedies which we have already at our disposal. Its success does not appear to be at all dependent on the nerve affected, it being equally efficacious in neuralgia of the sciatic as of the trigeminus. I have found it of the greatest service in neuralgia of the larynx, and in relieving spasmodic cough of a nervous or hysterical character. It is only necessary to paint the mixture lightly over the painful part, and to allow it to dry. It never blisters though it may occasion a tingling sensation of the skin. My friend Mr. George Wallis allows me to say that he has found it of great service as a remedy which patients can apply themselves for the relief of toothache; and to its success in this respect I can also personally testify. In the original article, the compound was recommended for arresting the progress of incipient boils and carbuncles. I have no experience of its value for this purpose.

The question of "An American Inquirer" in the JOURNAL of last week, as to the dose of croton-chloral, is one on which there is very considerable and general doubt since practitioners have frequently confused the dose prescribed by Dr. Oscar Liebreich for sleeplessness with that which should be given simply for the relief of neuralgic pain; and even for these two purposes the amount advised by different physicians varies considerably. Dr. Liebreich thinks that sixty grains may be safely administered as a single dose; while Dr. Burney Yeo (*Lancet*, Jan. 31, 1874) does not consider it safe in any case to go beyond fifteen grains, and advises that this amount be administered in doses of two to five grains every hour or half-hour until the desired effect be produced or the maximum be reached.

Considering croton-chloral as a hypnotic, I do not find that it has any advantage whatever over chloral hydrate, while it is from ten to fifteen times as expensive. I have ocasionally found the effect of chloral hydrate increased by addition of croton-chloral, in the proportion of five grains of the latter to fifteen of the former. This combination is especially serviceable in cases of spasmodic asthma occurring during sleep. The sleep produced by the combined drugs is much deeper than that produced by ordinary chloral; but on awaking, there is frequently considerable stupor and headache. I have observed these same symptoms after administration of smaller doses of this combination, when taken for the relief of spasmodic cough while the simple chloral hydrate has produced no such effect in the same patient whether taken in the smaller or larger dose. One of the greatest disadvantagels of croton-chloral is the uncertainty with which it acts since it is decidedly most serviceable in cases of neuralgia and of spasmodic cough—cases in which speedy relief is of the greatest importance. Thus, while hourly doses of one grain will produce the best results in one

case, in another frequent doses of five grains will produce no effect; while again, as in Dr. Falconer' case (JOURNAL, Feb. 28), disagreeable head-symptoms may be experienced after a single dose of two grains. I yesterday saw the prescription of an eminent physician ordering five grains every hour until pain was relieved, eight doses being prescribed. This appears a full dose; but certainly most practitioners will do wise to hesitate before giving the very large quantity in one dose, as advised by Dr. Liebreich. Croton-chloral is very slightly soluble in water, and glycerine does not largely increase its solubility. Probably the best way to prescribe it is in the form of pills. It mixes exceedingly well with a glycerine of tragacanth, and, when silvered or varnished, the pills are quite tasteless.—*British Medical Journal*, March 7th.

TREATMENT OF GANGLIONS.

Dr. Skey, of Bartholomew's Hospital, in a clinical lecture condemns the ordinary treatment of ganglionic swelling, which consists in giving a smart blow with a book or other body, and adds: "I advise you to adopt in great preference to this coarse and old-fashioned treatment the following, which rarely fails to obtain an early, if not an immediate, cure. Its object is to evacuate the entire contents of the cyst, and to bring its opposite surfaces into perfect apposition with each other. It is a small operation; but on the delicacy of its performance its success materially depends. Bending the hand forwards, in order to tighten the skin over the cyst, pass vertically into the center of the tumor a broad-shouldered lancet. By a lateral movement of the instrument the orifice will be dilated, and the contents will freely escape. Now it is indispensable to the obliteration of the cyst that the whole of its contents should be evacuated—every drop and every fraction of a drop: to effect which the sac must be compressed and kneaded in every direction. Then apply a well-made, thick compress of lint, and strap it down tightly with good plaster, and, lastly, a roller may be applied. In forty-eight hours the wound has healed, and the ganglion is seen no more."

INFANTILE AURAL CATARRH.

Dr. A. H. Voorhies, Professor of Aural and Ophthalmic Surgery, of Memphis, Tenn., says on this subject in the Nashville *Medical Journal*:

Not only anatomical facts, but daily experience, prove to us the great frequency of diseases of the ear in children.

Ear-aches are of such common occurrence with children that you scarcely know a child that has not suffered at one time or another in this way. If the proper examination is made, it will be seen that it generally depends upon inflammation of the middle ear, and not upon a neuralgic nature.

Otorrhœa is known to be one of the most frequent affections that we are called to treat in children between the ages of six and twelve, and I am sure that more than half are dependent on a previous inflammation of the middle ear.

Since experience teaches us that inflammatory diseases are so very frequent with children old enough to point out the seat of pain, it is reasonable to believe that the same disease as often attacks those of a tender age; but that we are not so able to detect it, simply on account of the difficulty of recognizing the true state of things in the absence of a purulent discharge. The anatomy of the parts, combined with the well-known history of their development, prove how favorable circumstances are to the disturbance of the function of mucous lining of the middle ear. You will more certainly agree with me when I call to your recollection the intimate relationship between the dura mater and the mucous membrane of the middle ear, as the former extends along the "fissura petrosa—squamosa." Nearly all the fixed points are wanting, such as we have in adults, by which we are enabled to diagnose inflammation of the ear. We are obliged to rely upon a few prominent symptome—to diagnose by exclusion, and look well to the result of our therapeutics. When the collection of pus is large, we can hardly fail to recognize the state of things; and the affection will soon declare itself by the peculiar cry of severe pain, as ascribed to this condition by some practitoners. The character of the cry, the great disquiet, and the disposition on the part of the child to bury its head in the pillow, will lead the physician at once to suspect otitis interna. The pain may last for days, without any intermission of consequence.

The crying will distinguish it from diseases of the lungs or trachea, but this cannot be relied on in inflammation of the brain or bowels; yet the absence of the more prominent symptoms of these affections will at once settle the question.

There is one important point that I would especially refer to—that is, the increase or decrease of pain in the movements of the child; for it will always cry in the peculiar way spoken of, when it is moved in the slightest. Accompanying this, you may almost always look for nasal catarrh, which in most instances, will be quite prominent. It is rather difficult to come to a definite conclusion as to the degree of deafness; still we can always tell whether the child, even of a very tender age, can hear loud sounds or not. That many of the attacks of convulsions, with stupefaction, are dependent, solely and entirely, on an otitis media, I have not the slightest doubt.

Now, what shall be our treatment when an otitis media is correctly diagnosticated?

If the case is seen early, say within the first twenty-four hours, and the little sufferer is considered healthy I would order one leech to be applied to the front of the ear, while an evaporating lotion of some kind is placed around it, to relieve pain and hyperæmia. Have the meatus filled with warm water every ten or fifteen minutes; but never employ poultices, for all the good that such can do your patient can be obtained by the use of warm water, as mentioned, while much harm may follow the use of the poultice, in the way of establishing an obstinate otorrhœa. The frequent injections of luke-warm water through the nose will do much in the way of removing much from the pharyngeal space. Polinzer's method is my

chief reliance, for by this means the tube can be opened and an escape of the pus effected. It must be remembered that the Eustachian tube is not only relatively, but absolutely, wider than in adults.

This method of inflating the tympanum is far preferable to all others, since it can be employed at all ages, and in the face of the most determined resistance on the part of the child.

TEDIOUS LABOUR FROM DEBILITY, AND ITS TREATMENT.

By Hugh Miller, M. D., Fel. Obst. Soc. Lond., Glasgow

The remarks in this paper apply exclusively to labours protracted from debility, but, in other respects, natural. I therefore, expressly exclude from consideration all cases in which the delay arises from the position of the child, or from an abnormal condition of the passages, and also cases complicated with rigid os uteri, or with spasmodic contractions of a tetanic nature, as well as those in which there exist obstructions arising from surgical interference. My remarks have reference solely to cases in which the delay is due to enfeeblement or failure of the natural powers of the organs specially called into action during the process of parturition.

Most obstretric writers apply the term "tedious" to all labours protracted beyond a certain period, whatever be the cause of the delay. While it appears to me that the physiological conditions of the case preclude the possibility of fixing for all cases a definite period, many obstretricians, following Dr. Ramsbotham, limit the definition of the term "natural labour" to those cases " in which not more than twenty-four hours are occupied from the commencement of true uterine action to the termination of the process." And the same author, in defining lingering or tedious labour, says that it denotes those, cases " in which nothing calling for anxiety occurs, except the length of time that elapses under the continuance, so that it differs from a natural labour only in respect of its duration." Is not this method of basing a classification of labours on the element of time highly unscientific ? It is in the first stage of labour that the longest time is occupied, and it is in that very stage that the consideration of the factor time is of the least consequence. It is to the natural differences of temperament that we must attribute the greatly diverse energies with which the organs act in different individuals. The standard of natural labour is one, therefore, that should have reference to the conditions under which the organ contracts, and, assuming no unnatural formation to obstruct its progress, it should not be held to have passed into the category of non-natural labour as long as the pains are active, and labour progressive.

Uterine action may be said to be a violent effort to expel a body in contact with the cavity which is no longer in harmony with it. The action is kindred to that of the bladder in evacuating urine, or to that of the heart during the systole. Taking the latter as the type of uterine action, analogy would teach that labour pains result only when the distension is sufficient to produce uniform contraction ; and, having once set in, the action proceeds in a truly peristaltic manner until the organ has been emptied of its contents. The rapidity of the action causes it to be mistaken for a simultaneous general contraction. The nerves which control the womb's action are not those of common sensation, but the sympathetic, which becomes a nerve of sensation only in special circumstances. The true contractions of the uterus originate among the fibres of the cervix and end at the fundus. Were the functions of this organ, like that of the other organs, performad by muscles composed of involuntary fibre, the contractions would be painless. Labour-pains, however, are spasms—violent effort by an organ to throw out a substance which has ceased to be in harmony with it. Recent observations show that the onset of uterine action is due to a decadence of the membranes, or of the membranes and placenta, and each recurring pain indicates a renewed effort to effect expulsion, Painless uterine contractions do take place, as, for instance, in primiparæ after delivery ; but this lack the force to expel other than liquid substances. Under healthy uterine action, then, the rapidity of the delivery bears a direct ratio to the force and frequency of the pains. In certain cases, no doubt, natural labour is hastened or retarded by other circumstances. Thus, in primiparæ, it is usually prolonged from an obvious cause, while, in phthisical cases, it may be accelerated from the attenuated state of the passages. In the case of a woman of average strength, where the pains are regular and effective, the uterus of a multipara may perform its function with sufficient vigour to complete the parturient act within two hours. Dr. Haughton of Dublin and Dr. Duncan of Edinburgh have made independent investigations on the propelling power of the uterus. The maxium power of an uterine contraction is estimated by Dr. Duncan to be equal to 50 lbs , and by Dr. Haughton 54 lbs. The uterus has thus three times the amount of power necessary to complete an uncomplicated labour. Now, to this uterine power nature has superadded the expulsive strentgth of the abdominal muscles, and the further force resulting from what is called " bearing down ;" in this way, an economy of uterine muscular action is provided for, and provision made for the exertion by a healthy woman, in cases of ermergency, of a force equal to 80 lbs. (Duncan), or as a quarter of a ton (Haughton). But, in large cities, there are forces at work which prevent this healthy standard from being reached, and to the extent to which the patient suffers from constitutional debility will we find her disqualified for continued exertion. It is in consequence of this that many ordinary labours are prolonged unduly. These cases are met with, not only amongst the poorer classes, as the result of insufficient food and overwork, but amongst the working classes, from their indoor life, early sedentary occupations, and their ill-cooked meals ; and even among the middle and upper classes, from inactivity and artificial habits of life. The constitutions of a certain proportion of women are thus so deteriorated, that there results a very serious impairment of the parturient powers. Such women are unable to complate labour without

exhaustion. The labour often sets in fairly, with regular and effective pains, till, perhaps, the first stage is completed; after passing into the second stage, the pains alter in character, become more frequent and less defined, without periods of complete rest between them. Symptoms of acute fatigue are present. The muscles are irritable from exhaustion; they are losing power, are responding feebly, or not at all. The sufferer becomes irritable and anxious, thinks she should be assisted, and, perhaps, vents some ill-natured remark at the accoucheur standing listlessly by. On examination, the head is presenting naturally, and is usually found in the floor of the pelvis. Another digital examination in half an hour likely enough reveals no progress, owing to a true transient paralysis of the organ having ensued.

In another class of cases, the pains are slow and feeble from the beginning. The patient is usually the victim of disease, and the enfeebled parturient action is a fair indication of the lowered vitality. After a time, the pains become irregular, and seem to produce no effect on the os uteri, and they ultimately cease. In these cases, the powers of life appear to fail in the violent efforts required for expulsion. The uterus acts in sympathy with the general state of the system. Even when deficient or irregular action continues, the labour has ceased to be natural. From the resulting condition, spring many of the most troublesome complications connected with parturition. It is a condition which should by every possible means be avoided, and when it does occur, it should be relieved with the least possible delay.

Much, however, might be done for these classes of patients prior to the onset of labour. Even with the enfeebled woman, frequent and judicious administration of beef-tea and other kinds of nourishing food may obviate the tendency to exhaustion. Benefit may also be derived from the administration of the tincture of perchloride of iron; and, if near her confinement, I have even seen more benefit from the use of the liquid extract of yellow cinchona in fifteen-minim doses every four hours; while rest may be secured for a day or two when the non-effective labours happen during the first stage by the exhibition of a sedative. Until this first stage of the labour has been completed, I allow the patient her usual diet, she is not restrieted to the recumbent position, and, if the labour be tedious, I endeavour to persuade her that no mischief is likely to result from the delay. My experience is at one with Dr. Hamilton of Falkirk, who, in his able article on the proper management of tedious labours, says: "I now rarely attempt to interfere with the progress of the first stage of labour, even when this is protracted for some days. Indeed, when I can, I keep as much as possible out of the way of my patients, recommend them to walk about or lie down, as they may incline, to take a little sherry and water to support the strength, and, in fact, I get over it the best way I can without interference." Indeed, if I differ at all from Dr. Hamilton, it is through paying more attention to the dieting than he appears to have done. I prefer beef-tea to his sherry and water, and, instead of keeping out of the way, I see my patient at least daily, so that she may feel in no way anxious about her condition.

As illustrating my treatment of the first stage, I will read over the notes of a case.

Mrs. G., aged 35, of slender make, was confined with her third child; her pains were weak, short, and irregular; these had continued for some hours when I first saw her, she said about fourteen hours. The os had now opened about the diametar of half a crown. After waiting a little, finding the pains doing so little good, I left her. About six hours after I saw her again, the pains had become more frequent, teasing, and so constant as to prevent sleep, yet the os gave hardly any appreciable evidence of progress. To relieve her anxiety, I gave her an opiate, and arranged that she should receive her usual diet, with a good supply of beef-tea daily, until the labour was over. Four days afterwards I got a message to come at once. When I reached the house, the child was born, I was told, by a few very strong pains. She made a good recovery. In this case, it appeared to me that the uterine fibres were so relaxed and weakened as to cause the power of contraction never to get beyond the cramp-like initiatory efforts of the onset of labour. The pains were of a colicky character, the vagina was hot, and the secretion of mucus scanty. I have no doubt the rest in bed, along with the generous diet during these four days, helped very much to render the termination of this case so favourable to mother and child.

Whenever a woman has passed fairly through the first stage of labour, I remain with her and carefully mark the progress of it. With Dr. Hamilton, I have noticed "that the ratio of mortality to mother and child...is most intimately connected with the duration of the second half of the labour." The pains of expulsion vary in rapidity and in strength; sometimes a very severe one may be followed by several weak, useless ones; yet, on the whole, progress in made. When debility sets in, the pains become short, sharp, and recur more frequently. Indeed, like the feeble heart, the uterus is trying to make up for its weakened power by a quickened, excited action. With the onset of this condition, little or no further progress is gained. On examination, the passages are found quite sufficient to permit a natural delivery; but each recurring pain makes no permanent advance on the vertex, or may make no impression on it whatever. Should the obstetrician in attendance not deliver at this stage, he he will soon find, in the quickened pulse, the furred tongue, the anxious countenance, the drooping spirits, and the failing strength, along with the gradually subsiding pains, that he can gain nothing by the delay. I have ceased now to wait for these symptoms, and, as soon as the strength begins to fail, I gently inform the patient of her condition; by the time she has made up her mind, it is time to interfere, and, these cases being the most favourable for the forceps, I have used these instruments without difficulty and without injury to mother or child. Thus Mrs. W., a young lady born and rear-

ed in the city, was lately confined of her first child. On the first day when I was called, she had labour-pains, but they were weak, and, after a few hours, these passed away, and she had seven hours' remission. At 5 o'clock on the following morning, the pains recommenced stronger and continued steady; the os uteri was opened sufficiently to admit the finger; the stomach was irritable, vomiting beef-tea and refusing all food. At 10. 30 next morning, the first stage was completed, the head presenting naturally in the first position and at the brim. Bearing-down pains were regular, but short; she was very uneasy, speaking between and even during her pains. At 12.40, the head was in the pelvic cavity, and, as she was making no progress, I now delivered with the forceps. Mother and child did well.

I believe this timely application of the forceps to be a direct gain; for, when labour is retarded, we have induced a condition which, sooner or later, can lead only to mischief. It is true that nature is kind and serious injuries to the passages have taken place without producing after suffering; but a careful obstetrician should not run any risk. Many look upon the forceps as a *dernier ressort*, and prefer to give ergot. This remedy, if good, is one of a known power. In ten or fifteen minutes, it begins to exert its influence, and often for nearly an hour its effects continue upon the uterus, if the fœtus be not by that time expelled. Ergot acts by inducing sharp uterine action, recurring with brief intervals of rest, and, even during these remissions of pain, maintaining the womb in a continued state of action. The drug can only be judiciously given when a speedy termination of the labour is reasonably to be expected. With regard to the forceps, we know when to employ them, when to modify their action, and when to cease using them. It seems also *à priori* more reasonable to assist a weakened organ by giving help from without than by endeavouring to effect relief through stimulants; and I believe we should use the forceps as a better, because a safer, plan of treatment than ergot, at all events, until the birth of the child, it appears best to relieve the exhausted uterus by some other means than that of applying force to an organ already over-worked.

Professional opinion is still undecided with reference to the time when the forceps should be applied. Dr. Ramsbotham (page 242) says: "When the head is impacted for four hours without advance and recession, I think we are warranted in delivering." In the Rotunda *Clinical Report* apage 21), Dr. Johnston says: "When we found there was no advance, say, for two hours, we usually administered a stimulating enema, then waited for an hour or two, according to circumstances, and, if the pains were not producing any effect, a second enema was given, and, if this did not succeed, in another hour, we gave a dose of ergot (particularly if it were a multiparous case); and, if the patient were irritable, we put her under chloroform, and then, after passing the catheter, we proceeded to apply the intruments." And Cazeaux, in his *Treatise on Midwifery*, says (page 992): "If the head were low down in the excavation, and it had made no progress for seven or eight hours, the forceps ought to be applied." Probably these authorities express the limit to which forbearance on the part of the attendant could be justified. I am certain these rules could not be followed, in many cases, without serious risk to mother and child. Dr. Burns seems to have appreciated the necessities of the case when he said that, "when mischief arises from the application of the forceps, it is always owing either to harshand unskilful conduct, or to a state induced by delaying too long." It appears, to me that the time for bringing effective assistance is unmistakably indicated by the increasingly feeble efforts of the uterus. Nature should be helped when she shows that she can no longer, unaided, help herself. It has been urged that, from the sudden emptying of the uterus, flooding may take place. I have never met with this complication in any case I have delivered with the forceps, but I can understand how it may occur with those practitioners who apply this remedy "after the head has been impacted for four hours," for then the power of the uterus would be exhausted, and contraction rendered improbable. In these cases, the delay in delivery produces uterine inertia; if not the true inertia as obstetricians define it, it is at least an inertia similar to the temporary paralysis of the over-distended bladder, and, in this condition, the sudden emptying of the womb, doubtless, exposes the patient to this complication. But the case is otherwise if effective aid be given in time. The sudden relief from the pressure of an organ which still retains a certain amount of vital force will give rise to renewed vigour. A timely delivery should thus prevent, instead of cause, *post partum* hæmorrhage. When I have found it necessary to deliver in cases where labour-pains were absent, I took special precautions to avoid flooding, and it would only be when the condition of mother or child rendered delivery at once necessary that I would resort to this dangerous step. But the chief object of preventing delay in the passages, is to obviate any tendency to the very distressing diseases which occasionally follow inflammatory action. The late Sir James Y. Simpson said that vesico-vaginal fistula was "most commonly found as a consequence of difficult and prolonged labour, more especially the latter" (*Diseases of Woman*, p. 32.); and there can be no doubt the long continued pressure of the fœtal head on the maternal passages is a very certain way of "producing mortification and sloughing of the vagina and part of the uterine wall." Kindred results have so frequently been observed by surgeons to take place when, even, for a few hours only, the hernial sac is strangulated, and also in other diseases accompanied by compression, that I believe the onset of inflammatory disease in the vaginal passages to be due more to the detention of the fœtus than to any temporary injury which the judicious application of the forceps could give. When I began to apply the forceps at the onset of the patient's failing strength, it was with a view of securing, if possible, a living child, for the delay seemed to act as prejudicially against the fœtus as the mother. In my private practice, I find, on an average, every twenty-sixth

labour suffer from the symptoms of debility; these I have delivered with the forceps, and in not one of them was the child tsill-born.—*British Medical Journal.*

TURPENTINE IN PYÆMIA.

Dr. J. Sinclair Holden relates the case of a work man in whom amputation of the fingers was rendered necessary by an accident. Gangrene supervened, a secondary operation was performed above the wrist, and was in its turn shortly followed by rigors, profuse sweats, sleeplessness, low delirium, subsultus, and stupor, the wound becoming sloughy and offensive. The man rapidly sank, in spite of free stimulation.

As a *dernier resort*, half-drachm doses of turpentine were administered in egg emulsion every four hours. After the third dose they were discontinued, as the pulse and temperature had fallen and consciousness returned. The patient partook liberally of brandy and beef-tea, but on the following day all the asthenic symptoms reappeared, and the patient relapsed into a comatose condition. The turpentine was again had recourse to, and with the same happy effect. This time the improvement was permanent, and the patient made an excellent recovery.—*The Lancet*, Jan. 31, 1874.

THE CANADA MEDICAL RECORD

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TO OUR SUBSCRIBERS.

We again beg to remind those of our subscribers who have not yet remitted to us their subscriptions, that we earnestly desire them to do so *at once.*

MONTREAL GENERAL HOSPITAL.

The fifty-first Annual Report of this admirable institution was presented by the Secretary, Dr. R. Palmer Howard, to the Governors, at their annual meeting, which was held on the 20th of May last, from which we gather that the ordinary income from all sources has been during the year 1873–4, $29,916.46; the ordinary expenditure, $33,797.10; showing a deficiency of $3,880.64. The extraordinary expenditure has been $11,216.17; the extraordinary income $5,930; showing a deficit of $5,286.17.

There has been expended upon the "Morland Memorial Wing," $14,940.71, and been received on account thereof, $7,000, leaving a balance against fund of $7,940.71. This deficiency will, however, be met by the late Mr. Morland's legacy of $1,000, and a further sum of $2,000 promised by the gentlemen who have interested themselves in perpetuating the memory of a gentleman who devoted so much time to the interests of the hospital. The money needed to complete the wing will be taken from "the permanent fund." The number of in-door patients treated during the year was 1,918, and of out-door 13,137, an increase of 97 in-door and 1,788 out-door patients over the number of last year. Amongst the sources of this increase in the number of admissions may be mentioned the greater prevalence of typhoid fever and of rheumatism during the years there having been 87 cases of the former and 104 of the latter in the year just expired, as against 36 cases of the former and 69 of the latter in the year which immediately preceded it.

Small-pox was the cause of the admission of one hundred and two patients—the disease having assumed epidemic intensity. With the view of neglecting no precaution likely to prevent the communication of that disease to the patients in the genera wards of the hospital, the Committee of Management last November employed a medical man to take sole charge of the small-pox patients in the isolated building devoted to that disease, and relieve the attending physicians of the hospital of that duty. With the same object, a room for the reception of the remains of persons who have died of small-pox has been built. Dr. Simpson, the physician in charge of the small-pox patients, has furnished the following facts, which, at the present time, are especially deserving of consideration. All the unvaccinated small-pox patients, except two, had the confluent form of the disease, *i. e.*, the serious form. Of the whole number of the vaccinated admitted with small-pox, only two had more than two good vaccination marks upon the arm, and only two had been successfully revaccinated. These latter two were so slightly affected by the disease that, except as a precautionary measure, they might have continued to follow their daily occupations. The disease throughout the winter has been of an extremely severe type, and towards the latter part of February it assumed a most malignant character.

Taking it all through, the Report is a very satisfactory one, and the subscribers to the charity have the satisfaction of knowing that the money which they have so liberally given has been the means of relieving a vast amount of human suffering.

WESTERN HOSPITAL OF MONTREAL.

We have been informed that a site for the proposed new General Hospital has been purchased. It is located on the Dorchester Street plateau, and forms a complete block. The extent of ground is about 100,000 feet. It is proposed to plant such trees as may be required to beautify the grounds this fall, the operation of building not being entered upon till next spring.

CANADIAN MEDICAL ASSOCIATION.

We direct attention to the advertisement of the Canadian Medical Association, which meets at Niagara Falls, on Wednesday, the 5th of August. By error, it was for some time advertised as taking place on the 1st of August, so that we hope our readers will note the change. From what we can learn, we believe the attendance will be good, and the meeting of a very interesting character. We trust that those who were nominated at St. John, New Brunswick, last year, to read papers at the forthcoming meeting will not fail in the task which was allotted to them, and from which we have reason to know, not a few of the members have been anticipating much mental enjoyment.

COLLEGE OF PHYSICIANS AND SURGEONS OF LOWER CANADA.

The tri-annual meeting of this the Governing body of the profession for the Province of Quebec, will take place in the town of Sherbrooke, on Wednesday, the 8th of July. We notice that a Committee has, at a meeting of the Governors, been named to suggest alterations to the by-law "concerning the study and practice of medicine, surgery and pharmacy," and that they will report at the forthcoming meeting.

A LIVINGSTONE SCHOLARSHIP

Is to be instituted at Charing-Cross Hospital as a memorial of the great traveller who acquired a part of his medical education there.

CREMATION OF THE DEAD.

—The Communal Council of Vienna has adopted, by a large majority, the proposal of one of its members to establish in the cemetery the necessary apparatus for cremation, the use of which will be optional and open to all. A similar proposition is now being agitated at Grutz; which contains a population of 1000,00.

PERSONAL.

Dr. Trenholme performed, on the 12th of June, excision of the uterus for fibro-cystic tumor, on a young lady who came from Ontario.

The patient is making a rapid recovery, so far not having had a single dangerous symptom. A full report of the case, together with an illustration of the uterus and tumor, will be furnished to our readers in a subsequent issue of this journal.

At the annual meeting of the "Female Home" Society, held on the 26th of May, the following appointments were announced by the President:—*Consulting Physician*, John Reddy, M.D., L.R.C.S.I.; *Attending Physicians and Accoucheurs*, Wolfred Nelson, C.M., M.D., Thomas D. Reed, M.D., and Thomas J. Alloway, M.D.

Dr. Cameron (M.D., University of Glasgow,) of Huntingdon, has been elected by a large majority, representative in the Local Legislature for the County of Chateauguay.

Dr. Thayer (M.D., McGill College, 1859) has gone to Europe with his family, and intends being absent for a considerable period.

Dr. Godfrey, Professor of Surgery, University of Bishop's College, has been unanimously elected an attending Physician to the Montreal General Hospital.

Drs. Phillip and Digby, of Brantford, have been named delegates to represent the Brant County Medical Association, at the forthcoming meeting of the Canadian Medical Association, at Niagara, on the 5th of August.

Drs. Eugene Trudel, Edwin Turcotte, E. Berthelot, J. Coyteux Prevost, Edward Painchaud, and —Paré, graduates of Montreal Branch of Victoria College, have sailed for Europe to still further promote their studies.

Dr. F. J. Austin, (McGill College, 1862,) formerly of Sherbrooke, has commenced practice in Montreal.

MARRIED.

At the Chapter House, London, Ont., on Wednesday, 10th June, by the Right Reverend the Lord Bishop of Huron, assisted by the Very Reverend Dean Boomer, R. Palmer Howard, M.D., of Montreal, to Emily, daughter of the late Thomas Severs, Esq., of Clapham, Surrey, England.