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Original Communications.

OBSERVATIONS ON THE USE OF PILOCARPINE IN THE CONVULSIONS OF PREGNANCY.

BY GEORGE T. M'KEOUGH, M.B., M.R.C.S. ENG.,
CHATHAM.

I purpose in the following paper to relate, briefly, the history of three cases of puerperal eclampsia that have recently been under my care, and in which jaborandi, or its alkaloid, pilocarpine, one of the latest remedies recommended for that distressing and disastrous disease, was administered. I found it both a valuable and formidable agent, and desire to point out some of the dangers attending its use, as well as the benefits to be derived from its administration, as deduced from my experience in these cases.

CASE No. I. March 14.—Mrs. J——, aged 20, primipara, pregnant about eight months; a large, stout, full-blooded woman, with a good family history. No previous history of fits. I was called about 11 p.m. The woman had been having convulsions at various intervals since noon. In all there had been twelve: the last three had succeeded one another rapidly. I found her in a condition of almost profound coma. She could not be roused to give any evidence of consciousness, and her breathing was quite noisy. She had had a convulsion just previous to my arrival. There was marked œdema of feet, legs, labia, hands, and face.

Her pupils were widely dilated. I learned, on inquiry, that she had complained of severe headache, and of some impairment of vision, for a few days previous; and that her legs and face had been swollen, more or less, for some weeks. While I was examining some urine which she had passed in the morning before the fits had set in, and which was found to be about two-thirds albumen, the patient was seized with another violent paroxysm. I immediately commenced the administration of chloroform, which mitigated, temporarily, the severity of her symptoms. Subsequently, a vaginal examination revealing no symptom of labor, a gum elastic catheter was passed up four or five inches between the membranes and inner wall of the uterus, in the hope of promoting uterine contractions. Just as this was accomplished, having had, in the meantime, to relinquish the administration of the anæsthetic, another eclamptic seizure occurred. After she again became quieted, I attempted to open a vein in her arm, considering her a proper subject for venesection, and having a good pulse, notwithstanding the number of convulsions. Her skin being black, her arm fleshy and œdematous, my only light the flickering flames of a fireplace, and having imperfect assistance, I was compelled reluctantly, after several ineffectual attempts, to relinquish the arm. I afterwards opened a vein in the foot, but only a small quantity of blood escaped. The convulsions continuing, unless profoundly under the influence of chloroform, and the stupor between the paroxysms becoming more pronounced, I,

having no other applicable means with me of acting upon the emunctories, *injected* one-sixth of a grain of pilocarpine hypodermically. In less than ten minutes drops of perspiration appeared upon the forehead, and in fifteen minutes my patient was sweating profusely, her clothes soon becoming soaked. About the same time that I first noticed the beads of perspiration appear, the mouth began to water, and in a very few minutes more there was profuse ptialism—saliva and mucus literally pouring out of her mouth and nose almost in a continuous stream. The lungs were apparently inundated with bronchial secretion, producing a noise in respiration resembling the “significant rattle.” Her symptoms were decidedly alarming, and I thought for a time my patient would suffocate. The violence of these symptoms fortunately passed off, but the sweating and salivation continued in a less degree. No more fits ensued; but she remained in a complete stupor until she died, about three hours after the hypodermic injections. The pulse was quickened by the action of the pilocarpine, and somewhat weakened, but not to any alarming extent. After death I removed the catheter, which had remained *in situ* about four hours, but found no dilatation of the os.

CASE NO. II. May 24th.—Mrs. C. P.—, aged 35; eighth pregnancy. Has never been a very robust woman, and has always been compelled to work hard. She does not expect to be confined for a month. Was as well as usual until two weeks ago, when she felt herself becoming weak, and had no disposition for any exertion. Her feet and legs commenced to swell, and urine diminished in quantity. She lost her appetite and had attack of nausea. The swelling of the legs continued to increase, and the urine became less and less in quantity daily. I saw her this evening for the first time. Found her lower extremities greatly swollen, pitting deeply on pressure, also slight œdema of hands and face. Feels very ill; nausea intense, but has not vomited; complains of some headache and dimness of vision. Pulse 110 and weak; breathing about 50 per minute; voiding only about two tablespoonfuls of urine in twenty-four hours. Of the small quantity of urine obtained for examination, about two-

thirds solidified in the tube with heat and nitric acid. A vapor bath and half a drachm of co. jalap powder was ordered, and a prescription containing 3 minims of the fl. ext. digitalis and half a drachm of the acetat. of potash every three hours.

May 25th, 9 a.m.—Bowels were well moved. She passed about an ounce of urine during the night, but scarcely sweat any in the bath. Symptoms about the same, excepting headache, which is less severe; but the nausea is still very distressing. Slight pain in the back. The diuretic to be continued and vapor bath to be repeated.

I was called again at 2 p.m., receiving word that she had had a fit. I was delayed in reaching the patient's residence, and when I arrived she had partially recovered consciousness; complained of headache, blindness, and nausea. The vapor bath in the morning had again failed to produce the desired effect.

Dr. Holmes, who accompanied me at this visit, advised giving a drachm of the fl. ext. of jaborandi and another vapor bath. This caused free sweating and slight salivation, but no unpleasant lung symptoms. The sweating was maintained for several hours with the assistance of some artificial heat in the shape of a few bottles of hot water placed around her. After the bath she became restless, and there being great difficulty in keeping the bed-clothes over her, or even retaining her in the recumbent posture, I injected a quarter of a grain of morphia subcutaneously. The morphia soon tranquilized her and produced sleep. The sweating greatly relieved the rapid breathing and did not materially affect her pulse. There were no twitchings or symptoms of convulsions, after the last bath. About midnight a vaginal examination was made, and finding the os uteri soft and dilatable, and the head of the child presenting, the membranes were ruptured. About the same time half a drachm of jaborandi was given. This augmented the diaphoresis, which was kept up by the assistance of an extra blanket and a few bottles of hot water. She was delivered a few hours subsequently of a dead child. Convulsions did not recur.

May 28th, 9 a.m.—Patient expresses herself

as feeling much better. Headache, impairment of vision and nausea all disappearing. Urine passing freely, but still containing a large quantity of albumen.

This patient continued to improve daily. Vapor baths and jaborandi were given every alternate day for a week. The œdema and albumen were disappearing when she passed from my observation.

CASE No. III. June 7.—I was called hurriedly during the afternoon to a woman who was said to be dying, and on arrival at the house I found my patient lying on the floor of her bed-room in a semi-comatose condition—moaning, restless, and occasionally sighing. Pupils were slightly dilated, and slowly responded to light. Pricking any portion of her body produced no reflex movements. There was no evidence of vomiting and no œdema. Pulse 90, weak, and irregular; temp. 97°. On inquiry, I learned that about an hour previous she had eaten a hearty dinner, and shortly afterwards retired to her room for the purpose of taking a bath, apparently in perfect health, having made no complaints of ill health to her friends. Some one entering her room shortly before I was called, found her lying upon the floor, moaning loudly, and a bloody froth issuing from her mouth. It first occurred to me that she might have taken some poison, but obtaining no further evidence pointing to such a conclusion, a further examination was made, and revealed that she was between three and four months pregnant. This at once suggested uræmic poisoning, and being unable to obtain any of her urine, a catheter was passed, and about two teaspoonfuls of urine drawn off. This, upon examination, was found to be almost solid with albumen. She was put into bed, bottles of hot water placed around her, and one-eighth grain of pilocarpine injected hypodermically. I saw her again about four hours afterwards, and found her somewhat more conscious, but very restless; could be kept in the recumbent posture only with some difficulty. She had been sweating freely until about an hour previously. Had passed no urine. Pulse 100, and weak. No convulsions. Repeated the pilocarpine injection, one-eighth grain. She resisted the injection this time. On account of

the restlessness, she was ordered a drachm of chloral and half an ounce of whiskey, per rectum, every two hours until quiet was produced. An enema of soap and water to be given first.

June 8th.—The patient rested fairly well during the latter part of the night—more conscious, but unable to give any account of her sickness. No convulsions occurred since she was last seen. Has been sweating more or less freely since the last injection. Pulse 110, and stronger. Labor came on towards morning, and progressed to a favorable end—the foetus coming away with the membranes and placenta intact, about ten o'clock. There was a very slight amount of hemorrhage. Her bowels were moved this morning, and she passed some urine, but I was unable to obtain any for examination. I again injected one-eighth grain of pilocarpine.

6 p.m.—She passed a quiet day, but complains of a bad headache, and lies in a semi-lethargic state; not inclined to converse—answering questions in monosyllables. She passed urine several times during the day; that which she passed last contained one-fourth albumen. Tongue, swollen and painful, shows a tooth wound. Pulse 100; temp. 100°. I again injected the pilocarpine, one-eighth grain.

June 9.—Slept fairly well during the night—feels comfortable this morning. She has a very slight headache. Passing urine freely, sp. g. 1015, containing no albumen. Bowels open. Temp. normal; pulse 80. Quite conscious and rational. She informed me this morning that for some days previous to her sudden illness she had not felt as well as usual; suffered from muscular weakness, indisposition to exertion, and had slight headache at times, but did not notice any diminution in the amount of urine passed. The last thing she remembers before her illness was suddenly, while bathing, feeling awfully sick and faint.

June 10.—The further history of this case was one of uninterrupted recovery. I had the kind assistance of Dr. Rutherford on several occasions during my attendance on this case.

Remarks.—So far as I can learn, from the medical literature at my disposal, the use of pilocarpine in puerperal eclampsia is apparently

in an experimental stage of its history. The views of eminent men concerning its use are discordant. Dr. Fordyce Barker* gives it as his opinion that, in the treatment of puerperal convulsions, the utility of jaborandi, or its alkaloid pilocarpine, is more than doubtful, and that its depressing influence is so continuous and exhausting as to render it an unsafe and dangerous remedy. Whilst, on the other hand, Dr. T. Gaillard Thomas relates the history of a case before the Obstetrical Society of New York,† in which pilocarpine “seemed to exert a remarkably beneficial influence, and, from the results in his case, hoped much from the drug.” Theoretically, it ought to be the remedy *par excellence*. I believe it is now almost universally admitted that convulsions of pregnancy are the result of some urinary poison in the blood, due to the pressure of the gravid uterus upon the ureters, kidneys, and their blood-vessels. Therefore, stimulating the emunctories and the emptying of the uterus are essential steps in treatment, which pilocarpine apparently fulfils. It produces almost immediate diaphoresis and ptyalism, thus relieving the toxæmia more quickly than by any other known means; and I believe it has been demonstrated beyond a doubt that it has an ecbolic action, producing rhythmical contractions of the uterus, and thus promotes labor.‡ In my third case I think it assisted labor materially—probably inaugurated the uterus contractions.

In none of my three cases did the great depression which Dr. Barker speaks of ensue, and in my last two cases the pulse was weak when first administered; the doses of the drug used, however, were smaller than generally recommended; and I cannot but think that the excessive and exhaustive perspiration and salivation, which evidently does sometimes occur, is produced by the abuse of the drug, and the reducing of the patient to a condition of adynamia may be avoided by the administration of smaller doses than are generally recommended, assisting its action, if necessary, by means of artificial heat. In my last case one-eighth of a grain, with the assistance of an extra blanket

and a few bottles containing hot water, kept the patient sweating freely for three hours. In my last two cases a degree of restlessness followed its use, which was, however, speedily controlled by the use of sedatives—morphia in one and chloral in the other. But there is a danger, as illustrated by my first experience, to be feared in certain cases, viz.: pulmonary œdema and the flooding of the lungs with excessive secretion. I think this can be learned from the record of these cases: that when the coma is profound, and has almost extinguished the action of the reflex centres, as in my first case, pilocarpine is a dangerous agent, on account of the impossibility of the patient to get rid of the enormous quantity of bronchial secretion and saliva which floods the respiratory passages; but in those cases in which the physician is called, before the patient has many convulsions—when the poison has not suppressed entirely the action of the reflex centres—when the patient is partially conscious, probably restless, and moaning, or when convulsions have not occurred, but seem imminent,—it is my conviction that we have in pilocarpine a most valuable adjunct in the treatment of this dreaded disease.

ANTIPYRIN IN FEVERS.

BY A. M'PHERAN, M.D.

(Read before Toronto Medical Society, Dec. 10th, 1885.)

While little advance is being made in our knowledge of the essential nature of fever, much is being done by way of increasing the number of agents at our disposal for the moderation of the pyrexia in febrile affections generally. One of the last added to this class of remedies is antipyrin, provisionally so named. It was first used, about two years ago, by Filehne, of Erlangen, both experimentally and in the treatment of fevers. Since then it has been tested extensively in Germany and France, and, to some extent, in England and the United States. The reports from all quarters, with few exceptions, are highly commendatory of the powers and virtues of the drug. By some it is considered as the equal to quinine

* *Medical Record*, March 1st, 1879.

† *American Obstetrical Journal*, July, 1885.

‡ *Obstetrical Journal*, Jan. 1879.

and morphine in importance as a therapeutic agent.

Antipyrin is a fine white crystalline powder, obtained from the waste products of coal tar. It can be prepared synthetically. It is of rather complex chemical composition, belonging to the same group of aromatic carbon compounds as carbolic acid, naphthaline, etc. It is very readily soluble in water; of rather pleasant, bitter taste. In large doses, some samples have a pungent, tarry taste. This may be due to some impurity or imperfection in manufacture. It is absorbed very readily from the stomach; very little, if any, probably reaching the intestines. It is excreted by the kidneys, altering the urine little, if any. Large doses (grs. 60) have produced a semi-comatose condition, with symptoms similar to those due to carbolic acid poisoning. In the literature which has come under my notice, nothing is said as to its effects on persons in good health. In two cases to whom I gave 70 grs. each in three hourly doses, there followed some fall of temperature—in one about 1.2° ; in the other, 1° . In each the decline was gradual, occupying five or six hours, beginning within an hour of the first dose. As soon as the lowest point was reached the temperature began to rise again, reaching the normal in about three hours. In each case there was some nausea about the time of the lowest temperature, that is, when most fully under the effect. The nausea may, however, have been due to impurity, the specimen of antipyrin used having a yellowish tinge and tarry taste in full doses. The pulse was altered little, if any.

In all febrile states, except malarial fevers, in which antipyrin has been administered, it has promptly reduced the temperature, except in some cases of severe general infection.† The temperature begins to fall within an hour after administering the first dose, and continues to fall a varying time and degree according to circumstances. As soon as the temperature touches the lowest point it begins to rise again, and reaches its maximum after several hours—6 to 12 generally; may be as many as 20 or 24

hours. The rise occurs gradually, though more rapidly than the fall probably, and very rarely with chill. With the fall of temperature there is always some perspiration, occasionally profuse. The sweating does not seem to bear any definite relation to the fall of temperature, though it is usually greatest when the temperature has been most depressed. Some say the sweating is caused by the first dose, and not increased by succeeding doses of the medicine. It is worthy of note, that while free perspiration may result from the administration on one occasion, the next may be attended by only slight moistening of the surface. The sweating ceases when the temperature begins to rise again. It is easily controlled by the addition of atropine.

The pulse is always reduced somewhat in frequency, but not in proportion to the fall of temperature. It is improved in tone even when the temperature has been greatly depressed. Weakness of the heart has been observed, but ascribed to the depression of temperature, not to the action of the drug.

Vomiting is occasionally excited, possibly due to some impurity, as this drug, like other expensive ones, has not escaped adulteration. When rejected by the stomach it may be given subcutaneously, as it is non-irritant. It is soluble in half its weight of hot water. It sometimes causes a papulous erythematous eruption like that of measles. The papules are at first small. The rash is said to begin on the inner sides of the knees and spread over the body, the face being unaffected. It causes no annoyance and disappears usually in three days, sometimes not till five.

As to the manner in which this drug produces its antipyretic effects there is nothing but speculation to offer, nor will there be till the vexed question of the cause of the heat of fever is settled. It certainly belongs to the class of antipyretics that act on tissue change. That the fall of temperature is not dependent on the perspiration is proved by its occurrence when atropine is added to control the sweating.

In the administration of this drug, German authorities advise that 3 doses of \mathfrak{ss} . each be given hourly to an adult; and to children $1\frac{1}{2}$ grs. for each year of child's age in same manner.

†Dr. Götze in *Ber. Klin. Woch.—Medical News*, 18th April, 1885.

These are maximum doses. It is advisable to begin with not more than 20 grains for the adult and for a child half the dose above recommended, lest the temperature be too greatly depressed and a state of collapse result. Full doses, however, probably secure a longer depression of temperature than moderate ones.

It must be carefully borne in mind that the sole object to be aimed at in the administration of antipyrin is the reduction of temperature and the benefits resulting to the patient therefrom. It has no curative effect on the disease. That it will reduce the temperature, with rare exceptions, and that without injury, is acknowledged by all who have tested it, so far as I am aware, except Jaccoud, of Paris. He says that though it cools the peripheral portions of the body, as shown by the thermometer in the axilla, it has no certain influence on the central temperature, which remains at its usual height, and is in some cases even augmented. The peripheral cooling does not benefit or relieve the distress of the patient, but rather weakens him. The effects are illusory. He concludes by saying that antipyrin cannot be considered a real acquisition to medical therapeutics.*

This is quite at variance with the experience of others. In my own cases the thermometer under the tongue gave a fall of temperature always corresponding to that in the axilla, and the general condition improved in each case.

I have had the opportunity of advising the use of antipyrin in two cases of typhoid fever—one a boy, aged 7, in my own practice; the other, a young woman under the care of Dr. Carson, and whom I had the privilege of seeing with him and Dr. Duncan. In the boy's case the attack promised to be a severe one, the temperature reaching 104.5° F. by the end of the first week, with tendency to delirium. Three hourly doses of 9 grains each (less than 1½ grains to each year of age) were given on the first occasion. When seen five hours after the first dose the temperature had fallen to 96.6° under the tongue. He complained of feeling cold and required to be covered warmly, otherwise his condition was improved;

the pulse considerably slower and stronger; tongue quite moist, and all signs of delirium gone. It was not till next day that the temperature rose to nearly its former height. After this the dose was reduced to about 4 grains, and one series of 3 doses daily was usually found sufficient—never more than two series were given—to maintain temperature at 102° or below. After several days it was omitted, to see the effect. Next day the thermometer registered over 104°, with delirium, the tongue becoming dry and sordes beginning to deposit on the teeth. A return to the antipyrin promptly relieved all these symptoms.

It was not till the end of the second week that antipyrin was given in Dr. Carson's case. Though the temperature had run only a moderately high course, she was nevertheless greatly prostrated—the pulse was so feeble as scarcely to be counted, the face quite cyanotic, and there was very marked tremor of all parts of the body. It was absolutely necessary that the temperature should be kept low, and as she greatly objected to the application of cold in any manner, antipyrin was at once tried, and gave the utmost satisfaction so far as controlling the temperature was concerned. The morning after it was first obtained the temperature suddenly rose to 104.6° at 6 a.m.; three ʒss. doses were given, and at 11.30 the thermometer under the tongue registered 97.4°, and did not rise to 103° again till midnight. As in the boy's case, so in this the general condition was greatly improved, the tremor rapidly lessened and was only slight during the rest of the illness. The antipyrin was subsequently given in doses of 15 grains or less, as needed to keep the temperature below 103°. Three days after antipyrin was first given the stock became exhausted, and no more could be obtained for two days. During this time 15 gr. doses of quin. were given every 6 hours, and cold compresses applied frequently. Yet the temperature rose to over 104°, with restlessness, increased delirium, tremor, increased coating of tongue, etc. A return to the antipyrin the second evening improved all these symptoms, and gave a much better night's rest.

There was free perspiration in both these

* *Lancet*, Nov. 7th, 1885.

cases, but not profuse; no gastric disturbance or rash in either. The boy took in all $32\frac{1}{4}$; he became convalescent in the usual time—three weeks—and is now almost fully recovered. The young woman took about $31\frac{1}{2}$. Her case was very protracted, and unfortunately terminated fatally by perforation, in the beginning of the fifth week, when she was giving fair promise of soon beginning to convalesce. She had had considerable hemorrhage for several days, but it had ceased, the temperature had a downward tendency, and the countenance was more natural. Her family history, so far as enteric fever is concerned, is a very bad one.

About ten days ago I prescribed antipyrin in two cases of tuberculosis. One case was so far advanced that it was not taken for more than a day or two; the other took it so irregularly that the results are of little value beyond the fact that from 5 to 10 grains always brought the afternoon temperature down to normal. Had he taken it regularly the afternoon rise, which was to about 102° , might have been reduced to the normal oscillation. Dr. McAllister, of Cambridge, reports the results of its use in two cases of phthisis. Five grains three times a day were found sufficient to maintain a normal temperature; with an omission of the medicine the afternoon hectic returned. The addition of 1 min. of liquor atropino to each dose controlled the sweating. The general health improved so much that they were able to leave the hospital and attend as out-patients.*

Next to typhoid fever and tuberculosis, it is anticipated that antipyrin will be most useful in pneumonia, but I have not had the opportunity of using it in this disease, nor have I seen any account of its use.

In scarlet fever the majority of those who report the results of use have derived great benefits from its administration, in the control of the temperature and amelioration of the other symptoms. The eruption is often delayed as that of measles is also. Some, however, say that though the temperature is at first greatly reduced, it returns with renewed vigor and cannot be controlled by further use of the medi-

cine, and that there is no improvement in the other symptoms.

In acute rheumatism, Lynch, of Baltimore, has obtained results as favorable with antipyrin as with the salicylates.*

Benefit is reported from its use in facial erysipelas, and surgical fever.

In puerperal septicæmia it has promptly reduced the temperature after quinine, salicylates, carbolic acid, and aconite had failed.†

It is said to act unfavorably in pregnancy.

Our estimate of the therapeutical value of this remedy, should it prove as safe and effective as present experience indicates, will be proportional to the opinions we hold as to the desirability of moderating the temperature in all febrile affections. Fever is accepted almost universally as an index of the severity of the disease, and is often the chief obstacle with which we have to contend. Unfortunately, we are seldom able to remove its cause, and with the cause the pyrexia itself, and therefore have to content ourselves with moderating its intensity till the disease has run its natural course. Many persons bear high temperature well enough even for a considerable time, but in a large majority of patients adynamic symptoms soon develop. This is true especially of typhoid fever, in which the prostration of the nervous system and the weakness of the heart—the most frequent causes of death—are due rather to the continued high temperature than to the fever poison. In the treatment of this disease the moderation of the temperature is, next to proper alimentation, the object of greatest importance. This object can usually be attained by cold, in the form of a bath or otherwise, if resorted to before the temperature has gained the upper hand. The application of cold, however, is by many considered not altogether free from danger. Bristowe, in the discussion on the Cold Bath Treatment of Enteric Fever, at the Medical Society of London, in February of last year, reports two cases in which there was collapse of the lungs, probably due to the cold bath.‡ But, granting that the cold bath is safe, there are still many cases in which it can-

* *Med. News*, Oct. 30th, 1885.

† *Med. News*, April 25th, 1885.

‡ *British Med. Journal*, Feb. 23rd, 1884.

* *Lancet*, Oct. 10th, 1885.

not or will not be had recourse to. There are others who bear it so badly that its use has to be foregone. In these antipyrin, so far as present experience goes, offers an easy, safe and certain means of attaining the object aimed at.

Again, it is not an infrequent experience that the temperature cannot be reduced by the most thorough use of the cold bath, and the administration of the antipyretic remedies hitherto in use; in these antipyrin would be invaluable, and has already proved its efficacy in such cases.

Next to enteric fever it is in tuberculosis that antipyrin promises to be most useful. By relieving the patient of the depressing influence of the afternoon hectic fever, the general health is improved, and the patient enabled to cope more successfully with the disease. McAllister thinks so highly of it as to suggest the possibility of its being in time the compeer of morphia, being the allayer of fever as the latter is of pain.

Should further experience justify present expectations of this remedy as a safe and efficient antipyretic, it will, doubtless, become the chief agent for the reduction of temperature in continued fevers and states of hyperpyrexia from whatever cause, at least, till something better is discovered. Care is necessary in its administration lest collapse follow. Six cases are reported in which the temperature was reduced to 92° or 93° without bad consequences. Such depression is to be carefully avoided, as serious consequences might result. The sole object in the administration of antipyrin is to enable us to control a symptom which causes great discomfort, and often endangers the life of the patient; it is only thus that it contributes to the patient's recovery. That its power is only to alleviate a symptom, and not to cure, should not lead us to estimate its value too lightly in the present status of medical therapeutics, as many of our most valuable remedies do no more. Should future use prove antipyrin to be a safe and efficient remedy, it should replace quinine as an antipyretic agent. Only after thorough and careful observation of its effects can it be relegated to its proper place as a therapeutic agent.

* *Medical News*, April 11th, 1885.

A CASE OF TYPHOID FEVER WITH UNUSUALLY HIGH TEMPERATURE.

BY R. L. MACDONNELL, M.D.,

Physician to the Montreal General Hospital.

Typhoid fever, with symptoms of unusual severity: hyperpyrexia; severe rigors; parotid bubo; phlebitis of the left femoral vein; recovery.

A sailor, W. R., aged 21, was brought to the Montreal General Hospital on July 1st, 1884, in a condition of fever and prostration. The patient had never had any serious illness until seven days ago, when he was attacked with vomiting, diarrhoea, severe headache and chills, from all of which he has been suffering, more or less, ever since. Latterly there has been pain in the bones, constant cough, and disturbed sleep.

On admission into No. 21 Ward, the face was flushed and the expression dull and heavy; abdomen somewhat distended, but no distinct tenderness or gurgling in the right iliac fossa; no eruption. Pulse, 100; evening temperature, 104°. The tongue was furred, the bowels rather loose. There was retention of urine, for the relief of which a catheter was used. An examination of the heart yielded a negative result. The lungs were resonant throughout. The expiration sound was universally prolonged, and sibilant râles were heard at both pulmonary bases. The urine was high-colored; no albumen; no sugar. He was given the ordinary hospital fever diet, and cold sponging was ordered.

July 4th (11th day of the fever).—A few rose-colored spots were noticed upon the abdomen to-day. Retention of urine continues; slight diarrhoea. Last night there was some delirium. Pulse, 104, weak; respirations, 48. The temperature, which in the morning was 99°, rose during the day to 106° at 8.30 p.m. Ordered stimulants.

July 5th (12th day).—The temperatures recorded to-day were as follows:—At 3.30 a.m., 106°; 8.00 a.m., 99°; 4.30 p.m., 105.60°; 8.00 p.m., 101.80°. A severe rigor, followed by profuse sweating, accompanied each rise of temperature. The pulse in the morning was

92; in the evening 130, the respirations being 32 and 40 respectively.

July 6th (13th day).—Debility extreme. Is now at times quite unconscious. The fæces are passed involuntarily; motions, fluid and light-colored. Temperature: 12.30 a.m., 100°, chill; 2.00 a.m., 107°; 2.30 a.m., 106.40°; 5.30 a.m., 99°; 7.30 a.m., 104.60°; 8.30 a.m., 104.60; 9.30 a.m., 99.20°; 11.30 a.m., 99.80°; 2.30 p.m., 99.20°; 8.30 p.m., 99°. As the figures show, there was much improvement towards the afternoon. Pulse 92; fairly strong; no delirium; is now quite conscious; tongue moist. Though the diarrhœa still continues, he has now control of the sphincter. The bases of both lungs are dull on percussion, and moist râles are to be heard posteriorly. Five grains of quinine every four hours were now given.

July 7th (14th day).—The temperature did not rise above 100° to-day. No chills; free perspiration; tongue rather dry; diarrhœa still present. Mental condition is improved, and he slept well last night; is somewhat deaf. Pulse 96; fairly strong; respiration 36.

July 8th (15th day).—Passed several masses of coagulated blood; diarrhœa persists. The tongue is brown and somewhat dry. The temperature was 100° in the morning and 103° in the evening. Pulse 98; diarrhœa subsiding, four stools being passed in the 24 hours. The quinine is to be discontinued.

July 9th (16th day).—Again delirious last night but rational this morning; tongue more moist; evening temperature 102°.

July 12th (19th day).—Night delirium still continues. There is a swelling in the neighborhood of the parotid glands. Morning and evening temperature alike 102°. Pulse 100.

July 13th (20th day).—The parotid swelling, which begins below the ear and extends behind the jaw, is hard, brawny, ill-defined, and much more extensive than it was yesterday. At one point fluctuation is evident. Dr. Shepherd made an appropriate incision, which gave exit to about an ounce of thick curdy pus. A drainage-tube was inserted. The evening temperature is 103°.

July 16th (23rd day).—The tissues of the neck are still further infiltrated. A counter

puncture was made and through drainage established.

July 20th (27th day).—The parotid bubo having ceased to suppurate, the drainage-tube was removed. There is decided improvement in all the symptoms. The diarrhœa has ceased. The evening temperature is usually about 101°. The mental condition no worse than is commonly met with in the third or fourth week of typhoid fever.

July 21st (28th day).—The left leg and foot have suddenly become swollen and bluish. The veins on the inner side of the leg and thigh are enlarged, hard, and firm; no redness or tenderness anywhere. The pulse is now 120, and weak; the evening temperature 102°.

July 22nd (29th day).—Veins less distended; several patches of subcutaneous extravasation over the left ankle; evening temperature 100°; pulse 88; right calf of leg 11½ inches; left calf 13½ inches.

July 28th (35th day).—The swelling in the left leg is gradually subsiding, but the temperature for the last three nights has been high, having never been lower than 103°.

August 6th (44th day).—Has been doing fairly well until to-day, when the temperature again rose. It was 101° last night and 103° this morning. The pulse was again up to 120. No cause could be found for this relapse.

August 9th (47th day).—The relapse of the 6th August did not last. The temperature and symptoms generally improved, and convalescence progressed favorably until Sept. 20th, when the swelling in the left leg returned. This, however, disappeared in a few days, and the patient gradually recovered his strength, and shortly afterwards left the hospital.

The case presents several points of very great clinical interest. The typhoid poison attacked at the outset, with an unusual intensity, the nervous centres, so that in the first week, on the sixth day of the disease, that of admission to hospital, there were present symptoms rendering the prognosis extremely grave. Retention of urine we do not commonly meet with until the third week, nor is abdominal distension an early symptom. Delirium, too, which belongs to the second half of the fever, appeared very early in the course of the disease. So that

from the very outset it was evident that it was a case of very great severity.

On the tenth day of the fever the first formidable elevation of temperature took place (105° at 8 p.m.), reaching 106° at 5.30 in the early morning of the 12th day, and dropping suddenly to 99° before 8 a.m., a fact which goes to show the necessity in such cases of taking the temperature during the night as well as in the morning and evening. The next rise (105½°) took place in the afternoon of the same day, the temperature falling rapidly to 101·8° before 8 p.m. The highest point was reached, however, on the 13th day, when at 2 a.m. it was 107°, but as on the preceding day there was before morning a drop to 99° at 5.30. Suspecting that there might be some error in the observation, the thermometer used on the occasion was tested, compared with others, and found to be correct.

It is not unworthy of remark that this case illustrates how easy it would have been to deceive ourselves on the effects of antipyretics. Had the patient been treated by bathing, or the administration of large doses of quinine, antipyrin or other drugs, a victory would most certainly have been claimed by the therapist. I have long since lost faith in medicinal antipyretics in typhoid fever, and therefore refrained from active interference, save by the cold sponging ordered in the beginning of the fever and faithfully carried on throughout its course. The occurrence of melæna on the 15th day pointed to the fact that the intestinal lesion was severe, and for some days diarrhœa was troublesome.

Parotitis is in typhoid fever an uncommon complication. In many treatises on enteric fever no mention is made of it. It is not a mumps but a parotid bubo, and much more often follows typhus than any other of the specific fevers. The tough texture of the fascia enclosing the parotid accounts for the fact that the ordinary parenchymatous changes which occur in all the salivary glands should in its case give rise to suppuration and destruction of tissue. True, the submaxillary is sometimes attacked, but hardly ever the pancreas. The experience of the London Fever Hospital is to the effect that parotitis is of rare occurrence in

the specific fevers—no case having occurred there after measles, scarlet fever, or typhoid fever for years.* Trousseau regarded parotitis as a very formidable complication, "An affection from which I have almost never seen dothintenteric or other fever patients recover."† Murchison noted parotid swelling in 1 in 600 of his cases of relapsing fever, in 1 in 69.5 of typhus, but regarded this complication so common in typhus as being comparatively rare in typhoid. He had met with but six cases, while Louis Chomel and Gairdner each report one case. Chomel regarded such swellings as critical and auspicious. Murchison, however, lost five out of his six cases, a fact which speaks for itself.‡

According to Hoffmann 16 cases of suppurative parotitis were found at Basle among about 1600 typhoid fever patients, 7 of the 16 proving fatal. Parotitis without suppuration occurred three times. In 15 cases the attack was confined to the one side, 9 times to the right, and 6 to the left; in 4 it was double.§

But the point of principal interest is, however, the hyperpyrexia. Recovery is very rare indeed after such a high figure as 107° has been reached, though a case is reported by Wunderlich and quoted by Murchison in which recovery ensued after a temperature of 107.325° had been reached, which is, I believe, the highest temperature after which recovery has ever taken place. There was no history of malaria.

Hydriodic acid is growing in favor in cases of spasmodic asthma. It is given as a syrup in doses of from ʒss to ʒi. The syrup is much more stable than syrup Ferri Iod., and contains 1 per cent. of absolutely pure hydriodic acid. A large number of patients state that doses of 20 grains of the syrup afforded them more relief than any other remedy for asthma, surpassing even grindelia and the much vaunted mixture of ext. fl. grindelia and syrup of garlic.

* *Reynold's System of Medicine*. Article "Parotitis."

† *Trousseau's Clinical Lectures*, p. 363. London, 1869.

‡ Murchison, *The Continued Fevers*, p. 582. London, 1873.

§ *Ziemmsen's Cyclopædia*, vol. i., p. 60.

MALARIA: ITS NATURE AND ORIGIN.

BY HENRY ARNOTT, M.D., LONDON.

Colloquially the word "malaria" has become synonymous with the causative agent in ague, and in this sense I shall use the term. The question of the production of malaria should be one of universal interest, inasmuch as it is frequently found either causing or complicating many of the ills that afflict humanity. Upon the soundness of the views which are held concerning its nature and sources, often depends the correctness of the measures which are taken to suppress or remove it. I take it for granted that it is generally believed to be a germ of some kind—probably the spore of some of the lower vegetable forms, propagated in immense numbers, and diffused through the air on account of its minuteness, which, when introduced into the system through the mouth or lungs, gives rise to the singular series of symptoms termed "ague," or chill-fever.

When we watch, under the microscope, the growth and development of plants so small that they cannot be discerned as such by the naked eye, and see them shed spores so fine as to require a power of at least 300 diameters to see them the possibility of such spores being diffused plentifully through the air without being recognized by the senses, becomes quite evident. These germs are believed to develop in decaying vegetable matter, and in no other soil. The theories propounded by the most respectable authors to account for their production, all include decaying vegetable matter as a *sine qua non*. This is the point to which I wish to draw your attention, and which, I think, will bear a little reconsideration; at all events, the question is one of sufficient interest to merit some discussion.

I am inclined to believe that the only conditions necessary are water exposed to the air—the more stagnant the better—and a certain degree of heat. We know that water of a certain temperature is the only thing required for the propagation of many of the lower vegetable forms. If a jar of pure water be placed in the air at a proper heat, both animal and vegetable forms will soon be developed in it. Now, if some vegetable forms are propagated in pure

water, why may not the ague-plant? I was once asked, when speaking of this subject, if I believed that malaria would develop in distilled water. I answered in the affirmative; and I shall endeavor, in as short a compass as possible, to give my reasons for this belief.

If we can show, first, that malaria sometimes abounds where there is very little decaying vegetable matter; second, that vegetable decomposition is not always accompanied by malaria; and, finally, that the measures which are found to lessen malaria tend to increase vegetable decomposition, I think we shall have established a fair probability for our hypothesis. Of course, until we are able to distinguish the ague-plant and its spores, and to propagate it at will, as some of the *bacilli* are propagated, we cannot hope to prove positively that it can be grown in pure water, but I think that a careful consideration of the facts will render this quite probable.

In the first place, we often find ague where there is very little vegetable matter to decompose. That the amount of malaria is not in proportion to the decomposing organic matter is quite evident; and yet, if the recognized theory were true, it should be so. But there are places rife with malaria where there is so little decaying organic matter that the disparity attracts attention. Many cases come from along streams with a few willows growing on the brink, and here and there an occasional log, but we look in vain for large amounts of organic matter. We find some of the lower forms of vegetable life growing in and around the water, but the quantity is very small indeed. And even where we find some of these minute vegetable forms growing on decaying wood, it is not certain that they draw any nourishment from the wood, as many of them thrive equally well on a stone, a living branch, or anything where they can secure a resting-place, and the necessary heat and moisture.

One summer's day I drove along a part of the Chippewa river, noted for its malaria. Our party remarked that there did not seem to be much cause for ague there now. The bed of the stream was gravelly, and contained no vegetable matter other than a little moss, etc.; nevertheless, half our party contracted real

ague by that drive, from which they did not fully recover for a long time. We need not multiply such instances, as doubtless every one can recall cases where there was a great deal of malaria without a corresponding amount of decaying vegetable matter to account for it.

Nor need we dwell on the converse proposition that large quantities of decaying organic matter exist without any corresponding amount of malaria. In the early history of this country, the house of decaying logs was often surrounded by a yard two feet deep with rotten chips. Beyond this the fields, dotted with decaying stumps and logs; and still further, the woods, redundant with the same materials. Surely if decomposing vegetable matter could produce malaria, the inhabitants of such places would never have been free; and yet many neighborhoods of this character were quite exempt. Nor need we go so far back in history. Look at the celebrated "bogs" of Ireland; look at our own towns and cities, with their filthy backyards; look at the turbid stream, that receives the sewage of thousands of people, and I will take you to a clear, crystal rivulet, apparently innocent of everything but purity and innocence, that produces more malaria to the square inch than its dirty neighbor. If you ask why, I answer, because the one is too large to be heated by the sun's rays to the point necessary for the growth of the ague-plant; whilst the small stream, or stratum of damp, porous soil, is easily heated to the requisite point. The world over, the conditions that are invariably associated with malaria are heat and moisture. Whether in loose earth or porous stone, let the moist parts be sufficiently exposed to the heat of the sun, and we soon have a crop of malaria, which is the same law that applies to the germs of many other of the higher and lower orders of the vegetable kingdom.

With regard to soil, one prime consideration is, whether or not it is a good conductor of heat. Thus a soil which is a good conductor of heat may be markedly malarious; whilst another, of a different character, may be completely exempt, although being equally damp, equally low, and containing more—far more—organic matter.

Dr. Loomis sums up the conditions necessary for the production of malaria as heat, moisture, and organic matter; but he goes on to say that there need not be much organic matter. Well, as I said before, it would, in the present state of our knowledge, be very difficult to prove that the *bacillus malarie* could thrive in pure water, because when exposed to the air organic matter is so soon developed in it. However, there is no reason why malaria may not be the spore of this primary growth in the pure water as well as that of any secondary development after it has become impure. At all events, it seems clear to me that the amount of malaria is proportioned rather to favorable conditions of heat and moisture than to any quantity of decaying matter, however great.

Finally, drainage, which has been admitted to be the most potent measure for its suppression, increases decomposition of organic matter. A field well drained has a greater capacity for manure than one undrained, and has, at the same time, less malaria arising from it. According to the recognized theory there ought to be more.

This question deserves our best attention, inasmuch as not only malaria and its numerous relatives, but phthisis, cholera, and other diseases thrive best under similar conditions. But even with regard to malaria alone, it is of great importance. According to the generally accepted theory, if a stream be clear and fair to look upon it is adjudged to be not guilty of producing miasmatic vapors. On the other hand, if a stream or pond be not pleasant to the eye, or contain much organic matter in suspension, it is declared to be dangerous to the well-being of the liege subjects of Her Gracious Majesty. Under this theory, also, many facts connected with the history of the subject are very difficult of explanation. For instance, when malaria is found on a clean, sandy plain, the chemist is set to work to discover the inevitable organic matter. On the other hand, when many of the bogs of Ireland are found to be free from malaria, it is said to be on account of some mysterious antiseptic quality in the peat. When drainage fails to decrease malaria, or when some large river, full of organic matter, fails to produce malaria, explanation is dumb.

Under the modification of this theory now proposed, I claim that all the facts can be satisfactorily explained, by assuming that the only conditions necessary for the propagation of the ague-plant are the same as those required by numbers of plants of a higher order, viz., heat and moisture.

Selections.

NITRO-GLYCERINE IN INTERSTITIAL NEPHRITIS.

BY PROF. ROSSBACH.

As nitro-glycerine greatly lowers arterial pressure, it was given to three patients affected with small contracted kidneys, and suffering from high arterial tension; at the same time albuminuric retinitis, uremic asthma, and the general malaise characteristic of general arteriosclerosis, had reached an advanced stage. In spite of the lowering of tension in the circulation by the trinitrine, the urmic symptoms, instead of becoming aggravated, diminished.

The urine increased in quantity, albuminuria was less evident, and retinitis less marked and less annoying. From these three observations, Professor Rossbach concludes:

1. That in small white kidney, the augmented quantity of urine secreted by the healthy portions of the gland depends on other conditions than high arterial tension. Can this exaggeration of function result from a greater permeability of the healthy capillary walls? Thomas has at any rate shown the rapidity and facility with which not only soluble crystalloid substances, and colloids, but especially vermilion, pass without rupture the walls of capillary vessels of the cortical portion of contracted kidneys.

2. It appears probable that high blood pressure favors the production of the most grave symptoms of small white kidneys, such as asthma, retinitis, etc.

3. Nitro-glycerine is an excellent remedy in interstitial nephritis.

Therapeutic doses of 0.0005 to 0.001 milligramme often cause temporary headache which disappears in a few days.

Rossbach dissolves a given quantity of nitro-glycerine in ether, and mixes this solution with two parts of chocolate in powder, and one part of gum arabic. For each decigramme of nitro-glycerine 200 grammes of the above mixture is taken. The ether is allowed to evaporate completely, and the remainder is triturated with sufficient water to form a thick paste which is formed into small tablets containing each 0.005 or 0.001 milligramme, which is the dose to be given 10 or 15 times a day at hourly intervals. The 1 per cent. alcoholic solution seems to us to be more convenient, practicable, and exact. In Rossbach's opinion, nitrite of amyl gives less favorable results; nitrite of sodium or potassium acts as a poison, causing, even in small doses, severe headaches, etc. Every patient refused to continue it. The patients treated with nitro-glycerine left the hospital relieved at once—*L'Union Medicale*.

R. Z.

SYPHILITIC PSEUDO-PARALYSIS (PARROT'S DISEASE.)

This is a disease of infancy, occurring as a complete limp paralysis of greater or less extent, but affecting exclusively the limbs, without alteration of cutaneous sensibility or electro-muscular reaction. It is accompanied by acute pains, and a swelling more or less apparent of the bony extremities. The paralyzed limb can execute no movements whatever; the arm, for example, hangs alongside the body powerless. However, the hands and fingers can perform some movements, which is confirmatory of the electro-muscular contractility. There is no contracture. The number of parts affected varies; it is rarely confined to one limb. As a rule two limbs are attacked simultaneously or successively. Most often the paralysis is symmetrical. Generally when the lower extremities are paralyzed, the upper ones are not slow to become so in their turn. Syphilitic pseudo-paralysis is always limited to the extremities, which always retain sensibility and electric reaction, which distinguishes it from infantile paralysis. There is no febrile condition throughout. It begins insidiously and latently and never resembles infantile par-

alysis by an initial pyretic stage. There are too frequently present other symptoms of syphilis. The course of the disease is almost fully progressive. The duration varies. M. Drefons distinguishes three forms. Sometimes the child is known to be syphilitic. Sometimes there appears to be a traumatic origin, syphilis being overlooked. Sometimes there is no sign of syphilis, and these are the cases confounded with infantile paralysis. As to the pathology, it is evidently a solution of continuity in the bone that plays the most important part. The pain caused by contractions of the muscles also in part accounts for the paralysis; a third element is a sort of reflex paralysis consecutive to traumatism, which in cases where pain and separation of the bones are absent accounts for the loss of power of movement. Treated early and perseveringly, some cases recover. Treatment should be continued for a long time, even during several years, with intervals of rest, according to Millard. Alimentation requires the greatest attention.—(*Abstract from Gazette des Hôpitaux.*) R. Z.

MENTHOL.—Many experiments have recently been performed in Germany with a view to substitute menthol for cocaine in all cases where the latter is used. Menthol is a great deal cheaper, but it has to be used in solution of 20 to 50 per cent. It causes more smarting at first, and the analgesic effects soon pass off. It is said to act better in the eye than when applied to the buccal or nasal mucous membranes. Ether, alcohol and petrobaseline are used as solvents, the latter being least irritating. More decided and definite results, clinically, are needed to enable to assign a proper place to the anæsthetic and analgesic effects of menthol.—*Le Progrès Médical.* R. Z.

PSEUDO-RHEUMATISM FROM OVERWORK.—M. Albert Robin, in the *Gaz. Med. de Paris*, describes a disease resembling rheumatism, but occurring in patients with no rheumatic diathesis, and in whom exposure to cold and damp could be completely set aside as a cause. M. Robin related at his clinic several very convinc-

ing cases. The joints most exposed to fatigue are especially affected; they are sometimes greatly swollen, with but little pain. The effusion is abundant. There is remittent febrile movement. The heart is affected as in all the known forms of rheumatism. Immobilization, compression and revulsives are indicated. Salicylate of soda does not act well. The pathology, according to M. Robin, is overwork, and therefore over-production of excretory matters poured into the blood, and alteration of nutrition; a change in the quantity and character of the synovial fluid takes place; it becomes thicker and diminishes in quantity, and hence there is a place of less resistance in the over-fatigued joints. R. Z.

NEPHROTOMY FOR TOTAL SUPPRESSION OF URINE.

The patient on whom Mr. Clement Lucas operated for total suppression of urine, lasting four days and six hours, and whose case was mentioned in the *British Medical Journal* of November 7th, is progressing favourably, and gradually gaining strength. As, during the first week, no urine reached the bladder, a little concern was felt lest there might be another stone impacted in some lower part of the ureter. All anxiety on this score was, however, dispelled on the twelfth day, when, for the first time, the patient voided about two ounces and a half of urine by the urethra. Since that time, the amount passed *per vias naturales* has naturally increased. The wound has healed primarily, except when the drainage tube is inserted, and the patient's temperature has scarcely risen above normal since the operation. Mr. Lucas's case of nephrectomy, performed on October 20th, left the hospital well just three weeks from the date of the operation.—*British Medical Journal.*

GERHARDT'S PLUMBUM CAUSTICUM.—This consists of oxide of lead and potash. It is largely used in the Wurzburg Syphilitic Clinic to remove condylomata. It does not penetrate deeply, but produces a blackish slough. It is useful for warts on the glans penis.—*London Lancet.*

A UNIQUE CASE.

Dr. F. Hibbard, of Columbus, Ohio, reports the following case in the *Cincinnati Lancet and Clinic*, Nov. 28th. He was hurriedly summoned to see a child which the father said was paralyzed. He found a hearty, robust child, five months old, lying with the lower extremities flexed and held up in a stiffened position; arms flexed, with the fingers straight and dropping from the metacarpophalangeal articulation. The child had been playing with a basin of water, splashing itself until wet, and remaining some time before the clothes were changed. Dr. H. found, on tickling the soles of the feet and palms, that the limbs would be immediately drawn up, but this elicited cries as if from acute pain. Any movement of the limbs produced violent cries. No swelling of joints, only slight redness of the skin, most perceptible at the ankle joints. The temperature was 104°. Hot applications to the joints, and teaspoonful doses of salicylic acid in glycerine and acacia emulsion, every four hours until relieved, were prescribed. On the following day all soreness had disappeared, and the doctor found the child playing. [This, if acute articular rheumatism, occurred at a very early age, and was cured at a correspondingly early stage of the disease.—EDIT. PRACT.]

DIRECT INOCULATION OF THE HUMAN BEING BY TUBERCLE.—Dr. E. A. Tscherning (Fortsch. d. Medicin.) reports the following almost unique case:

A healthy female cook, aged twenty-four, served with a gentleman who soon died of acute tubercular consumption. While staying with him she one day injured herself on the palmar surface of the first phalanx of the right middle finger by a broken piece of his cuspidor entering her finger. The sputum which was then in the spittoon was examined by T., and found to be full of tubercle bacilli in almost their pure culture. About a fortnight after the injury, the first symptoms of paronychia developed themselves in the finger. Suppuration did not ensue, but, instead of it, soon after a nodule of the size of a split pea could be felt in the subcutaneous tissue. An

incision was made, and lying between the sheath of the sinew and the skin was found the granulating growth, which was destroyed with the sharp spoon. The wound healed within one week. A few weeks later, patient complained of pain on flexing the finger. The parts then appeared swollen, and at the same time the axillary glands were enlarged, but the lungs apparently healthy. These glands now were removed, and the finger amputated below the affected part and the sinew also extirpated. Cured within two weeks; patient discharged. A microscopical examination showed that where the first growth had been removed new granulations had formed. These and the destroyed sinew, as well as the axillary glands which had been extirpated, were found to contain a considerable number of tubercle bacilli.—*Birmingham Review*.

NEW LOCAL TREATMENT OF ECZEMA AND SOME OTHER SKIN DISEASES.

BY DR. GÉCÉ.

Dr. Gécé uses ichthyol as a medicated pellicle—a sort of artificial epidermis—very resistant and at the same time very supple—adhering perfectly without any bandage, applied by simply moistening in warm water (35° to 40°), and renewed every third or fourth day. In acute eczema, but only in the moist form, in all varieties of chronic eczema, notably in that of the lower extremities, where the pellicle applied in imbricated bands gives a very favorable methodic compression in prurigo and in lichen. A most encouraging change is observed from the first application. The itching ceases at once, the secretions become modified and disappear, and at each change of the dressing one sees the cure progressing. In psoriasis, the first trials appear favorable, but further experience is needed. A piece is cut from a roll of the pellicle to fit the part diseased. It may be cut at the borders, or not, or cut in bandages or strips as indicated. It is moistened by floating it in water as warm as the hand can bear it. When required to be renewed it is detached at one corner, and the two surfaces moistened with warm water.—*L'Union Médicale*. R. Z.

SALICYLIC ACID IN RHEUMATISM.

Dr. Latham, the Downing Professor of Medicine at Cambridge, in an article entitled "Why does Salicylic Acid cure Rheumatism?" lays down seven rules for its successful administration :

1. The true acid, obtained from the vegetable kingdom, must be employed. An impure acid will quickly produce symptoms resembling delirium tremens.

2. Give the acid without any alkaline base. A very good form is to mix 100 grains with 15 per cent. acacia powder and a little mucilage. Allow the mass to stand and harden, and then divide into 30 pills.

3. Place the patient fully under the influence of the drug—that is, let him have enough to produce cerebral disturbance—*i.e.*, buzzing in the ears, or headache, or deafness; with the development of these symptoms the temperature in the joints begins to decline. To an adult he generally administers three doses of 20 grains (6 pills), at intervals of an hour, and if the head remains unaffected, a fourth dose at the end of another hour; and then repeats the 20 grains every four hours until the physiological effect shows itself. In the majority of cases 80 to 100 grains are enough. In severe cases 100 to 150 grains may be required. Afterwards about 80 grains a day are sufficient, and as the temperature declines, smaller quantities will develop their physiological effects; 60 or even 50 grains being then sufficient to produce cerebral disturbance. It would appear that as long as the rheumatic poison is circulating in the system, the physiological effect—that is, the effect it produces in the healthy organism—does not show itself; acting as an antidote, the greater the amount of poison the larger must be the dose of the remedy; but as soon as the formation of the *materies morbi* is stopped, then the excess of the remedy acts as it would on the healthy organism, and its peculiar physiological effects are developed. It is a very striking illustration of the difference between the therapeutical effect of a remedy and its physiological action.

4. Give the patient from 40 to 80 grains daily for ten days after all pain and pyrexia have passed away.

5. Let the patient's diet consist entirely of milk and farinaceous food for at least a week after the evening temperature has been normal. On the other hand, if the patient has meat and soup, you may look forward with fair probability to a relapse.

6. Take care to maintain a daily and complete action of the bowels. Calomel is the best purgative, from 2 to 5 grains at night, followed in the morning, if necessary, with a saline draught. This is a most important adjuvant to the action of salicylic acid.

7. Let the patient be enveloped in a light blanket, and with no more bed-clothes than are sufficient to prevent him from feeling cold. The object is to cool the patient, not to sweat the poison out of him.

Dr. Latham says that though lactic acid has much to do with the symptoms, it is the excessive formation of glycerine and uric acid in the tissues that develops the symptoms of rheumatic fever, and salicylic acid cures the disease by combining with the antecedents of these bodies and preventing their formation. It passes off by the urine as salicyluric acid—that is, it has combined with glycerine or its antecedent, for on treating salicyluric acid with fuming hydrochloric acid, it is resolved into salicylic acid and glycerine.—*Lancet*.

OPHTHALMOLOGY IN VIENNA.

Dr. Ernest Fuchs, the newly appointed professor of ophthalmic surgery in Vienna, in his opening lecture, gave an interesting account of the history of ophthalmological teaching in that university. In the last century, the surgery of eye-diseases was practically resigned by the members of the regular profession into the hands of charlatans. In the university there was no chair assigned to the subject, and the only instruction which was given was contained in a few lectures given by the professors of surgery and anatomy. This state of things had lasted a long time, when one of the Empress Maria Theresa's court ladies, the Countess Taroucca, became blind. The medical men consulted were unable to agree as to the nature of treatment of the affection, some diagnosing cataract, and advising an operation, whilst others pronounced

it to be amaurosis, and incurable. In order to solve the difficulty, Dr. Wenzel was summoned from Paris. He recognized the affection as cataract of an unusually dark color, and operated successfully. As Dr. Wenzel's journey was a very costly affair, an arrangement was made to utilise it as far as possible; and so, during the time he remained in Vienna, he instructed three young medical men in eye-diseases. The most prominent of these was Barth, then professor of anatomy and physiology, who was afterwards appointed to carry on the instruction in ophthalmology. He chose as his assistant Joseph Beer. It was not long before Beer surpassed his master, ultimately becoming the most renowned ophthalmologist of his time. He was, however, not fully installed as professor until 1818, when the first chair of ophthalmology was created, at which time he was 55 years of age. One of Beer's assistants was Friedrich Jäger, from Germany. He won his master's esteem, and married his daughter. He was not only a brilliant operator, but a cultured man of the world, and was Prince Metternich's private physician. His son, Edward Jäger, the lecturer's immediate predecessor, is universally known in connection with ophthalmoscopy.—*British Medical Journal*.

ABNORMAL MOBILITY OF THE TONGUE, WITH ABILITY TO PROJECT INTO THE NASO-PHARYNX.

Dr. Louis Jurist, Lecturer on Rhinology and Laryngology, in Jefferson Medical College, Philadelphia: has contributed the following to the *Medical Record*.—Thos. P., aged 21, syphilitic, was referred to the Throat Department from the Surgical Dispensary of the Jefferson Medical College Hospital for examination. He had suffered for thirteen years with chronic rhino-pharyngitis, and had been much annoyed by the accumulation and desiccation of mucus in the naso-pharyngeal cavity and on the posterior wall of the pharynx. He often examined his throat with the aid of a hand-glass, and two years ago succeeded, after two months' practice, in reaching his pharynx with the tip of his tongue and removing the masses of secre-

tion. This procedure now became a source of much comfort, and was indulged in daily. On one occasion his tongue slipped into the pharyngeal vault and gave him still better facilities for clearing. Upon examination, the evidence of an ordinary inflammation of the turbinated tissues, with hypertrophy and subsequent pharyngitis, was well marked. He could with the greatest ease, and many times in succession, project the tip of his tongue into the vault, and described fairly well the posterior septum, etc. A probe passed through the inferior meatus was readily and freely moved.

The frænum linguæ was ruptured in three or four places, and he stated that the under surface frequently felt sore, and that he often heard "cracking" while practising. His tongue, rather pointed, was not of unusual length. Nothing abnormal in the conformation of the naso or oropharynx could be detected. As far as I have been able to discover, but three similar cases are on record. In Dr. C. F. Whitney's case (*Medical Record*, April 28, 1883) the frænum was merely represented by a lax fold of mucous membrane; in Dr. Webster's own person (*Medical Record*, May 26, 1883) "the frænum had never been cut, but the power was acquired with difficulty;" in Dr. J. O. Roe's patient (*Medical Record*, June 9, 1883) "the frænum linguæ was well marked, though a little more lax than usual." Dr. E. Fletcher Ingals, of Chicago, informed me by letter that he had seen one case, but furnished no details.

Curiously enough, the faculty has so far been observed only in males!—*Maryland Med. Jour.*

SEROUS PERICHONDRITIS OF NASAL SEPTUM.—Prof. Jurasz found each nostril, after an attack of facial erysipelas, filled with a globular, intensely red tumor, fluctuating, and with their bases on the septum. He diagnosed purulent perichondritis of the septum, but was surprised to find only clear serum to follow aspiration. A probe developed the fact that the fluid had formed between the cartilage and perichondrium, which were entirely separated. Cure followed free drainage. Only one other such case has been recorded, that by Velpeau.—*Deutsch Med. Wochen.*

NOTE ON THE USES OF LOBELIA INFLATA.

BY V. M. REICHARD, M.D.

Lobelia may be used internally as a nauseant, an expectorant, an emetic, and as an antispasmodic. As a nauseant, it should be given in small doses frequently repeated. If the stomach be decidedly acid it may be very distressing: so it is safer always to administer it with a little bicarbonate of sodium. In the first stage of acute bronchitis, combined with an opiate, as paregoric, it is unexcelled. It relieves the fulness and pain, and promotes a free flow from the bronchial mucous membrane. In children troubled with a nocturnal cough and tightness of breathing, there is nothing better than tincture of lobelia in small doses. When given as an emetic, it is a good plan to give about ten drops in a wineglassful of warm water every fifteen minutes; or, with small children, give small doses and put them into a hot bath at the same time. The text-books say it is too depressing as an emetic, but I must say that, observing the precautions above mentioned, I have not found it so. In asthma, it will break up an attack at once if pushed to emesis. As an anti-spasmodic, especially in nervous exaltation, it is a remedy of great utility. An attack of hystero-epilepsy or of any hysterical manifestation will be cut short by it. If the patient cannot or will not swallow, it may be given by enema or hypodermically. After one or two trials of the drug, the patient will forego the hysterical attack rather than submit to the nausea. In this way I have relieved hysterical epilepsy, hysterical aphonia, and many more of the hysterical manifestations.

While it will not always cure the habit, it will relieve the symptom which so much disturbs the friends of the patient.

As a local application it has an extended use. Its value is undoubted, and, so far as I know, that is not mentioned in any of the standard text-books on materia medica. As a wash for indolent sores, as an application to traumatic erysipelas and to incised wounds, I have never found its equal. In the latter class of injuries it is especially useful. It acts as a hæmostatic and astringent. Its best application is to those

wounds the edges of which cannot be brought together.

In any incised wound, no matter how large, or how great the hemorrhage, so long as it does not require a ligature, if the edges be brought together and held for a few minutes while a pledget of cotton wet with tincture of lobelia is applied, the hemorrhage will cease, the parts will adhere, and all will be prepared for union by the first intention. Though lobelia may not be a germicide, yet it will so entirely close up the wound as to render it perfectly aseptic. It is no longer a matter of experiment with me, but a fixed conviction, the result of observation of a great number of cases, varying from a mere scratch to severe incised wounds.—*Phila. Med. Times.*

BOULIMIA.

At Prof. Da Costa's clinic on Oct. 8th, a grocer, aged 24, presented himself, complaining of inordinate appetite—boulimia; he was always hungry; had been so troubled for eight years, during which time he had gone from one institution to another and from one doctor to another, seeking relief but finding none. The trouble came on gradually, without cause; no evidence of tapeworm was ever found; no excessive thirst. He gained weight in winter and lost again in summer; was as ravenous in summer as in winter; became very faint and weak if without food for three hours. Digestion very good; bowels very open, he having two or three loose passages per day; tongue slightly coated; color and appearance good. About a quart of urine was passed in the twenty-four hours, eight per cent. of which was made up of the solids. He ate five or six meals each day; for breakfast he took 1 lb. of beef, $\frac{1}{4}$ lb. of bread, potatoes and tea; the remaining meals were equally large. He slept well; his heart beat rapidly; his spleen and liver were normal in size. As far as known this affection is due to deranged nervous action. The fluoride of calcium deprives one of appetite and of strength, and that would be prescribed as a last resort. He was ordered fifteen grains of the bromide of sodium in mint water ter die. On Oct. 22nd the patient returned cured; he now eats three meals a day and is satisfied; he no longer feels weak and hungry between meals, and is gaining in weight. He is now directed to take the bromide only twice a day, and in addition $\mathfrak{m} \text{ xv}$ of the fluid extract of coca ter die.

Therapeutical Notes.

Dr. Alfred Meadows recommends conium as a specific in all cases, neuralgic or inflammatory, in which the ovaries are affected.

To relieve fermentation in the stomach, Prof. Bartholow gives dilute nitric acid, gr̄. x., before meals.

To relieve the pain and irritability of the bladder in inflammation of that organ, Prof. Gross gives tinct. opii camph. fʒj ter die.

Prof. Bartholow recommends for superficial neuralgia, that a 5 to 20 per cent. ethereal solution of menthol be painted over the part.

Prof. Da Costa prescribed with perfect success the fluid extract of ergot, ℥x ter die, in a case of purpura.

Prof. Da Costa advises the application of a 4 per cent. solution of cocaine to the mucous membrane of the nose in rose cold, hay fever and influenza.

FOR NEURALGIA AND GOUT.—To be used locally—equal parts thymol, menthol, camphor and chloral.

LACTIC ACID.—Dr. W. Switz reports four cases of lupus successfully treated by lactic acid. It produces very little pain. The healthy tissue may be protected by smearing with ointment.—*Therap. Gazette.*

ALOPECIA.—Dujardin Beauniszt recommends:
 R. Chloral,grammes 5
 Distilled water,grammes 100
 Apply to scalp at night. In two weeks great relief is produced.

In ordinary amenorrhœa, Prof. Parvin recommends the following pill, which he learned from his teacher:—

R. Ferri sulph.,
 Pulv. aloës,
 Terebinthinæ, āā gr. j. M.

CORNS.—M. Vigier recommends: Salicylic acid, 15 grains; alcoholic extr. cannabis indica, 7½ grains; alcohol (90°), 15 minims; ether (62°), 37½ minims; flexible collodion, 75 minims. Mix and preserve in a closely stoppered vial. Paint the corn every second day for a week.

In chronic catarrh of the pelvis of the kidneys, the ureters and the bladder, also in simple irritability of the bladder without apparent cause, especially in women, Prof. Bartholow says: Tinct. cantharidis, gr̄. x to xx quater die, kept up persistently, if often signally beneficial.

NEW REMEDIES.—In acute or subacute rheumatism, especially in anæmic cases, the salicylate of iron has proved useful. Being dissoluble, it must be given in capsules. It has the advantage over salicylic acid of not causing buzzing in the ears, dryness of the throat, or nausea. The dose is fifty centigrammes three times a day.

VESICAL IRRITABILITY.—Dr. A. F. Erick writes to the *Phil. Med. Times* that vesical irritability and frequent micturition, with primary pain at the meatus and much straining, particularly when the urine is alkaline and cloudy, are frequently relieved by the following:—

R. Acidi benzoici ʒj.
 Sodii biboratis ʒiiss.
 Aquæ ʒvi.

A tablespoonful every three or four hours.—*Therap. Gazette.*

CASTOR OIL AND GLYCERINE:—

R. Ol. ricini ʒi
 Glycerini ʒi
 Tr. aurantii mxx
 Tr. senegæ mv
 Aq. cinnam. ad. ʒss
 ℥

This forms a beautiful emulsion, easily taken by children, and if administered at bedtime will produce a genuine motion the following morning. The senegæ is used to emulsify the oil, and is harmless in the above dose.

Garrod demonstrated the effect of hippurate of sodium in decomposing uric acid, and Dr. Bon (*Journ. de Méd. de Paris*) advocates its employment in the affections characterized by an excess of that acid. His formulæ are as follows:—

Hippurate of sodium	80 grains.
Carbonate of lithium	24 “
Glycerin	$\frac{1}{2}$ oz.
Cinnamon water	8 oz.

A tablespoonful four times daily.

Hippurate of sodium	100 grains.
Chlorate of potassium	22 “
Simple syrup	6 drachms.
Peppermint water	6 oz.

A tablespoonful four to six times daily.—
Chem. and Drugg.

WARBURG'S TINCTURE.—The following is said to be Dr. Warburg's own formula, first published in 1875: Take of—

Socotrine aloes	lb. 1
Rhubarb (East Indian)	oz. 4
Angelica seed	“ 4
Confect. of damocratis	“ 4
Saffron	“ 2
Fennel seed	“ 2
Prepared chalk	“ 2
Gentian	“ 1
Zodoria	“ 1
Cubeb	“ 1
Myrrh	“ 1
Camphor	“ 1
White agaric	“ 1

Mix.

These ingredients are to be digested with 500 ounces of proof spirit in a water-bath for twelve hours, then expressed, and ten ounces of quinine sulphate added, the mixture be replaced in the water-bath till all the quinine is dissolved. The liquor, when cool, is to be filtered, and is then fit for use.

Powdering aloes is not a pleasant occupation. The bitter dust is likely to trouble the operator, and the powder is apt to cake. The addition of about one drop of oil to every ten grammes of aloes will be found to remedy both these annoyances.—*Pharm. Post.*

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TO CORRESPONDENTS.—We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.

TO SUBSCRIBERS.—Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 68 Gerrard St. East.

TORONTO, JANUARY, 1886.

GARBAGE CREMATION.

The time has arrived when we can no longer afford to wink at prevailing systems of garbage disposal. We are constantly making waste. So long as the wasted matter is before our eyes, it becomes an eyesore and is offensive to us: once it is removed from our immediate presence we are thankful, and take no further thought of it.

This is a very shallow and short-sighted policy. We know our wasted matter has to be disposed of *somewhere*, but so long as that somewhere is not in our own immediate vicinity, and in our own neighborhood, we give the subject no thought and expend no care upon it. The proper disposal of garbage is a question of the greatest importance to every municipality. There is no incorporated village so small as to be uninterested in it, whilst in towns and cities the question ought to be the first to occupy the attention of health authorities.

We doubt very much if the generality of ratepayers have ever given the matter a thought. In urban districts and towns, garbage can be readily disposed of in fertilizing garden and other lands. By burying it in the earth, it becomes absorbed and harmless. Speaking generally, the amount of garbage produced in such districts is small, readily handled, and not likely to become a serious nuisance when properly cared for.

In corporations where the population is more numerous and densely packed, the question of garbage disposal assumes serious proportions. In many of them it is not considered at all, and where any attempt is made at street and

yard cleaning the refuse matter is dumped on vacant lots or low-lying ground. It is a pity that the Public Health Act recognizes this reprehensible practice. Schedule A, Sec. 69, Cap. 15, Rule 1, reads: "No house shall be built in or upon any site, the soil of which has been made up of any refuse, unless such soil shall have been removed from such site and the site disinfected, or unless the said soil shall have been covered with a layer of concrete at least six inches thick, and of such additional thickness as may be requisite under the circumstances to prevent the escape of gases into such proposed house."

In Toronto the evil has attained such magnitude, that some action must be taken at once. The daily cartage of garbage and accumulation of disease producing deposits has assumed such large dimensions, that the present system of dumping garbage on low-lying lands and vacant lots cannot be tolerated any longer. Houses are being built in every part of the city, and, to our knowledge, on lots which have been filled up. It will not be difficult to prophesy, from the experience of other cities, what the results will be. The present Board of Health have distinguished themselves by their "masterly inactivity," and their successors are likely to follow in their footsteps.

This question seems to us one which the Toronto Sanitary Association can very well take up; and we would be very pleased, indeed, to see some vigorous action taken by that Association to prevent the present objectionable system being continued, and a system of cremation, or destruction by fire, introduced.

ANTISEPTICS.—Billroth prefers iodoform to bichloride of mercury as an antiseptic dressing. He has found the latter, even in weak solutions, to make the fingers hardened, cracked, fissured and sore, and many cases, some resulting fatally, have suffered from mercurial poisoning from the use of corrosive sublimate dressing. Dr. Thornton, in the *Virginia Medical Monthly*, claims for the boro-glyceride dressing that it is antiseptic, safe and efficient, whilst iodoform and the sublimate in many instances have produced poisonous symptoms. Boro-glyceride as a dressing is used in 5 per cent. solution.

FORCIBLE DILATATION OF THE CERVIX UTERI.

This operation is highly recommended by Dr. Goodell as a substitute for the cutting process of Sims, or the method of dilatation by the tent. It has generally been deemed a very rough procedure, and has not been adopted to any extent by the majority of gynecologists. A recent lecture delivered by Dr. Goodell, and published in the *Philadelphia Medical News*, gives some further information on the subject.

He uses an Ellinger dilator, slightly modified, which is capable of opening to the extent of an inch and a half, the blades remaining parallel, and also a smaller one, with slender blades, which pilots the way for the other. In operating for dysmenorrhœa, or sterility from stenosis, the patient is thoroughly anesthetized, and a suppository containing one grain of extract of opium is placed in the rectum. She is then turned on her back and drawn to the edge of the bed, each knee being supported by an assistant. The light should be good. A bi-valve speculum is now introduced, and the vagina is swabbed out with a five per cent. solution of carbolic acid. The cervix is steadied with a tenaculum, and the smaller dilator is pushed as far as it will go. It is then gently stretched, after which the dilator is pushed up farther. By thus manœuvring for a few minutes, the cavity of the uterus is reached, and the handles being gradually brought together, the instrument is retained one or two minutes. The smaller dilator is now withdrawn and the larger introduced, the handles being screwed together until the cervical canal is dilated to the extent of three-quarters to one and a quarter inches, or sometimes one and a half inches. The ether is now withheld and the dilator retained fifteen minutes, after which it is withdrawn and the vagina is syringed with carbolic water.

Dr. Goodell also adopts this procedure in other cases: such as menorrhagia, to enable him to explore the uterus for suspected polypus or other growth; dilating canal, for curetting, etc. Sometimes he uses only the smaller instrument, without the administration of ether, for slight dilatation, to allow him to make applications to interior of uterus and perform other minor operations.

Although such use of the large dilator appears harsh, and has been considered by some rather a barbarous procedure, still we should not pronounce final judgment without considering Goodell's results. He has employed full dilatation, under ether, in about three hundred and fifty cases without the occurrence of alarming pelvic inflammation in any one. There is generally some pain, lasting one or two days, seldom more, which is subdued by opium suppositories. For dysmenorrhœa he has pursued this treatment in 219 cases, 100 being single women and 119 married. Some of these were never heard from after recovering from the immediate effects of the operation. Of 76 unmarried from whom he obtained definite information, 45 were virtually cured, 24 improved, 7 not improved; of these 7, 5 afterwards had oöphorectomy performed, and the ovaries were diseased in all cases. Of 69 married who were heard from, 47 were cured, 18 improved, and 4 not improved. Of 58 women capable of conception, 11, or 19 per cent., became pregnant, and he thinks the number would have been larger if preventive means had not been employed by some.

EPIDIDYMITIS.—In the *Annals of Surgery* for November, Dr. Robt. Nharry claims that oil of yellow sandal is a long way ahead of any other remedy for treating "swelled testicle" and gonorrhœal rheumatism. He reports several cases in support of his statement in which some other treatments had been perseveringly tried and failed, and immediate improvement followed the administration of oil of sandal wood. Other cases were treated from the first by the oil and rapidly got well. In one case of rheumatism of the ankles all symptoms were gone in two days.

M. Guisepe and Sansoni, of Turin, have recently discovered that the acidity of the urine is rapidly and considerably increased by the inhalation of a few drops of nitrite of amyl. A patient with transverse myelitis and alkaline phosphatic urine inhaled nitrite every two hours. The urine became acid, and the phosphates diminished.

INTERNATIONAL MEDICAL CONGRESS.

We learn from the *Medical News* that the profession of Philadelphia have taken an important step towards reconciling the conflicting elements in the United States with a desire of making the Congress of 1887 a success. A meeting was held, with Dr. D. Hayes Agnew in the chair, at which it was proposed and unanimously carried that it was advisable to form a union of the present executive committee with the original enlarged general committee, such joint committee to undertake the work of preliminary organization.

The proposal involves important concessions on both sides, and may lead to a happy solution of a very grave crisis. Such a reunion would be hailed with joy by the whole medical world, and would ensure a grand success for the Congress beyond the possibility of a doubt.

HYDROPHOBIA.

Early in December six children living in Newark, New Jersey, were bitten by a rabid dog. We learn from the *New York Medical Journal* that through the beneficence of private individual's money was raised to send the children to M. Pasteur to try his system of inoculation in their cases. The parents of two children refused to allow them to leave home on this trans-Atlantic journey; but four have gone, accompanied by Mr. Billings, the well-known veterinarian, of the *New York Polyclinic*, who will have charge of them, and will observe M. Pasteur's methods. The results of this experiment will be watched with great interest by scientists and also the general public.

DISCOLORATION OF THE SKIN FOLLOWING THE USE OF ARSENIC.—In a recent number of the *New York Med. Record* we notice the following case: "In a number of children who had been taking arsenic for various troubles, during a period of four or five months, Dr. Guaita observed a bronze hue of the skin, recalling that of Addison's disease. This discoloration began on the neck, and extended

thence to other parts of the body; it was less marked on the face, legs, and back than on the abdomen, chest, and upper extremities. The arsenical preparation employed was Fowler's solution. The coloration of the skin usually showed itself during the fifth month of the use of the drug, and sometimes first appeared several days after the remedy had been discontinued, and disappeared after desquamation in about four weeks. All the patients were children of people in easy circumstances, and were from two to ten years of age."

We have met with a case similar to those described. A young lady had been taking arsenic for some months, when a brown discoloration appeared on the neck, and spread over the limbs. It did not appear on the face or hands. The case was referred to Dr. Duh ring, of Philadelphia, who was of opinion that it was produced by arsenic. The patient was unwilling to give up the arsenic entirely, as it proved an excellent remedy for the psoriasis, from which she suffered. We were therefore unable to see whether the discoloration would pass away when the drug was discontinued.

COCAINE IN FRACTURES.

Dr. J. R. Conway, in the *Medical Record*, reports a case of fracture of the lower end of the radius reduced without pain after injections of cocaine. All attempts at examination caused great agony, so five minims of 4 per cent. solution were injected in the inner, outer and posterior surface of the forearm, directly over the seat of fracture, and as deep as the bone. In five minutes the fracture could be thoroughly examined and even roughly handled without the patient feeling the slightest pain. After the examination the deformity was successfully reduced, by extreme extension and the use of considerable force (!!), without causing any uncomfortable sensation.

In speaking of anæsthesia by the rectal administration of the vapor of ether, the *British Medical Journal* concludes that this method is not likely to come into general use, though it may be useful in operating on the face or in the mouth.

VACCINE FARM FOR ONTARIO.

We are glad to know that the Ontario Board of Health heartily favors the establishment of a vaccine farm in Ontario. As we mentioned in our last issue, the Board at one time thought that the different farms in the United States could give us a sufficient and reliable supply, but in the light of recent results with virus from these sources, the members are quite agreed as to the advisability of having our own supply close at hand. The scheme will involve a considerable outlay at first, and it is hoped by some that private individuals may adopt it. We sincerely hope not. What the profession wants is a supply under Government supervision and control, which will therefore be perfectly reliable. Without referring too minutely to particulars, we may say that the utmost reliance is not now placed on private individuals who cultivate the virus as a speculation. While we are glad to state that the establishments to which we referred in our last number, viz., those in Lancaster and Washington, have given general satisfaction, we have also to say that material from some others was perfectly worthless. We hope the question of cost will not long delay the Government. In comparison to the good to be effected, we think the expense should be considered a very insignificant item. There is every reason to believe that, from a purely business point of view, it would prove a good investment, and we hope that this aspect of the question will influence the Government if more important reasons fail.

OERTEL'S METHOD OF TREATMENT FOR OBESITY AND FATTY HEART.

In the last number of the *PRACTITIONER* we gave an article on "Treatment of Disorders of the Circulation," taken from the journal of the Canadian Medical Association. In this number we give reports of two successful cases. We would recommend our readers to carefully study these two articles, as we are convinced that the treatment is sound in principle and that a number of patients go down to premature graves whose lives might be prolonged for years if this method were adopted. The results of treatment in the cases reported have indeed been remarkable.

Medical Societies.

PROCEEDINGS OF THE TORONTO MEDICAL SOCIETY.

Oct. 29th, 1885.

Vice-President Dr. McPhedran in the chair.

The subject for the evening's discussion was "Fibro-Myomata of the Uterus." This theme was chosen at the preceding weekly meeting of the Society on account of the presentation of a huge specimen of that disease by Dr. Atherton, which he had removed that day. Dr. Atherton had been asked to lead off with a few notes of his case.

He reported the patient to be 35 years of age and married. She first noticed enlargement of the abdomen eleven or twelve years ago, just previous to marriage. She increased more rapidly in size subsequent to that event, and within a few months the late Dr. Hodder was consulted. At various times since then other medical men of eminence had seen her, but no operation was advised. Up to two years ago she lost a large amount of blood every month, the flowing lasting from two to three weeks at each period. At that time she was attacked with great swelling of lower limbs, especially marked in the left. After several weeks' illness, during which it was thought by her medical attendant that she would not recover, she got about again, though a very considerable amount of swelling continued until the time of operation. The menstrual flow has been much less profuse since this attack of illness, and during most of the past year has been even less than normal. The tumor kept increasing in size, however, and during the last two months she has measured from 52 to 54 inches around umbilicus.

The operation for removal lasted about 4½ hours. Drs. McPhedran, Carson, and Nattress assisted. Adhesions were very firm and extensive to the abdominal wall in front, and there was found a small fibroid tumor running out into left broad ligament, which increased the difficulties of the operation very materially. The whole mass removed weighed about 60 lbs.

The large tumor grew in the anterior wall of the uterus. A sound passed 9 inches into

uterus. On incising tumor a cavity was found occupying a central position, which contained about a pint of turbid serum, its lining walls having a yellow, cheesy appearance. Other smaller cysts were found in this vicinity, but none of them held more than an ounce or so of serous fluid.

Dr. Atherton said the patient was at present doing fairly well, although during the second day after the operation there had been symptoms of peritonitis, with a high temperature, and a pulse of 156. The tympanites and other severe symptoms, however, subsided after a few days, and she is now pretty comfortable.

Dr. A. H. Wright then opened the discussion by remarking that these tumors used to be considered, in his student days, to be pure fibromata, but subsequent investigation had decided that most of them were composed wholly or largely of muscular tissue. He thought it probable that the so-called cystic fibromata, such as the one which had been exhibited by Dr. Atherton, were myomata with degeneration cysts formed in them.

As to treatment, Lawson Tait recommends removal of the uterine appendages. Dr. W. thought that these tumors ought not to be interfered with surgically unless the symptoms produced became very serious. In Dr. Atherton's case, there could be no doubt that something should have been done, as there was a prospect of relief, and the result thus far showed that he was perfectly justified in operating. He congratulated him most heartily on his success.

Dr. Cameron referred to a patient under his care in which a myoma of the uterus had been about cured by the use of ergotine for nearly three years. If there was much loss of blood in these cases he would do Tait's operation. Spencer Wells advises not to make the external incision through the umbilicus, because the urachus occasionally remains patent and may be cut into.

Dr. Atherton, in closing, replied to some questions of Dr. A. H. Wright and others, as follows:

He had intended to have treated the pedicle intra-peritoneally, as had been done by him in two other operations, but the ligatures not

seeming to control the bleeding in this instance, he secured the stump with Kœberle's Serre-nœud, and brought it outside of abdomen.

He would have preferred to have had the bladder full, but patient had voided urine just before his visit.

He generally made the incision to left of umbilicus, and knew of no good reason for doing otherwise.

These tumors do not always cease growing at the menopause. He had met with a patient who died at 51 years of age from an enormous fibro-cystic growth of the uterus, in whom menstruation had ceased for a year or two before death.

He had known two or three uterine tumors to entirely disappear with little or no treatment except rest. He thought it doubtful whether ergot or other remedies were very much to be relied upon for their removal.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

November 3rd, 1885.

Regular meeting of the Hamilton Medical and Surgical Society held at Royal Hotel.

Dr. Stark, Vice-President, in the chair.

Dr. McCargow exhibited a specimen of a glioma of the brain. The case was under the care of Dr. G. L. Mackelcan. German, aged 40; has lived in Hamilton some years. Is a married man, but separated from his wife some time ago, she alleging that he did not support her becomingly, and had acted rather oddly a few days before admission to the hospital on the 17th of October, 1885. Seemed morose, and would not give any definite answers to questions. On admission he could only walk between two men, with a shuffling gait. Examination: He seems to be asleep, but on arousing him he answers questions and then relapses into the drowsy state again. Says he has a pain all across his forehead. He is able to turn over in bed and draw up his legs. There is no loss of tendon reflex. Passes his urine in bed—bedwells also moved in bed. Pupils natural—the left, perhaps, a little the larger of the two. No albumen in urine. Gradually sank,

and died on October 25th. Diagnosis: cerebritis and abscess of the anterior lobe of cerebrum.

Post mortem: The body well nourished. Meninges congested; adherent to calvarium in front, and torn in separation; also adherent to brain along both sides of falx and at base of brain in front. On section, found a mass of hard cancerous matter, as large as a lemon, in the left anterior lobe of cerebrum.

Dr. McCargow agreed with Dr. Mackelcan. No vomiting, no paralysis ever present in the case. Was a stout able-bodied man before his illness, but was, at the time of his admission into the hospital, considerably emaciated. He noticed that in this case the first symptoms were of a neuralgic character.

Dr. Leslie thinks that glioma is very common, but the symptoms are very obscure. Could see no capsule in the case before the society.

Dr. Griffin thought that the tumor was strongly marked. Was not satisfied with Dr. Mackelcan's diagnosis.

Dr. Mackelcan described a case of a soldier who sought admission to the hospital and was supposed to be maligning, who dropped dead suddenly. Post mortem showed an abscess of the brain.

Dr. Stark described a case of a patient in whose brain a number of abscesses existed.

Dr. Ryall described a similar case.

Dr. Macdonald related the case of a noted chess player, who died suddenly. A number of abscesses were found in the cerebrum.

Dr. McCargow described two cases, one accompanied by dyspeptic symptoms and vomiting, with paralysis of the mouth.

Dec. 1st, 1885.

Regular meeting of the Hamilton Medical and Surgical Society.

Dr. Stark, Vice-President, opened the meeting. After the reading and adoption of the Minutes, Dr. White, the President, took the chair.

Dr. McConochie was elected a member of the Society.

Dr. Malloch introduced a case of multiple fracture with nerve lesion. Patient, aged 15 years, met with an accident on the 17th of

August last, by being drawn up between a belt and pulley. The left forearm: both bones fractured; pulse could be felt at the wrist. Right forearm: both bones fractured; dislocation backwards of both bones at the elbow. At the seat of fracture lower fragments turned at a right angle to the upper fragments; no pulse could be felt at the wrist. The dislocation was reduced, but on flexing the forearm it was again dislocated; fracture of the olecranon suspected. The elbow was dressed with an anterior and posterior pad, secured by a figure of eight bandage; the fracture put in apposition and junk splints applied; the arms flexed and laid on pillows. There was considerable swelling. The bandages and splints were re-adjusted and changed as required. The case progressed favorably. For some time past the patient attended Dr. Malloch's office, where passive motion was practised. The left arm is in very good condition. The right arm has some loss of sensation in the distribution of the ulnar nerve, which is improving. The elbow joint is gaining more power of motion. Pronation and supination are present to some extent.

Dr. McCargow thought the result was creditable, and that every effort had been made to reduce and maintain the right elbow in position.

Dr. White thought the case was one of great interest in the complete recovery of the left arm, and as regards the right arm, the injury to nerve trunks, and the distribution of the ulnar nerve.

CASE OF SYME'S AMPUTATION OF THE ANKLE JOINT.

Dr. A. Woolverton's patient.

History.—Admitted to hospital Sept. 18th, 1885; aged 53; blacksmith; father died when the patient was quite young; cause of death not known, but was covered with sores when he died. Mother strong and healthy; lived to be 74 years of age. Had one brother, who died at 40, of kidney disease; has one sister alive and healthy, so far as known. Two children; one died in infancy, the other alive and healthy.

On admission, pulse 60; temperature $101\frac{1}{2}^{\circ}$.

Personal History.—When about 12 years old his hands, arms, legs and feet swelled up and troubled him a great deal for six months; was told it was erysipelas. Had pleurisy in 1872, but completely recovered. Two years ago he had his left foot amputated after being injured by a stone falling on it.

Present trouble began last January as a pain through the heel, with some swelling. It improved about April, but got worse as the summer advanced. He painted it with tincture of iodine and blistered it, which relieved the pain but did not reduce the swelling. Had ague during the summer. When the ague was bad the foot improved.

Came into the hospital Sept. 18th, 1885, when he was unable to put his foot to the ground on account of pain. Limb put up in plaster, which was changed about 18th of October. It was again put up in plaster, which gave him constant pain. On its removal the foot was found considerably swollen. It was then blistered and poulticed without giving relief. On 22nd of November fluctuation was evident just below external malleolus. On 25th, trochar and canula were used and considerable pus drawn off. Urine nearly 50 per cent. albumen, and contains casts. Dr. McCargow exhibited the specimens of bone taken from the case.

Dr. Macdonald said the man was a blacksmith. After the loss of one foot by an accident, he worked at his trade, standing on one leg. Thinks there was too much pressure brought to bear on the ankle joint; that may have had something to do with the disease. Condition of the kidney may account for the joint-disease. It would be interesting to have urine examined to see whether or not there is any diminution in the quantity of albumen.

Dr. Ridley said the condition of the kidney may have followed the disease of the joint.

Dr. Ryall thought the kidney affection might have been merely a coincidence; many joints have been affected and there has been no kidney disease.

Dr. Malloch thought the case was one of kidney disease first.

Dr. McCargow exhibited a specimen of part of a tumor removed from a patient under the

care of Dr. Malloch. B.S., aged 25, admitted to hospital Nov. 27th, 1885. Father and mother alive and healthy. An aunt on his mother's side and an uncle on his father's side had tumors. That of the uncle occurred in the neck; was removed, but is growing again. Patient has eight brothers and six sisters younger than himself, all strong and healthy. On admission, pulse 98½, urine normal.

Personal History.—Never was ill until present trouble began three years ago, when he noticed a small lump on the outer side of the elbow. He continued his work, the tumor being painless, causing no trouble. The lump steadily increased in size for about eight months, when it was the size of a hen's egg, and he had it removed. Six months after he noticed a lump growing in the same place, which grew for nine or ten months, when he had it again removed. The second operation was performed in April, 1884. About Christmas he noticed the growth returning in the same place, since which time it has grown to about the size of the fist.

Present Condition.—On the outer side of the left elbow there is a large lobulated mass, part of which is ulcerated upon the surface; on the inner side of the arm is a smaller one, not ulcerated. Nov. 28th, the arm was amputated at the shoulder joint by the flap operation, the outer flap being formed by the whole of the deltoid muscle. Considerable time was spent in securing bleeding vessels.

Dr. Malloch said he had taken extra precautions in tying and securing bleeding vessels. In about three hours there was some oozing of blood. Gave chloroform and opened up the wound. One vessel was spurting. Eight or nine in the deltoid flap had to be tied. Pulse was good. (Glands in the axilla were swollen; thinks the disease will recur.) Examined some of the tumor under the microscope; found spindle-shaped cells; called it encephaloid cancer. He also related another case which came under his notice in 1874. Patient a man about 50 years of age; had a tumor between knee and hip, size of the head; some thought it was a fatty tumor; died in three or four months; glands in the groin were not affected; pelvis was filled with secondary growths, also the lungs.

Drs. Philp and Case made some remarks on the case.

Dr. McCargow had a number of cases, in all of which the disease returned after operation.

F. E. WOOLVERTON, *Secretary.*

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

(From our own Correspondent.)

At the regular meeting of this Society, held on the evening of October 23rd, Dr. Ruddick, President, in the chair.

Dr. Gardner presented several instructive pathological specimens, among which was one small solid ovarian tumor, which he had removed a week previously, from a woman aged fifty-six. On examination the tumor proved to be of a semi-malignant character. The propriety of the operation of removal in these cases can only be determined after the abdomen is opened. In Dr. Gardner's case there was no infiltration of the surrounding textures, and in consequence every hope is entertained that recurrence, if it ever does take place, will be long delayed.

EXTIRPATION OF THE KIDNEY.

Dr. Hingston exhibited a kidney which he had removed last summer from a girl, aged 18. The symptoms during life were severe pain in the region of the left kidney. On physical examination the kidney was found to be enlarged and removable. The organ was removed through a lumbar incision. The operation did not present any marked difficulties. Recovery was rapid and complete. The kidney was completely sacculated, and it was the opinion of the majority present that the disorganization was brought about by acclusion (congenital) of the ureter.

EXTIRPATION OF THE KIDNEY FOR CALCULOUS PYELITIS.

Dr. Shepherd showed a kidney which he had removed some six weeks previously. The patient, a married woman, aged 24, was admitted to the general hospital in a state of great emaciation and general weakness, and with painful swelling of the left side of the abdomen. The

swelling was first noticed five months before, after the birth of a child. About the same time she observed that her urine was milky. On her admission her pulse was 140 and her temperature 100°. There was frequent micturition, and the urine contained large quantities of pus. The left side of the abdomen was found to be occupied by a tumor, which extended vertically from the lower border of the splenic dulness to the brim of the true pelvis, and transversely so within one inch of the umbilicus. It was decided to explore the abdomen and perform either nephrotomy or nephrectomy, as would be determined by the condition of affairs. The operation was performed on Sept. 17th, the right kidney having been first proved to be normal in size and apparently healthy. An incision was then made, as for colotomy, in the left lumbar region, between the last rib and the crest of the ilium, commencing at the outer edge of the erector spinal muscle and extending outwards for some five inches. The kidney tumor was soon reached and found to be freely fluctuating; it was aspirated and some stinking pus withdrawn. A needle was passed in and soon came in contact with a calculus. The tumor, which was somewhat larger than a child's head, was now freely incised, and a large quantity of foul-smelling pus was evacuated through the opening thus made. The finger was introduced and the pelvis was found filled with a large calculus; owing to the disorganized state of the kidney and the bad general condition of the patient, it was decided immediately to extirpate it. The upper end was freed without any difficulty, but there was considerable trouble in getting rid of the lower and posterior attachments. The vessels entering the hilus were tied with silk and divided. The ureter, into which a portion of the calculus extended, was then ligatured and divided; and after cutting some strands of cellular tissue with scissors, the kidney came away. With the exception of some venous hæmorrhage at the upper part, there was no trouble with blood.

The large cavity left was quickly filled by the intestines pushing forward the peritoneum. The cavity left was washed with a sublimate solution of the strength of 1 to 2,000, and a large drainage tube introduced. The wound

was brought together with catgut sutures and dressed with iodoform powder and sublimate jute pads.

More than 30 oz. of urine were passed the day after the operation. Her pulse, which after the operation was very weak and 160, soon fell to 120, and the temperature after the first day never reached 100° Fah. The woman rapidly recovered, and the wound with these dressings healed by first intention, except at the point where the drainage had been.

The removed kidney was large, and composed of a number of saccules which had contained pus. The pyramidal portion had all disappeared, and the cortex was about a quarter of an inch thick. The pelvis was filled with a large oxalate of lime calculus which extended down into the ureter, almost completely blocking it up. In one of the saccules, at the lower end of the kidney, was a small round calculus the size of a marble.

In certain cases of cardiac irritability and weakness, with insomnia, chloral otherwise contra-indicated may be safely given if combined with digitalis and a bitter tonic such as cinchona, etc. It is claimed that phosphoric acid gives excellent results in cases of saccharine diabetes.

EXTRA-UTERINE PREGNANCY.—Dr. Rennert, Frankfort-on-the-Main, destroyed a fifth month fœtus by a hypodermic injection of half a grain of morphia through the abdominal wall of the mother into the fœtal head.

Book Notices.

Transactions of the Texas State Medical Association. Seventeenth Annual Session, held at Houston, April, 1885.

This volume is neat in appearance, and the printing is all that could be desired. It contains some good papers, and some rather unique. We find in the latter a fair amount of bad Latin, a large amount of bad English, and a superabundance of rubbish. We think the publishing committee would have done well to revise certain essays, and employ an extra proof-reader.

The Principles and Practice of Surgery.—By JOHN ASHHURST, Jun., M.D., Professor of Surgery in the University of Pennsylvania, etc. Fourth edition. Philadelphia: Lea Brothers & Co.

Ashhurst's Surgery has become wonderfully popular among both students and general practitioners in this country. While we are bound to confess that it would not be our first choice, still we must admit that it possesses qualities which will enable it to retain its position as the student's favorite text-book.

Organic Materia Medica and Therapeutics. By JAMES YOUNG SIMPSON, M.D. New York: J. H. Vail & Co.

This volume was compiled "with the view of placing in the hands of the medical profession a work on organic materia medica and therapeutics, having a systematic arrangement especially adapted to ready reference and easy remembrance." In these days, when so many new remedies are being discovered, such a work as this is indispensable to the practitioner who may wish to ascertain the characteristic doses, etc., of new drugs before prescribing them. The volume does not contain more than 350 pages and is of convenient size. An account of all the more recently discovered remedies is given.

Cutaneous Memoranda. By HENRY G. PIFFARD, A.M., M.D. New York: William Wood & Co.

This little work contains a very large amount of information in a very small space. The classification used is peculiar to this author, and is not found in any other English works on Dermatology. We will not speak of its merits except as it forms a practical guide in diagnosis. In this it certainly fails. The well-known reputation of Dr. Piffard as a therapist, is amply vindicated in this little work. We can heartily recommend it to practitioners who wish to have in small compass a valuable guide for the treatment of skin diseases.

Venereal Memoranda. By P. A. MORROW, A.M., M.D. New York: William Wood & Co.

The author has endeavored in this little volume, which is one of the series of Wood's

Pocket Manuals, to give a short and at the same time comprehensive view of our present knowledge of venereal diseases. The book is written more in the form of aphorisms, and is necessarily dogmatic in stating the author's views upon disputed points.

It forms one of the best and most easily accessible references in the treatment of these affections. A large number of formulæ are given, and the most recently described modes of treatment are also included. The general practitioner will find the work of great value in treating the few cases which come under his care.

Manuel des Injections Sans Cutanées. Par BOUMEVILLE et BRICON. 2nd edition, revue et augmentée. Paris: Librairie du Progrès Médical, 1885. Un volume in 32 de xl. 214 pages, avec 15 figures. Prix, 2f.50; cartonnée, 3f.

In this little brochure Boumeville and Bricon have gathered together into a small compass a great number of scattered facts in relation to the hypodermatic use of remedies. The substances employed subcutaneously, upwards of 125 in number, are taken up alphabetically and treated after the following plan: Solubility, physiological effects, local effects, formulæ, therapeutic use. The names of 1,069 authorities are quoted once or oftener within the text, a fact which will afford some idea of the laboriousness of the compilation.

Fowne's Manual of Chemistry: Theoretical and Practical. LEA BROTHERS & Co., Philadelphia.

This old and familiar text-book is once more before us. We well remember poring over the wood-cuts and studying the clear and concise description of chemical theories and phenomena.

The Physical and Inorganic Chemistry was written by Mr. Watts, founded on Fowne's old work. The Organic Chemistry was not revised by Mr. Watts, but has been brought up to our modern state of knowledge by other authors. No science has made greater advances for the last decade than chemistry, and the learning and ability of Prof. Fowne are well shown in the fact that his work, enlarged and improved,

forms the very best text-book which the student can read upon this important science.

Milk Analysis and Infant Feeding. By ARTHUR V. MEIGS, Physician to the Pennsylvania Hospital, and to the Children's Hospital, etc. Philadelphia: P. Blackiston, Son & Co.

When we consider the generally acknowledged fact that large numbers of infants among the rich and poor die from improper feeding, we are led to wonder at the comparative indifference which prevails on this subject. Bad feeding kills more babies than any plague the world has ever seen. This old story may be told again and again, but few apparently fully appreciate it. A routine treatment with one, two, or three substitutes for mother's milk will not suffice. We should study every case, give our instructions carefully in writing, watch patiently the effects of food given, and vary the proportions or varieties till we find something which is both retained and assimilated.

We can cordially recommend Dr. Meigs' little work to all interested in this subject, and no others should ever prescribe for children. We consider it one of the most interesting and valuable books of the kind that has ever been printed.

Epilepsy, and other Chronic Convulsive Diseases. By W. R. GOWERS, M.D. New York: Wm. Wood & Co.

This volume is one of *Wood's Library Series* for the year '85. As might be inferred from the author's wide reputation as a hard-working investigator, this book is quite original, and presents the results of the careful analysis of 1,450 cases, most of them patients in the National Hospital for the Paralyzed and Epileptic. Many of the conclusions given are the same as those of previous writers; others, again, are different. Some curious facts are shown in the etiology of epilepsy. The greater proportion of cases are females: 114 females to 100 males.

"There are few diseases in the production of which inheritance has greater influence." The side from which the disease is inherited has a distinct influence on the occurrence of the affection in the two sexes. When from the father's side, the sons are more likely to be affected;

and when from the mother's side, the daughters are more liable to the attack. He gives mental emotion, fright, anxiety, excitement, as the most potent exciting causes. Next to these, traumatic influences are the greatest in numerical importance.

The book is written in a very easy style for reading, and will well repay perusal.

The Science and Art of Midwifery. By WILLIAM THOMPSON LUSK, A.M., M.D., Professor of Obstetrics and Diseases of Women and Children, Bellevue Hospital Medical College, etc. Second edition. New York: D. Appleton & Co.

In our February issue, 1882, will be found a comparatively full review of the first edition of this work, in which it was our pleasure to speak of it in the highest terms. We must congratulate Dr. Lusk upon the marvellous success of his book, both in the old and new worlds. This new edition appearing so soon after the first presents a number of changes and additions, and is abreast of the times in every particular. It is thoroughly scientific, while at the same time eminently practical. The author has a happy faculty of incorporating the views of others on all questions with his own, fairly and clearly, doing full justice to others, and still maintaining his own identity. We feel certain this book will retain its position among the three best works on midwifery now available in the English language, *i.e.*, Barnes', Playfair's, and Lusk's. It is somewhat perplexing to publish almost simultaneously notices on three such valuable works; but fortunately each has excellences peculiar to itself, and a combination of the three will furnish a rare fund of scientific and practical information in this department.

The Essentials of Histology. Descriptive and Practical. For the Use of Students. By E. SCHAFER, F.R.S. Philadelphia: Lea Brothers, & Co., 1885. Pp. 245.

"The Essentials of Histology" is a very appropriate title for this book. At first sight, even though the author's name is to a certain extent a guarantee of excellence, we were almost disposed to think that a new book on histology was not greatly needed, but must confess that we are agreeably disappointed. In the forty-

two lessons, what a student ought to know of the tissues and organs is clearly and concisely taught. Disputed questions, and the views of different histologists on points not yet settled, are not discussed. The book is, we suppose, a companion volume to the author's well-known excellent work on "Practical Histology," and as such it is an admirable work, and will enable those who wish to pursue the study of histology further to do so to advantage. The illustrations (281 in number) are excellent, most of them being taken from Quain's Anatomy. They show just what the practised eye sees when examining sections through the microscope. As a special work on histology we anticipate for Professor Schafer's "Essentials" a success commensurate with its excellence. The matter in the volume is not new, and in nowise claims to be; but the succinct manner in which a sound foundation knowledge of tissues and organs (proceeding from the simplest to the higher and more complex) is taught, will readily enable the student to build higher thereon if he so desire, and to build to advantage.

A System of Obstetric Medicine and Surgery, Theoretical and Clinical.—By ROBT. BARNES, M.D., and FANCOURT BARNES, M.D. Illustrated with 231 woodcuts. Philadelphia: Lea Brothers & Co. 1885.

The authors of this latest work on midwifery state, *in limine*, their very just appreciation of the difficulty of the task; but those of their readers who were familiar with "Obstetric Operations," "Clinical Studies of Diseases of Women," and the numerous admirable monographs on obstetric subjects which have flowed from the facile pen of the elder Barnes, will not be surprised to find that an adequate energy, sufficient diligence, consummate skill and experience, and a happy faculty of expression have been brought to bear upon the labor, and have accomplished the delivery of a giant among books. True to the traditions of Robert Barnes' past, a physiological idea and natural method pervade the present treatment of the subject, and, recognizing the inability of any but a master and teacher of physiology to properly present the section on "Embryology," the *principia obstetrica* have been entrusted to the able care of Prof. Milnes Marshall, the

enlistment of whose services for that special purpose the scientific world will unanimously applaud. Guided by a similar principle, the aid of Mr. Noble Smith, the well-known orthopædist, has been invoked for the section on "Teratology." The division of labor between the Barnes' may be thus stated:—"The history of gestation, of puerperity, of the mechanism of labor, and of hæmorrhage, is chiefly contributed by" the father; "whilst much of that which relates to the prophylaxis of puerperal diseases and the description of the operations, is contributed" by the son.

Of the father's labor it would be superfluous to speak in terms of commendation, for in the obstetric world to-day where is his equal to be found? Of the son's contribution to the present volume, we may truly say that, although of late years we have been developing an appreciation of his labors which we did not at first possess, we are in the present instance pleasantly disappointed at the high standard of excellence attained. Anything from the pen of Robert Barnes must necessarily bear the impress of his individuality—happily a fortunate one; but in addition to his personal views, we here find a discussion of most of the noteworthy teachings and experiences of other authorities, and the one fault we have to find in the work is the too great brevity of many sections—the natural result of an effort at compendious treatment. If the "system" had been extended to reasonable proportions, and designed to meet the wants of practitioners, as contra-distinguished from students of medicine, it would have admirably filled a great *lacuna* in the bookshelves of English readers, and supplied a much-felt want. Students can be safely left to Playfair and other admirable works of that class. Practitioners frequently feel the need of something more—that something we look to the Barnes' to produce in a second edition of their system. It cannot be denied, however, that the work before us is wholly excellent, apart from its condensation, and as a systematic treatise upon modern midwifery second to none.

Life-like expression to the eyes of dead bodies is restored by placing a few drops of glycerine and water on the cornea.

Personal.

Dr. Albert H. Smith, a distinguished Obstetrician, Philadelphia, died December 16.h.

Dr. Henry J. Garrignes has been elected Gynæcologist to the German Hospital, vice Dr. E. Wæggerath, resigned.

Dr. G. Sims, Woodhead, and Mr. Alexander Bruce, have been appointed Pathologists in the Edinburgh Royal Infirmary.

Dr. J. W. Rosebrugh, of Hamilton, has recently been elected a Fellow of the British Gynæcological Society, and also a corresponding member of the Boston Gynæcological Society.

Miscellaneous.

To keep instruments bright and free from rust, spread a little unguent. hydrarg upon a piece of chamois. After washing and drying the instrument, rub over with the prepared chamois.

CONTROVERSIAL.—

Said Koch: "I've some comma bacilli."

Said Klein: "I don't think they will kill I."

"I," said Finkler (and Prior),

"Believe he's a liar."

Said Ferran: "I can knock you *all silli!*"

LEAD POISONING.—Dr. Arthur V. Meigs, in a clinical lecture, refers to lead poisoning being sometimes due to the fact that sewing silk is frequently impregnated with sugar of lead to give it weight, and that seamstresses, tailors, etc., are in the habit of biting off the ends and chewing them. Cases are related in support of this view.—*Virginia Med. Monthly.*

A SELF-RETAINING DRAINAGE TUBE.—This can be made by fastening a short section of rubber tubing across the end of a longer piece. It is easily introduced by bending the ends of the shorter piece down by the side of the longer one, and then grasping them with a pair of long-handled dressing forceps, and carrying tube and forceps into the abscess.—*Western Lancet.*

TO ERR IS HUMAN.—"Indeed, madam, I know all about it; I saw just what ailed the woman as soon as I came into the room. There is a young man up street who is sick the same way, and I am attending him. Give the medicine as directed, and I will call around in the morning." Having delivered himself thus the young doctor took up his hat and departed. Not long after this, the pains having come on again with increased rigor, another messenger was hurried off for the old doctor, who was found just returning from a far-out call. The young doctor, upon coming over in the morning, expressed much pleasure at the supposed result of his treatment, and was rubbing his hands with an air of "I never make any mistake," when the nurse, turning down the bed-coverings, discovered to him the little one lying on his mother's arm, as she said: "By the way, doctor, has the man up street got through yet?" The moral is obvious: Do not be too previous in your diagnosis.—*N. Y. Med. Record.*

POST-MORTEM ALBUMINURIA.—It has been found by MM. Vibert and Ogier, that the urine drawn from the bladder of a cadaver is almost invariably albuminous, even when there was no lesion discoverable in any part of the urogenital apparatus. It was noticed in their experiments, also, that the longer the time was since death had occurred, and the less urine there was in the bladder, the greater was the proportion of albumen contained in it. The source of the albumen in these cases was shown to be the mucous membrane of the bladder, for, when the bladder was removed from the cadaver, emptied of its contents and washed, and then filled with distilled water, this fluid was found in a short time to become markedly albuminous. This is a point well worth bearing in mind in the examination of the bodies of those who have died suddenly. For the mere fact of there being albuminous urine in the bladder would be insufficient to base a diagnosis of renal disease upon, and should not be given great weight unless corroborative pathological changes were also found in the kidneys.—*N. Y. Med. Record.*