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(HALIFAX, NOVA SCOTIA.)

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APRIL, 1893.

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The Third Annual Meeting of the Association will be held in Charlottetown in  
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---

All registered medical men in the Maritime Provinces are invited to attend and to become members of the Association.

Gentlemen who intend to read papers are requested to forward at their earliest convenience the titles of the same to the Secretary,

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Besides these, there is a Pathological Laboratory, well adapted for its special work, and associated with it are two "culture" rooms, in which the various forms of Bacteria are cultivated and experiments in Bacteriology carried on.

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In the recent improvements that were made, the comfort of the students was also kept in view.

**MATRICULATION.**—Students from Ontario and Quebec are advised to pass the Matriculation Examination of the Medical Councils of their respective Provinces before entering upon their studies. Students from the United States and Maritime Provinces, unless they can produce a certificate of having passed a recognized Matriculation Examination, must present themselves for the Examination of the University on the first Friday of October, or the last Friday of March.

**HOSPITALS.**—The Montreal General Hospital has an average number of 150 patients in the wards, the majority of whom are affected with diseases of an acute character. The shipping and the large manufacturing concerns contribute a great many examples of accidents and surgical cases. In the Out-door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff. The Royal Victoria Hospital, with 250 beds, will soon be opened, and students will have free entrance into its wards.

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### Original Communications.

#### EYE SYMPTOMS AND DISEASES IN RELATION TO GENERAL DISEASES.

BY E. A. KIRKPATRICK, M. D.,  
HALIFAX.

Read before the Halifax Branch of the B. M. A.,  
January 13, 1893.

Mr. President and Gentlemen,—

Over forty years have elapsed since the introduction of the ophthalmoscope by means of which very many pathological conditions have been brought to the surface, so to speak, and by its use we have been aided very materially, not only in the study of so important an organ as that of vision, but it has also contributed very largely to the study of general medicine. In these few years the science of ophthalmology has advanced from mysterious uncertainty to a degree of great exactness. The long continued practice of the eye and mind which we call cultivation has revealed many hidden diseases which otherwise would have been left unobserved. The study of medicine in general during this time—the last half of the 19th century—has been menaced

in a certain degree by the great importance attached to diseases of certain organs, or in other words, by the energetic and persistent application of some of our most brilliant men to the diseases of one organ until scarcely a normal healthy condition can be found. That too much importance is frequently attached to some slight irregularity (if such it be) by the specialist there can be no doubt. However, in the main we must conclude that in all departments of medicine and surgery there has been a steady, and I may say a rapid march, in the direction of progress during this modern period. Without further introduction let us proceed with the consideration of the subject proper.

*Bright's Disease of the Kidneys.*—The first class of diseases suggested in dealing with this subject is that which is usually designated chronic Bright's disease of the kidneys and of the many and varied forms of Bright's disease—ocular symptoms are most frequently associated with the granular, contracted or cirrhotic kidney—chronic interstitial nephritis. The form of amaurosis usually met with is characterized by conspicuous morbid changes

in the retinae and sometimes in the optic nerves, and commonly termed neuro-retinitis. If examination by the ophthalmoscope be made early only hyperaemia of the retina with oedematous infiltration will be seen—these conditions no doubt due to increased vascular tension. These appearances of the fundus are seldom observed owing principally to the neglect of an ophthalmoscopic examination until impairment of vision is noticed by the patient, at which time more advanced morbid changes have taken place. A characteristic case of neuro-retinitis albuminurica will present the following appearances; Hyperaemia and swelling of the papilla, enlargement of the retinal veins, diminution of the retinal arteries—which sometimes show white lines along their walls—and numerous white patches scattered over the posterior pole of a blurred retina, with or without hæmorrhages. The white spots so conspicuous are due to exudation and thought to be entirely independent of the hæmorrhages, although some authors of repute believe them due to changes in minute blood clots. These spots are seen surrounding a region having the macula for a centre—occasionally, however, they will be found about the optic nerve on all sides. Both eyes are almost always affected about the same time—but differing in degree. This retinal complication of Bright's disease is probably due to the state of the blood, a consequence of the diseased kidney. The view once held that the accompanying hypertrophy of the left ventricle is the cause is considered erroneous. Pathologists agree now that cardiac hypertrophy is not due to arterial thickening but both to capillary obstruction. Cardiac hypertrophy some times precedes the arterial changes; also in lardaceous disease there is an absence of heart changes, though the walls are thickened and obstructed. These vascular changes frequently met with in

the kidney and other organs are in many cases absent in the retina. The retinal complication is almost invariably preceded by cardiac hypertrophy of left side, but many such conditions of the heart are not followed by retinal exudation.

At the 22nd annual meeting of the American Ophthalmological Society held at New London July 21st, 1886, Dr. Chas. Steadman Bull reported 103 cases of neuro-retinitis associated with chronic Bright's disease of the kidneys. Out of a total of 500 cases he had been able to follow up 103, the observation of which covered a period of 13 years and 6 months. In every case the ophthalmoscopic examination was made by himself, and the visual acuity and field by competent assistants. The urine of each patient was examined both chemically and microscopically. When possible the entire amount of urine passed in twenty-four hours was tested as to reaction, specific gravity, color, amount of albumin sugar and the presence of casts and the results carefully tabulated. A glance at this report reveals some valuable information. The age of the patients varied from 5 years to 78 years. 56 were male and 42 were female. Vision ranged from normal to zero. Both eyes became affected while under observation in 93 cases. Hemorrhages took place in both eyes in 46 cases. They occurred in the right eye alone in 11 cases, and in the left eye alone in 12 cases. There were no hemorrhages in 34 cases. In 30 of these 34 cases there was hypertrophy of the left side of the heart, while in the 69 cases in which hemorrhages occurred there were 5 in which there was no cardiac disease demonstrable. Hypertrophy of the left side of the heart, with valvular disease, occurred in 79 cases, and without valvular disease in 16 cases. In 8 cases there was no cardiac disease at the time of the first examination, but subsequently hypertrophy of the left side developed in all but 3 cases. In

many cases there were seen the white lines along the arteries, indicating vascular hypertrophy, but in many others this condition was absent, though the heart was hypertrophied. The most valuable information derived from the study of these cases is found in reference to the duration of life. The prognosis is extremely unfavorable. Of the 103 cases examined 86 had died and 17 were still living at the time of the report. Of these 17, 16 were seen for the first time within 12 months of time of reading the report. Out of the 103 cases 57, over 50 per cent., died within the first year, and 30 of these died within 6 months. Such a fatality it will be noted is not only marked, but unusually rapid for a chronic disease. Out of 100 cases reported by Dr. Greening, of New York, not one of them lived more than two years after the diagnosis of retinitis albuminurica. Just here I would like to state that an English observer who had an opportunity of examining a large number of cases of albuminurica found implication of the retina or optic nerve in 60 per cent. of cases.

Before leaving this part of my subject permit me to report one case. Mrs. J. E. T., Louisburg, was brought to Halifax March 30th, 1892, because of rapid loss of vision, a diminution of which had been taking place for a period of two months. I learned that she was married in November, 1888, and had a miscarriage in June, 1889, after being pregnant  $4\frac{1}{2}$  months. She became pregnant again in September, 1890, which was followed by another miscarriage in November. There were no visual disturbances during either pregnancy. Dr. Arthur Kendall, of Sydney, wrote me that in 1889 and 1890 he examined the urine for albumin and casts but found none. The examinations were made because of intractable anaemia. He suspected at that time Bright's disease. The urine was of low specific gravity and abundant in quantity. Six weeks previous to the

patient's coming to Halifax. Dr. Kendall was called to see her and found the urine highly albuminous. I saw the patient on March 31, when an ophthalmoscopic examination revealed an extensive neuro-retinitis of both eyes. The vision was reduced to inability to count fingers at a greater distance than two feet. Dr. Cunningham was called in consultation. The urine was found scanty and loaded with albumin, and associated was cardiac hypertrophy. The skin was dry and the face presented a pinched appearance. Dyspeptic disturbances were marked and there was great debility. The prognosis was of course very bad with the diagnosis granular or cirrhotic kidney in an advanced stage. We advised that the patient be taken home at once, which was done. A note received from Dr. Kendall stated that she died three weeks after her return. It will be noticed by the plates that the optic nerves were very much inflamed in this case, the arteries small and the veins very much dilated.

I have dwelled at some length on this subject because it is a very important one. The failure of vision is sometimes the first symptom manifested in Bright's disease of the kidneys, and in many cases it has been the first to suggest the possible existence of such a disease and led to a correct diagnosis when the patient had been treated for biliousness, dyspepsia, etc. I very well remember the late Dean Howard, of the Medical Faculty of McGill University, when lecturing on Bright's disease, looking up over his glasses and saying: "Beware and never send your patient complaining of loss of vision to the oculist without first having made an examination of the urine. You may be surprised the next day to receive a note that your patient has Bright's disease of the kidneys."

Just here permit me to report a case of unilateral retinitis with deposits in the choroid—a condition entirely different from the form of retinal disease

just considered. I do so in the belief that it is due to slumbering kidney derangement. On March 26, 1892, Mrs. P., aged 51, consulted me because of deterioration of vision in the right eye, some disagreeable sensations referable to the eye-ball and neuralgic-like pains radiating from about the centre of the right eye-brow. General health had always been very good and there was no history of a specific nature. The eye symptoms dated back two months only. An examination revealed clear and healthy media, field good, no scotoma for form or color, slight metamorphopsia and a degree of presbyopia in harmony with her age. The vision was  $\frac{20}{40}$  and described by the patient as being blurred and mixed. At the outer side of the optic nerve several small white patches and a large one were to be seen, all with irregular edges. No proliferation of pigment had taken place about these spots, consequently there was an absence of a border by black masses. The region of the macula was fortunately uninvaded and the optic nerve was healthy. The plate passed around fairly well represents the fundus when first observed. This case has been carefully watched during the year and the frequent ophthalmoscopic examinations by Dr. Stewart of Pictou and myself have revealed but little change in the appearance of the fundus. On one or two occasions minute extravasations were observed. The urine has been most carefully examined several times by Dr. Stewart, who informed me that there always has been found a tissue of albumin by using the floating picric acid solution, which yields a fine opaque band at the junction of the fluids. The last report from Dr. S., dated Dec. 28, '92, states: "Have examined the urine from time to time and have done so since receipt of your note. The specific gravity is 1015, reaction neutral and a faint opacity appears on boiling an acidified sample. Picric acid gives a very narrow opaque

band. There is always some pus and the reaction for albumen is so slight that it may be due to this. On one occasion I thought I found a tube cast, but this was very indistinct; only a short piece and perhaps it was an epithelial cell. My opinion is that before long, especially if there should be any lowering of the general health, I shall find tube casts. The specific gravity is too low." The treatment in this case has been the administration of tonics and change of air—in fact everything to keep the general health in first-class condition. We thus hope to retard the actual onset of any definite renal disease. London smoke glasses are worn to protect the eyes from the light.

*Albuminuria of Pregnancy.*—Next I wish to draw your attention to the subject of retinitis associated with the albuminuria of pregnancy. In order that I may proceed rapidly I will produce the report of a single case, with plates to show the course of the disease, which fortunately is the usual one, although there have been many sad exceptions. On October the 25th, 1891, I was called to see Mrs. W., Truro, in consultation with Dr. W. S. Muir. The following report was given by Dr. Muir:

"Two or three days before her confinement Mrs. W. complained of loss of vision, and upon examining the urine I found it loaded with albumin and containing epithelial casts. I prescribed pulv. jalap co. every morning and potash acetat with inf. digitalis, also gin. At this time there was no swelling of feet, legs, hands or face. She was confined on Sept. 15, 1891, the labor being rapid and easy—everything being normal and natural. On the following morning she said she was blind, not being able to see her hand two feet from her. General dropsy with great dyspnoea came on at the same time and both lungs were in a state of oedema. The examination of the urine revealed less albumin but the same number of casts. The difficulty of breathing was so great that she could not rest in the horizontal position. I gave her  $\frac{1}{2}$  gr. hypodermic

injection of pilocarpine twice daily, increased the gin and jalap co. powder, also Tr. Ferri Mur. and Digitalis. The dropsy gradually subsided and the quantity of albumin decreased. The urine, which was scanty, increased. I may say I had her drink as much water as possible during this time. Tonic treatment followed and the eyes were protected from the light."

The ophthalmoscopic examination made on September 25 showed extensive retinitis. The patient stated that just before the last child was born two years ago she had what she described as "kaleidoscopic vision." I found considerable metamorphopsia present, and the patient complained of a great deal of pain in the eyes and head. She was advised to remain in a dark room and was placed on the following treatment:

I. Bichloride Mercury,  $\frac{1}{2}$  gr. tid.

II. Dovers Powders.

III. Occasional hypodermics of pilocarpine.

Different tonics were prescribed throughout the winter, the case being very slow in recovery. A glance at the plates will reveal the progress. There is still a trace of albumin in the urine. The history of such a case suggests the subject of premature delivery for the prevention of blindness—not that it would have been justifiable in the case of Mrs. W., but should she be so unfortunate as to become pregnant again I would not hesitate to recommend its performance. The late Edward G. Loring, New York, so far as I know, was the first to advocate the production of premature delivery for the sole purpose of preventing blindness. This was in the year 1881. I quote from his able article on this subject, which was read before the American Ophthalmological Society: "The fact, therefore, admitted, that possible and under some conditions inevitable blindness may ensue, the question reduces itself to the simple enquiry, whether premature delivery is ever justifiable, either for the restoration or preservation of sight. It appears to the writer

that there are not a few cases in which it is not only justifiable, but where the true principles of sound practice demand its adoption. From a legal point of view it is hard to conceive that there can be but one opinion, and that in favor of the operation, when the circumstances are such as demand it." The law states that premature delivery shall not be performed, except for the preservation of the life of the mother or child; and it is precisely for the "preservation of life" that it would be done when the eye-sight is threatened, for one is part and parcel of the other, and in operating to save sight we are operating to save life. Thus Simpson many years ago declared, and the opinion is universally upheld at the present day, that symptoms such as headache, giddiness and derangement of vision are merely premonitory symptoms of puerperal convulsions: and when these are associated with albumin in the urine we may be certain of the liability of our patient to the supervention of convulsions. However, it so happens that these derangements of vision occur at a time when, as Graefe puts it, "The prognosis for life is even worse than for sight." Given, therefore, a pregnant woman with loss of vision, or organic lesion of the retina or optic nerve, as the prominent, or even as the sole symptom, no one can say that a series of convulsions may not set in at any moment which will carry everything before them, including not only the life of the child but also that of the mother. There is another point of great importance, and that is that where an attack of uraemic or albuminuric amaurosis occurs in one pregnancy it is almost certain to repeat itself in the following ones, and if the life of the mother has been threatened in the one case, and from which there has been a lucky escape, it may also be threatened in the following pregnancies, from which there may be no escape. I may be pardoned, gentle-

men, if I stand here and strongly advocate that the eyes of pregnant women should be carefully examined as a routine measure, especially in view of the fact that about 30% of all patients who at this time have an organic lesion of the retina or optic nerve have no reduction in vision—at least make no complaint—and this lesion may pass through a low stage of inflammation into the deplorable atrophic condition before the patient is aware that the eyes are seriously affected.

*Rheumatism.*—Let us now glance at the part played by rheumatism in eye affections. The structure of the eye most frequently affected in rheumatic patients is the iris, in fact an etiological classification of the forms of iritis will place rheumatic iritis first in order of frequency. It is not seen as a complication of ordinary acute articular rheumatism but in the subjects of chronic rheumatism, and is of a decidedly relapsing character. It frequently occurs, however, in gonorrhœal rheumatism in the acute form, and when occurring for the first time with this form of rheumatism is more often symmetrical than other forms of arthritic iritis. Nettleship reports 104 cases of iritis with well-marked rheumatic symptoms—34 in gonorrhœal rheumatism and 70 in which the rheumatism had no relation to gonorrhœa. Exactly one-half of the gonorrhœal cases were double, while in the other 70 the proportion was only about one-fifth. Nettleship also reported 6 cases complicating gonorrhœa without rheumatism, in which half the cases were symmetrical. I saw a case of typical gonorrhœal iritis last summer in consultation with Dr. G. M. Campbell. It was in one eye only, and made an uninterrupted and perfect recovery. Considerable photophobia and conjunctival congestion are often present during an attack of ordinary acute articular rheumatism, when a careful examination of the eyes fails to reveal any

ocular disease—they merely being symptomatic of the general disease. The scleral and episcleral tissues, however, are susceptible to inflammation, due to the existence of the rheumatic diathesis. The same may be said of the orbital cellular tissue. It is needless to state that in all these affections constitutional treatment is of the first importance. Patients afflicted with gout are liable to the same ocular troubles as rheumatic patients. I notice by reference to text books that gouty subjects are more liable to glaucoma.

*Cerebral Tumors.*—In conclusion, gentlemen, I will call your attention to cerebral tumors. Statistics show that optic neuritis is associated with about four-fifths of all cases of cerebral tumors, including syphilitic growths. Its recognition, therefore, is of great importance in the diagnosis of cerebral growths. When true optic neuritis occurs as a secondary manifestation it is, with scarcely an exception, due to cerebral tumor, meningitis or syphilis. \*Many interesting and varied theories have been advanced to explain the connection between optic neuritis and brain tumors—theories founded on clinical and experimental facts. First, the theory of increased intracranial pressure causing compression of the cavernous sinus, and, as Von Graefe thought, a consequent venous engorgement of the retina. This theory was abandoned when the brain and eye circulation became better understood. Then followed the theory that the cerebrospinal fluid was forced along the sheath of the optic nerve and by compression at the papilla caused inflammation. This is known as the choked disc hypothesis and had many supporters, though no satisfactory explanation was offered of how mere compression about the papilla could cause the appearances seen by the ophthalmoscope

\* See Berry on "Diseases of the Eye."

# WYETH'S

## ALKALINE AND ANTISEPTIC

### TABLETS.

As suggested by Dr. Carl Seiler.

(See his article in the *MEDICAL RECORD* of February 27, 1888, on "*Ecchondroses of the Septum Narium and their Removal.*")

#### Each Tablet Contains :

Sodium bicarbonate	Eucalyptol
Sodium baborate	Thymol
Sodium benzoate	Menthol
Sodium salicylate	Ol. Gaultheria.
Sodium chloride	

**DIRECTIONS.**—Dissolve one Tablet in two fluid ounces of warm water, and use as a spray or wash, to be sniffed up the nose by the patient, morning and night.

This admirable combination has given such marked relief in so many cases of nasal catarrh and its complications, that we have been induced, after consultation with Dr. Seiler, and with his kind permission, to put up the solid ingredients in the form of a soluble tablet, so that the physician can direct his patient intelligently how to use them, and at the same time, enable him to have the means, at all times, of preparing a perfectly fresh solution.

The solution, as prepared from these Tablets, has also been found very agreeable and beneficial as a mouth wash, in cases of Stomatitis and Retraction of the Gums, etc. It may also be used with benefit as a disinfecting and anti-septic cleansing wash for other mucous surfaces than the nasal mucous membrane. It is particularly useful in cases of dry catarrh with ozœna, as it destroys the disagreeable odor better than any other combination.

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 Per bottle of 100 each ..... 50  
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## Extract from a paper on the Prevention of Morphinism.

By J. B. MATTISON, M. D.

MEDICAL DIRECTOR BROOKLYN HOME FOR HABITUÉS, BROOKLYN, N. Y.

\* Read before the American Medical Association, Washington, May 6, 1891.

Gentlemen, you have my paper. It is a plea for less morphine—more codeine. The usually accepted statement that its anodyne and hypnotic action is weak and uncertain, is wrong. It has a constant and well marked effect as an analgic and soporific, without unpleasant secondary symptoms—nausea, headache, and general malaise so common with morphia. I urge you to use it, and especially do I commend it to the junior members of the profession, who too often are enthused with that modern mischief-maker, hypodermic morphia, and have not yet gained the wisdom given their fathers, whose experience has led them to discard—increasingly often, I am glad to say—a power so potent for ill. I speak feelingly on this subject, gentlemen, for my professional work for many years has brought me in daily contact with those—mostly our own guild—whose lives have been blighted by morphia.

The easing of pain ranks next to the saving of life, and when in doing such noble work, we do it without entailing a bondage binding, it may be for life, the millenium will be nearer than now.—*From Medical Summary.*

We are prepared to supply this remedy in various forms—alone and in combination,—and would ask your attention to the following list of our preparations of this salt.

## WYETH'S ELIXIR SULPHATE OF CODEINE

Containing  $\frac{1}{2}$  gr. Codeine in each fluid drachm.

This agreeable, efficient, and convenient form of administering Codeine must commend itself to the practitioner as a sedative, soporific, and hypnotic. It will prove most acceptable and invaluable to delicate women and children. The substitution of this soothing anodyne for the salts of morphia has recently been widely and earnestly advocated by many of our most eminent medical men, claiming as they do, it entails none of the unpleasant secondary symptoms, nausea, headache and general malaise, so common with morphia, nor does it arrest the secretions or disordered digestion, and it is not followed by the hallucinations incident to the exhibition of most narcotics. It is particularly indicated in the neurotic class of patients who complain of neuralgia, visceral pain, insomnia and cough, and many ailments where morphia has been heretofore prescribed.

Price per doz. 16 oz. Bottles, \$14.00.

## WYETH'S COMPRESSED TABLET TRITURATES.

Per Bottle of 500, 50 Cts.

Ammon. Chlor. et Codeinæ Co.

Ammon. Mur. 1-4 grain, Ext. Glycyrrh: 1-10 grain, Pulv. Cubeb. 1-3 grain, Codeine 1-25 grain

Codeine	-	-	-	-	-	-	1-8 grain, \$2.20
Codeine	-	-	-	-	-	-	1-4 grain, \$4.00
Codeine	-	-	-	-	-	-	1-2 grain, \$6.90
Codeine Sulph.	-	-	-	-	-	-	1-2 grain, \$6.25
Codeine Sulph.	-	-	-	-	-	-	1-10 grain, \$1.85

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DAVIS & LAWRENCE CO., Ltd. MONTREAL,

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or even inflammation. Then came the descending neuritis theory until someone observed that in many cases the end of the nerve was much more inflamed than the trunk. The last and most satisfactory one is that the fluid which accumulates at the end of the sheath enters the lymphatic spaces by the nerve and is of an irritating nature (Leber and Deutschmann). The presence of optic neuritis is of little use in localizing cerebral growths. Edmunds and Lawford reported ninety-six cases of fatal cerebral tumor. Forty-one cases where tumor was at or near the convexity, optic neuritis occurred in nineteen or forty-six per cent. Fifty-five cases where tumor was at the base, optic neuritis occurred in forty one or seventy-five per cent. Forty three of these tumors were situated in the basal ganglia or cerebellum, and optic neuritis occurred in thirty seven or eighty-six per cent. The plates presented show very well the appearance of a true optic neuritis. Great swelling of the optic nerve, extensive venous engorgement and the obliterated margins of the disc are prominent features. In the second plate are shown characteristic hemorrhages often seen in advanced stages.

There are many diseases yet to be considered under the subject of this paper, and if I am again honored with an invitation to read a paper before this society I shall be pleased to take up the subject once more and endeavor to complete it.

[We regret that we cannot reproduce the drawings carefully prepared by Dr. Kirkpatrick from his own cases.—ED.]

## TREATMENT OF UTERINE AFFECTIONS BY CURETTING.

DR. BERLIN.

This author sums up his conclusions as follows :

1.—Curetting necessitates, in most cases, chloroform anæsthesia and the

preliminary dilatation of the uterus by means of laminaria tents.

2.—The operation should be performed with as much care and precaution as the most important abdominal operations. Only an experienced surgeon, equipped with *the proper instruments*, ought to attempt it, because of the rigorous antisepsis it requires. In such a case only is there *nearly absolute freedom from danger*.

3.—The post-operative antiseptic precautions are of the utmost importance; neglect of them is the cause of a great number of failures.

4.—Regarded from the indications, Curetting is *the treatment par excellence* for corporal endometritis. Considered as an intra-uterine mode of treatment, it is *incomparably superior* to all others in respect to operative benignity and in result. The operation is not, of course, claimed to insure, in all cases, and at the first attempt, the radical cure of an affection so essentially rebellious as chronic metritis is in most of its forms. But it combats successfully certain forms of Metritis against which, a few years ago, gynæcology was powerless. Its daily effects recoveries in cases where the old methods fell short. When it does not, at the outset, effect the removal of all the symptoms, it always procures an appreciable amelioration. It provokes no accidents, and its frequent repetition is often attended with advantage.

5.—It is of prime importance, *not* to consider Curetting as a routine treatment of *all* uterine affections in which symptoms of endometritis are observed.

6.—Diverse categories of cases should be distinguished:—those in which curetting *alone* realizes a curative effect; those in which it constitutes a *palliative* treatment; those in which it can be employed as an *adjuvant* to a similar operation; and those where it is *useless or dangerous* and where it should be dispensed with altogether.

7.—*Precision*—as rigorous as possible—in the anatomical and symptomatic diagnosis of each *particular* case, is the essential condition of a judicious application of curetting.

# Maritime Medical News.

APRIL, 1893.

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DR. G. M. CAMPBELL,  
 9 Prince Street, Halifax.

THE difficulties which have prevented the regular issue of the NEWS have not been entirely disposed of. We trust subscribers will overlook the fault, as arrangements are now about completed which will ensure the regular appearance of the journal in the future.

WITH the March issue Dr. Morrow severed his connection with this journal. Dr. Morrow has done more than anyone else to promote the interests of this journal, which was issued in November, 1888, as a bi-monthly. We and the whole constituency of the journal offer Dr. Morrow our cordial appreciation and thanks for his valuable services. All our readers will readily join with us in the hope that Dr. Morrow may realize his best expectations in his contemplated removal to Montana. Elsewhere in our columns will be seen how Dr. Morrow's services at the Medical College were regarded by the students.

## PROFESSOR MORROW :

SIR,—We the students of the Halifax Medical College have learned with deep regret your resignation of the chair of Physiology and probable departure from our Province.

But before severing those pleasant relations that have existed between us, we desire to express to you our sincere regret at your departure feeling that we, as students as well as the college at large, sustain thereby a very great loss.

We beg to assure you that all your efforts on our behalf as students have been highly appreciated, and we collectively and individually take this opportunity of expressing to you our great respect and our gratitude for the interest you have taken in our welfare, and though it be not possible to any longer retain you with us, we assure you that you bear with you the esteem and good wishes of all.

We beg you to accept of this small token of our esteem, and trust it may always convey to you on our behalf those good wishes for your welfare and success in the future that we trust may be always realized for you.

C. D. Lloyd,	G. A. Bennett,
D. T. MacPhail,	R. O'Brien,
H. E. McEwen,	W. H. Macdonald,
Horace Rindress,	D. W. Byers,
W. A. Chisholm,	W. F. Cogswell,
F. F. Smith,	E. F. Moore,
Duncan Murray,	A. A. Deckman,
John J. Cameron,	P. F. Coady,
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R. W. Minard,	H. G. Fairbanks,
S. Williamson,	J. S. Brookman,
John J. Churchill,	M. W. Brown,
Frank E. Rice,	Clara M. Olding,
Geo. N. Murphy,	O. V. Smith,
W. J. Barton,	J. A. McIsaac,
Alexander Ross,	A. Isabel Hamilton,
L. H. Morris,	T. MacGeorge,
Edward J. Mizer,	H. Wood,
E. D. Farrell,	H. O. Simpson.

ON no point in the natural history of diphtheria is there so complete accord among observers as on the specifically infective character of the disease and its communicability. The organic nature of the infective virus inferred a

*priori* from the communicability of the disease has been demonstrated by the researches of Klebs, Loeffler, Roux, and Yersin. These investigations have received ample confirmation from other observers, and are very generally accepted by clinicians. As they throw new light on every phase of the malady and offer new conceptions in respect to prevention diagnosis and treatment, they deserve the most careful consideration from practitioners. The results obtained may be briefly summarized. After many futile attempts to find a micro-organism in the blood lymph and tissues of the body the local foci of the disease were examined, it being suspected that there might be found an organism producing a diffusible toxine capable of causing the varied manifestations of the disease. The large number of micro-organisms found in diphtheritic patches proved an insuperable obstacle to further advance, until the methods of Koch for isolating organisms were made known. As far back as 1875 Klebs observed in the false membranes of diphtheria a peculiar bacillus, which grew well in broth, and which gave rise to something like a diphtheritic patch when inoculated into animals. In many cases he failed to observe this organism, but in these he noticed a chain forming coccus in great abundance. Hence he described two forms of diphtheria, one caused by the bacillus the other by coccus. No additional facts of importance were elicited until Loeffler took up the subject with the aid of Koch's methods. His first results were published in 1884. He found that most of the organisms present in the false membranes are those usually found in the mouth. In undoubted cases of diphtheria he almost invariably found at the inner margin of the layer of exudation the bacillus described by Klebs. In more doubtful forms of sort throat, especially in that of scarlet fever, the chain forming coccus identical in every respect with the streptococcus pyo-

genes predominated. Loeffler's work did not attract any attention outside of bacteriological circles, owing mainly to the fact that he did not express any positive opinions. The masterly researches of Roux and Yersin, conducted in the Pasteur institute, supplied all the missing links in the chain of evidence. The proof is absolutely complete that the bacillus described by Klebs and Loeffler is the specific cause of true diphtheria.

Its presence can be demonstrated by appropriate methods in the great majority of cases. It is not found in any other disease. It can be isolated from the local foci in pure culture. By inoculation with pure cultures the essential features of the disease, notably, the false membrane and the paralytic phenomena can be reproduced in susceptible animals. From these animals the organism can again be recovered in pure culture, in short all the requirements of Koch are fulfilled.

Detailed descriptions of the morphological and biological characteristics of the Klebs-Loeffler bacillus—the products of its vital activity and the experimental work done on animals are now easily accessible, a summary will suffice. The bacilli vary much in size, the average ones are equal in length to but thicker than the tubercle bacillus. They are straight or slightly bent, one end or both sometimes being a little enlarged. They stain irregularly, clear spaces being observed between deeply stained portions somewhat resembling spores. There is no differential stain for the organisms as in the case of the tubercle bacillus. It is not strictly parasitic as it may multiply on suitable culture media at temperatures lower than that of the human body. Below 64° F it ceases to multiply. It is very doubtful whether under ordinary circumstances it multiplies outside of the body, but its vitality is preserved for a long time in the presence of moisture. It may be kept alive on culture media and moist

cloths for six months or even a year. It does not form spores. Exposure to temperatures above 140° F, readily destroy it, and it is readily influenced by germicides.

Guinea pigs, cats, rabbits, pigeons and fowls, are influenced by inoculation. Mice and rats are not affected. If cultures are applied to excoriated mucous surfaces diphtheritic patches are produced and general symptoms supervene. If death does not take place too rapidly characteristic diphtheritic paralysis usually supervenes. The post mortem appearances found are congestion and effusion into the serous cavities, glandular swellings, and degenerative lesions in the viscera muscles, and peripheral nerves. The bacillus is never found beyond the point of inoculation, even at the seat of inoculation it sometimes disappears if death is delayed. Cultures obtained from diphtheritic throats vary greatly in virulence. In some instances they induce death in a very short time with symptoms like those of acute poisoning, on the other hand some are absolutely harmless.

The metabolic products admit of isolation from cultures. They are of an albuminoid nature and exceedingly poisonous, thus Roux and Yersin were able to kill a number of rabbits with a quantity less than a  $\frac{1}{4}$  of a grain.

These morbid changes induced by the tox-albumen are identical, with those observed in human beings, but no local changes such as the formation of membrane take place.

From all these it is considered tolerably certain that the local symptoms of diphtheria are due to the action of a specific micro-organisms on a weakened mucosa or a wounded surface; that once having gained a footing it gives rise to an acute inflammatory process, resulting in the formation of membranes that are so characteristic of true diphtheria.

The absorption of the poison set free by the vital activity of the organisms

gives rise to the constitutional manifestations, and the peculiar degenerative changes that underlie most of the sequelae. These are the most important facts for consideration.

As will be seen by advertisement the next annual meeting of the Nova Scotia Medical Society will be held at Bridgewater on the first Wednesday of July. A fear is entertained by many that the Maritime Association is likely to impair the usefulness of the Provincial Association. We do not share in this view, and look forward to an unusually interesting gathering, for many reasons needless to mention. In other associations it has been found advantageous to select one or more topics for discussion, making at the same time arrangements with gentlemen to open and continue the debate. It certainly relieves the monotony and set character of the proceedings, and is an experiment worthy of trial. Probably the most prominent item of business will be the election of representatives to our medical parliament. We are informed that the local committee will spare no effort to make the meeting attractive in other respects, being desirous that visitors shall carry away favorable impressions of the county of Lunenburg and the thriving town on the banks of the beautiful LaHave.

We add with pleasure to our list of exchanges the Ontario *Medical Journal*, the official organ of the Medical Councils of Ontario and British Columbia. The discussion of medical politics, a prominent feature of the publication, will be of interest to the profession throughout the Dominion.

Professor Robert has discovered that peroxide of hydrogen is an antidote for hydrocyanic acid poison. It should be given freely by the mouth and subcutaneously until recovery or death.

# WYETH'S Compressed Tablets.

## Phenacetine,

Price per 100.

$\frac{1}{2}$ grain,	1 grain,	2 grains,	3 grains,	5 grains,	10 grains,
\$0.35	0.60	1.15	1.50	2.25	4.20.

## Phenacetine and Caffeine,

(Phenacetine 3 grains, Citrate Caffeine  $1\frac{1}{2}$  grains.)

Price per 100, \$1.60.

## Salol,

Price per 100.

1 grain,	$2\frac{1}{2}$ grains,	5 grains,	10 grains,
\$0.40	0.60	1.05	1.85

## Phenacetine and Salol,

(Phenacetine  $2\frac{1}{2}$  grains, Salol  $2\frac{1}{2}$  grains.)

Price per 100, \$1.60.

The combination of these two salts has been received with very general favor by medical men, who report the most flattering results from their administration, acting in smaller doses much more efficiently than either of them when given alone.

During the epidemic of *la Grippe* last winter, they served an admirable purpose in allaying and arresting the headache and painful features of this distressing disease.

As there have been cases of this malady reported from different sections of the country, we ask the attention of physicians to the therapeutic value of these Antipyretics.

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**CONTAINS THE ESSENTIAL ELEMENTS** of the Animal Organization—Potash and Lime;

**THE OXIDISING AGENTS**—Iron and Manganese.

**THE TONICS**—Quinine and Strychnine ;

**AND THE VITALIZING CONSTITUENT**—Phosphorus : the whole combined in the form of Syrup, with a **SLIGHT ALKALINE REACTION.**

**IT DIFFERS IN ITS EFFECTS FROM ALL ANALAGOUS PREPARATIONS ;** and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

**IT HAS GAINED A WIDE REPUTATION,** particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

**ITS CURATIVE POWER** is largely attributable to its stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

**ITS ACTION IS PROMPT ;** it stimulates the appetite and the digestion. it promotes assimilation, and it enters directly into the circulation with the food products.

## NOTICE—CAUTION.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy ; *hence the preparation is of great value in the treatment of mental and nervous affections ;* From the fact, also, that it exercises a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of these, *finds that no two of them are identical,* and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light and heat *in the property of retaining the Strychnine in solution,* and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. FELLOWS."

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles ; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

FOR SALE BY ALL DRUGGISTS.

# DAVIS & LAWRENCE CO., Ltd.

MONTREAL.

WHOLESALE AGENTS

Please mention 'The Maritime Medical News.'

## ST. JOHN MEDICAL SOCIETY.

REGULAR MEETING, March 1st, 1893.

*Chronic purulent otitis media; aural polypus blocking the meatus; constitutional symptoms; trephining the mastoid.*—Dr. J. H. Morrison related a case in which a polypus was found plugging the meatus of the right ear of a female, aged nineteen, who had had a purulent discharge from that ear for sixteen years. Constitutional symptoms developing, and the mastoid region being inflamed and tender, he had made an incision behind the ear, and then trephined the mastoid. Nearly the whole mastoid was found carious and was removed, exposing the entire middle ear to view. The pus, being dammed up by the polypus, had burrowed a way through the wall of the canal, and had appeared beneath the periosteum between the auricle and the mastoid process, where it was found when the incision was made. Dr. Morrison drew particular attention to the condition of the mastoid area, as seen through the incision. The periosteum was raised from the bone, the bone itself was roughened, and of a greenish or greenish-yellow tinge: with this condition present, in any case, even in the absence of pronounced local symptoms, we could be sure of the existence of deep seated disease, requiring the use of the trephine.

Dr. S. F. Wilson read a paper entitled, "*Some principles in the application of electricity with illustrations.*" In discussing the subject of double decompositions of the tissues produced by the galvanic current, he said that the negative pole, where the electro-positive elements of the tissues, the sodium and potassium, were liberated, and united with the oxygen, and then with the fatty matters to form a soap, had a liquefying and alterative action. Later in the paper he showed how this action of the negative pole could be made use of in softening and dilating a contracted os uteri, and in softening a lacerated and indurated cervix. At the positive pole, on the other hand, the electro-negative elements of the tissues, the oxygen, iodine, and chlorine, were liberated, and acted on the tissues like a strong acid,—thus this electrode had a coagulative and a haemostatic action. The positive pole then, as Dr. Wilson afterwards pointed out, would be the proper one to use in the puffy, softened, condition of endocervicitis.

The fact that the current always flowed from the positive to the negative pole, and carried the fluids of the tissues along with it, would assist in explaining the respective actions of the electrodes mentioned above, and was taken advantage of, to introduce drugs in solution into the tissues, by applying the solution to the positive pole. Iodine and iodide of potash (Churchill's tinct. of iodine) could thus be made to assist the germicidal and alterative action of the current, without increasing its strength.

The sedative action of the positive pole, and the stimulating action of the negative, to nervous irritability, was explained by Humboldt's discovery that an acid solution diminished, and an alkaline increased, the excitability of a nerve to which it was applied. He said the galvanic current favored a progressive metamorphosis of normal tissue, and a retrograde metamorphosis of abnormal tissue; this was the inter-polar action of the current. Many therapeutic agents had a similar action.

The subject of dysmenorrhœa was freely discussed. With no abnormality of the pelvic organs to be detected, he would depend on the progressive metamorphosis set up by the inter-polar action of the current, the positive pole with a double electrode being placed over the ovaries, and the negative over the sacrum. He cited an obstinate case of his own of this nature, treated successfully over a year ago by electricity. But, Dr. Wilson said, the fact was now becoming recognised that very many cases of dysmenorrhœa were due to an endocervicitis, or an endometritis. He reported a marked case of endocervicitis of his own, with pronounced local and general symptoms, including leucorrhœa, dysmenorrhœa, and dyspepsia, in which three applications of the positive pole during one month, nearly cured the local condition, and completely restored her physical health at the same time; while two years' previous treatment with tonics alone had been of no service, and two months and a half of the ordinary treatment by applications of iodine and carbolic acid of but comparatively little benefit.

Rust stains on surgical instruments may be removed, it is claimed, by painting them with a mixture of 1 part of potassium cyanide, 1 part of soft soap, 2 parts of prepared chalk, and enough water to make a paste, and then wiping the instruments and coating them with oil.

## Book Notices.

THE INTERNATIONAL MEDICAL ANNUAL and Practitioner's Index for 1893. Edited by a corps of thirty-eight department editors—European and American—specialists in their several departments. P. W. Williams, M. D., Secretary of Staff. 626 octavo pages. Illustrated. \$2.75. E. B. Treat, publisher, 5 Cooper Union, New York.

The eleventh yearly issue of this valuable one-volume reference work is to hand; and it richly deserves and perpetuates the enviable reputation which its predecessors have made, for selection of material, accuracy of statement and great usefulness. The corps of department editors is representative in every respect. Numerous illustrations—many of which are in colors—make the "Annual" more than ever welcome to the profession, as providing, at a reasonable outlay, the handiest and best resume of Medical Progress yet offered.

Part I. includes New Remedies. Dr. H. A. Hare, a well known writer, supplies a brief but comprehensive review of the therapeutic progress of the year.

Part II., the major portion of the work, is devoted to the consideration of new treatment. It contains a synopsis of the most valuable contributions to therapeutics during the year and a number of original articles by such authorities as Sir G. Johnson, Dujardin, Beaumetz, Ewald, Mayo Robson, Ruffer and others. Subjects of importance to the general practitioner are carefully presented.

Part III., miscellaneous, contains many items of interest, such as new instruments and appliances, improvements in pharmacy, books of the year, etc., etc.

The alphabetical arrangement of subjects and the very complete index make it a valuable reference book.

The work justifies its claim, and can be confidently recommended to those desirous of keeping up with the times. The book is cheap, and attractive in appearance.

### Books and Pamphlets Received.

The International Medical Annual and Practitioner's Index for 1893. Edited by a corps of thirty-eight department editors—European and American—specialists in their several departments. P. W. Williams, M. D.,

secretary of staff. 626 octavo pages. Illustrated. \$2.75. E. B. Treat, publisher, 5 Cooper Union, New York.

Modern Gynecology. By C. H. Bushong M. D. E. B. Treat, publisher, 5 Cooper Union, New York.

History of the Life of D. Hayes Agnew, M. D., LL. D. By J. Howe Adams, M. D. With fourteen full-page portraits and other illustrations. In one large royal octavo volume, 376 pages, extra cloth, beveled edges. \$2.50 net; half morocco, gilt top, \$3.50 net. Sold only by subscription. Philadelphia: The F. A. Davis Co., publishers, 1914 and 1916 Cherry Street.

Methods of Precision in the Investigation of Disorders of Digestion. By J. H. Kellogg, M. D., Superintendent of the Sanitarium at Battle Creek, Mich., &c. Modern Medicine Pub. Co., Battle Creek, Mich.

A Remarkable Respiration Record in Infantile Pneumonia. By William A. Edwards, M. D., San Diego, Cal.

Acute Enlargement of the Thyroid Gland; Angio-Neurotic Oedema. By the same author.

Belcher's Farmer's Almanack. D. McAlpine's Sons, Halifax, N. S. This work is too well and favorably known to require any extended notice from us.

## Selections.

TREATMENT OF METRORRHAGIA.—(*Provincial Med. Jour.; Med. and Surg. Reporter*).—In certain cases of obstinate metrorrhagia, ergotin, extractum hydrastis canadensis, ice, and applications of tampons are alike incapable of arresting the hæmorrhage. In such cases a hypodermatic injection of sulphate of atropine has been recently recommended. It is given in doses of  $\frac{1}{100}$  grain twice daily. In one case, in which the hæmorrhage had existed for a fortnight, it was completely arrested after the fourth injection. In a second, when the patient was in a state of collapse, the first injection was followed by a return of the normal temperature and increase of the pulse rate; after the second the hæmorrhage was diminished in a striking degree; after the third it entirely ceased. A moderate dilatation of the pupils was the only secondary effect observed.—*Arch. of Gyn.*

### LYSOL.

Attention having been drawn by the recent cholera "scare" to the popularity of carbolic acid as a disinfectant, notice is being taken in medical circles of the even superior advantages for many purposes of the cresols as disinfectants. It was discovered that crude carbolic acid, made soluble by the action of sulphuric acid, surpassed in germicidal power an equally strong solution of pure phenol; and creolin, although free from carbolic acid, was proved to be of unmistakably superior disinfecting activity to the latter. Being insoluble in water, however, these cresols were neglected until the idea was hit upon of combining them with resin soap. Although very efficacious, these preparations were only emulsions; and it remained for the cresols to be made soluble, as now in the form of lysol, in order that what can be called the ideal soluble disinfectant should be made generally available. Lysol is produced by dissolving in fat, and subsequently saponifying, with the addition of alcohol, the fraction of tar oil which boils between 190° and 200° C. It is a brown, oily-looking, clear liquid, with a feebly aromatic creasote-like odor. It contains 50 per cent. of cresols; and it is miscible with water to a clear saponaceous, frothing fluid. It shows turbidity when mixed with hard water, but its disinfectant quality is not impaired thereby. It acts, to all intents and purposes, as a soap; and it is admirably adapted for use in surgical operations. According to German testimony, lysol is one of the most precious products of coal tar which chemistry has given to the service of mankind.—*Scientific American*.

### ALOPECIA TREATMENT.

Dr. H. Paschke divides alopecia into two classes for the purpose of treatment. When this condition is due to seborrhœa he recommends washing the head with alkaline soaps, specifying a liquid soap with the addition of 1 per cent of carbonate of potassium. For permanent removal of the oily matters, coal-tar benzine with twice its weight of absolute alcohol; but this must be used only by daylight. Occasionally an alcoholic solution of resorcin, 1:30, with a small amount of castor oil, is advisable, as well as the naphthol soaps now to be found at the apothecaries. Of late years he has used 10 to 20 per cent ointments of ichthyol in lanolin; this, however, must be preceded by an energetic washing with soap.

Sometimes the daily use of alcoholic preparations of tannin and quinine are useful; such preparations are often found in the shops. Although the treatment is likely to be prolonged, yet the prognosis is generally

favorable. The cases where there are scale-formation, pityriasis, or scanty secretion of the sebaceous follicles, are more difficult to treat. Here the washing with soaps has no place, but oils and pomades are required. Here, also, are used stimulating remedies of 4 to 6 per cent alcoholic solutions of tincture of cantharides, oil of savine, tincture of capsicum, or tincture of hellebore, either daily or three times weekly. If this condition is accompanied with hyperidrosis, then local faradization and reconstructive remedies—as iron or arsenic—are required.

The cases of trichorrhexis nodosa are entirely unsatisfactory from the standpoint of therapeutics, although sometimes pilocarpine, both locally and internally, may be of service. Alopecia areata apparently is spontaneously cured, quite as often as by remedies, although usually disinfectants and irritants are prescribed.—*American Journal Medical Sciences*.

An instructive contribution to our knowledge of the usefulness of guaiacol—the active constituent of creasote—in tuberculosis is from the pen of Dr. A. Jacobi. In more than a hundred cases, mostly adult, he prescribed about four drops four times a day after meals and at bed-time, in sweetened water, milk, mild wine, or whiskey and water. In no case did the daily doses exceed 25 drops for adults and 12 drops for children.

In a number of cases the remedy was inhaled as well as taken by the stomach. The atmosphere was impregnated with the vapor, either by soaking a sponge with the remedy, exposing it to the air on a plate, or by mixing with water and applying heat. The results were almost uniformly good, most of the patients gaining in strength and weight, while appetite and digestion improved, the cough became looser, and after a month or two appeared to be more mucous and less purulent.

TREATMENT OF RINGWORM. — Crawford Warren, F.R.C.S.I. (*Lancet*), suggests the following treatment for this affection: The affected region should first be washed with soap and warm water containing a little carbonate of soda, and then well dried. Acetic acid should then be thoroughly applied with a small brush, and in the lapse of about five minutes, when the acid will have soaked into the part, an ointment composed of sixty grains of chrysophanic acid to an ounce of lanoline should be rubbed in. This treatment should be carried out daily for such a period as may be necessary.

## TREATMENT OF HEPATIC COLIC IN THE PARIS HOSPITALS.

BY DR. MARCEL BAUDOIN.

The question has reference exclusively to the attack of hepatic colic and not to biliary lithiasis in general. M. Rendu stated that it was impossible to give treatment suitable to every case. In the very painful crisis nothing equals morphine in subcutaneous injection. Olive oil has not given great results and is repugnant. As an adjuvant to the injections of morphine, give warm drinks, warm entire baths, warm cataplasms to the abdomen. When the attack is prolonged and in the intervals of the crises, M. Rendu is a partisan of Harlem oil, 6 to 8 drops in a glass of milk in the morning. A light purgative may well be given every three or four days as follows :

Calomel, gr.  $\frac{3}{4}$ .  
Ext. Bellad., gr.  $\frac{1}{4}$ .  
Medic. soap, q. s.

For one pill.

M. Ferrand, in the intervals of the crises and as a means of preventing the crises, advises various means which we will not mention here; but we may mention his use of glycerin, concerning which he has sent a report to the *Academie de médecine*. The patient should take a half a glass of vichy water, to which has been added from one to four drachms of purified glycerin. And, during the duration of the colic, M. Ferrand insists again on the employment of glycerin, as follows :

Infusion of orange flowers,  $\bar{5}$  ij.  
Chloroform water,  $\bar{5}$  j.  
Pure glycerin,  $\bar{5}$  iv-v.

Along with this he uses many hypodermic injections of :

Distilled cherry laurel water,  $\bar{5}$  ij. ss.  
Muriate of morphine, gr. jss.  
Neutral sulphate of atropine, gr.  $\frac{1}{4}$ .

At the time of the crises he orders with advantage a purgative injection of senna (75 to 150 grs.) or with the addition of the same amount of sulphate of sodium; the regimen be deprived of fatty matters and contain but little starch; pearls of valerianate of amyl; applications of heat to the painful region and if necessary tepid entire baths kept warm if desired during the bath.

M. Dreyfus-Brisac has employed the olive oil and glycerin only against the lithiasis; in the colic nothing is efficacious except morphine in subcutaneous injection; when moderately painful, unctions of chloroform and applications of bags of hot water to the vertebral column; if there is a series of small paroxysms, the sulphate of quinine is really useful. When the crisis is prolonged use warm baths of long duration.

M. Gilbert has no systematic treatment for hepatic colic. If the pain is not of great intensity he generally gives olive oil in doses of 5 or 6 ounces at one time. If this cannot be tolerated a clyster of 30 to 45 grains of antipyrin is used. Morphine is used in the violent colic in injections of  $\frac{1}{2}$  grain repeated if necessary. If the colic is prolonged many days, or even weeks, with periods of relief, in addition to rest in bed, milk diet, and vichy water, he prescribes Durand's remedy—ether,  $\bar{5}$  ij; turpentine,  $\bar{5}$  ij;  $\bar{3}$  ss night and morning—large enemas alternating daily with entire luke-warm baths of 45 minutes duration, and morphine or antipyrin according to the intensity of the pain.

M. LeGendre, in hepatic colic where vomiting does not prevent all therapeutic measures, prescribes the following :

Neutral glycerin,  
Saturated chloroform water,  
Linden water, aa,  $\bar{5}$  jss.  
Tincture of belladonna, gtt. xxx.  
Tincture star anise, gtt. xx.

Dose, one tablespoonful every fifteen minutes or more. A large very warm cataplasm to the epigastric and hypochondriac region, frequently renewed. At the same time give a clyster containing 30 grains of chloral or of antipyrin. But in the immense majority of cases (gastric intolerance, very intense pain), M. LeGendre injects a solution of morphine and atropine. He has used olive oil in doses of six ounces with variable results; he took care to have the patients rinse out the mouth before and after taking, with a little *chartreuse* or brandy.

M. Brault believes in the efficacy of antispasmodics and narcotics, which, while calming the pain, do not prevent the expulsion of the calculi.

M. Marfan uses morphine, and if this fails he gives chloral, 30 to 45 grains, by mouth if there be no vomiting, otherwise by enema. At the same time he uses iced drinks. For intestinal antiseptics he prefers benzonaphthol (22 grains a day in three doses) as superior to salol or to calomel.—*La Semaine Medicale*.

## CODEINE AS A BRONCHIAL SEDATIVE.

BY DR. GUNTHER, OF MONTREUX.

I have tested the action of codeine on the irritating cough of phthisis, as compared with that of the remedies heretofore employed against that symptom (morphine and sulphonal). Sulphonol, according to my experience, can never compare with codeine in cases of secondary bronchial affections (in consequence of valvular lesions or of a degenerative nature)

where we wish to combat their most annoying symptom, the cough. The action of codeine is a very prompt one and free from any trace of by-effect, something which cannot be said of sulphonal.

Codeine, administered either per os or subcutaneously, differs somewhat in its physiologic action from morphine; it may be given without fear and with a free hand, in cases where morphine would have to be given most tentatively. The action of codeine concentrates itself more on removing the local conditions of irritation without acting on the system at large; whereas morphine, besides its local effect, acts considerably on the entire organism.

**MECHANICAL TREATMENT OF HABITUAL CONSTIPATION.**

DR. H. B. BEATTY.

The author, a surgeon of the British Navy, affirms the success of the following practice: Every morning or evening—which time best accords, with the patient's habit of defecation,—he should, before that action, lie on his back, and roll slowly over the belly a linen bag filled with small shot.

The bag should by preference be rolled over the region of the colon and in the direction of the three portions of this intestine (the ascending, transverse, and descending colon). The duration of this manœuvre and the weight of the bag must vary according to the degree of the constipation and the patient's tolerance of the treatment.

This method, which operates, in short, like that of abdominal massage, and which possesses over it the great advantage of being applicable by the patient himself, without the aid of another person, is said to give uniformly good results.—*Newark Bulletin.*

**CHRONIC RHEUMATISM—(Treatment)**

[WHITLA.]

Sodium Iodide . . . . .	2 grammes	[ ½ dram].
Sodium Bi-carbonate . . . . .	4 “	[ 1 “ ].
Potassium Bi-carbonate . . . . .	7.5 “	[ 2 “ ].
Fowler's Solution . . . . .	1.5 “	[ 24 min.].
Sarsaparilla Syrup . . . . .	150.0 “	[ 3 ¾ fl. oz.]
Teaspoonful after each meal !		

The general tonic used at Bellevue Hospital has the following formula :

Sulphate of quinine . . . . .	30 grains.
Tinct. of nux vomica . . . . .	160 minims.
Tinct. of chloride of iron . . . . .	160 minims.
Dilute phosphoric acid . . . . .	1 fluidounce.
Syrup . . . . .	q. s. ad. 4 fluidounces.

The dose is a teaspoonful two or three times a day.

**MYXŒDEMA.**

MACKENZIE (*Lancet*, No. 3, vol. i., 1893) summarizes the symptomatology, pathology, and treatment of myxœdema, and contributes a case successfully treated by a new method. He calls attention to the fact that several members of the same family may be attacked. Atrophy of the thyroid gland is marked in all. When the malady is fully developed there is considerable increase in the bulk and weight of the body. The physiognomy is markedly altered, the features assuming a placid, mask-like form of expression; the eyebrows are elevated, the eyelids puffy, and the nostrils broadened; the lower lip is thickened, everted, and livid, while the cheeks show a red patch, contrasting strongly with the eyelids. The skin is dry, scaly and downless; the hair is dry and frequently scanty; the subcutaneous tissue is swollen, especially in the hands, feet, and legs, but it does not pit on pressure; there is usually fulness in the supraclavicular regions; the gums are swollen and spongy; the teeth carious; the tongue, uvula, and soft palate are swollen. The temperature is usually abnormal, and the patient feels cold. There is impairment of memory, irritability alternating with placidity, slow, monotonous, and deliberate speech, and a slowness in comprehension which is clearly appreciated by the patient. Sensation is sometimes markedly retarded, and hearing, smell, and taste are blunted. There is frequently a certain amount of inco-ordination, the legs giving away unexpectedly. The pulse is usually weak, soft, and slow. The mucous membranes have a tendency to bleed; the urine is of low specific gravity, and at a late stage usually contains albumin. All the symptoms are aggravated by cold weather.

The disease has a tendency to progress slowly. Some patients are carried off by phthisis or other intercurrent diseases, the remainder dying of myxœdema. The autopsy shows increase in fat, passive effusion into the serous cavities, and atrophy of the thyroid gland. At the time of death mucin may not be in excess, but there is little doubt it is an essential feature at a certain stage of the disease. This excess of mucin has been found in internal organs as well as in the subcutaneous tissue.

The first step in the way of remedying this condition was made in the experiments of Schiff, who showed that the evil effects of thyroidectomy in animals could be diminished by transplanting a thyroid gland previous to the operation. Horsley suggested a similar procedure as a possible means of arresting myxœdema. The first trial of this method was attended with striking, but only very limited, improvement. The difficulty was to effect the survival of the transplanted gland in its new position, and what actually hap-

pened was its absorption into the surrounding tissues. Next were tried hypodermic injections of the glycerin extract prepared from these glands. Murray and other physicians obtained very beneficial results from this.

The objections to this method were the pain attendant upon it and the danger of subcutaneous abscesses. It was also found that lividity, loss of consciousness, temporary loss of power in the extremities, or general muscular spasm, sometimes supervened during or immediately after the administration of an injection.

The author discovered that the administration by the mouth of the thyroid gland, or of a preparation derived from it, served the same purpose as a preparation of thyroid extract. The patient he treated by this method had been suffering from the fully-established disease for several years. She was a typical example of myxœdema. She was ordered two sheep's thyroid glands to be obtained fresh from the butcher and to be given finely minced every day. The effect of this administration on temperature and on the sensation was almost immediate. The temperature, became normal, or even a little above normal, while a comfortable sensation of warmth permeated the patient's body. The administration was not quite regular on account of difficulty in procuring the glands. During the first fortnight the patient received eight thyroid glands and two drachms of thyroid extract by the mouth. By the end of that time her appearance had very considerably altered for the better, but her pulse-rate had risen from 56 to 116; the rapidity of her pulse continuing, the administration of the thyroids was discontinued for a time, when the rate gradually fell to 80. The patient suffered from vomiting at times. This and undue rapidity of the pulse can usually be taken as an indication for the temporary cessation of the treatment.

Six weeks after the treatment was started the hands and feet desquamated as completely as after scarlet fever, and delicate, soft skin replaced the former coarse cuticle; there was a rapid loss of bulk and weight, so that in two months there was a difference of about twenty-eight pounds. The mental condition and speech improved in the same ratio. The hair came in rapidly.

The finely-minced gland was at first administered with a small quantity of brandy and beef-tea. Later it was allowed to stand for about half an hour with a few teaspoonsful of water. This was then strained, the juice being squeezed through a piece of linen or muslin. The expressed fluid was added to some beef-tea. An extract thus made, administered once a week, was sufficient to keep the patient in good health after she was cured.

Later experiences convinced the author that much less of the remedy is required than was

employed at first in this case. The gland, or half a drachm of the extract therefrom, twice a week is as much as it seems advisable to commence with, and at a later period the same amount once a week appears to be sufficient.

MacKenzie tried this treatment on two cases of Grave's disease, or exophthalmic goitre, but without any effect on the symptoms.—*Therapeutic Gazette.*

### MR. GLADSTONE'S SPEECH-POWER.

We must leave to politicians the appraisal of Mr. Gladstone's speech on Monday, regarded as a piece of statesmanship, but regarded from a medical or physiological point of view there can be no difference of opinion. The performance must be regarded and must remain not only as historical, but probably as unique in the history of eloquence and of states. Those who were privileged to be amongst the audience will never forget the scene of the speaker. In the crowded chamber, filled with all that was distinguished and influential in British society, his voice was heard for the first hour of the speech with perfect ease; and even when its physical forces began to abate it was still felt as an influence altogether exquisite and refined. No difference of opinion could avail to save the listener from the spell of a voice, always seconded by the choicest amenity of expression, which it may safely be said has no rival in contemporaneous Parliaments. The wonder is doubled by the fact that the speaker is in his eighty-fourth year. Though there was a perceptible falling off in the force and volume of voice as the second hour was reached, the animation of the orator was all intact. His eye, and especially his right hand brought into emphatic contact with the table from time to time, testified to the vehemence of his thought and feeling, and when occasion required it, as for the delivery of a passage of special importance or for the final peroration, a reserve of voice was again and again drawn upon, and the enthusiasm of the mighty audience swelled the effect of the eloquence by which it was itself swayed. The most most marvellous part of all was to see the orator after he had resumed his seat looking as serene as if nothing unusual had been done, and to learn that he went home to dine quietly with his family and to sleep with as little disturbance as if he only had been engaged in the most ordinary occupation. The record of eloquence is beaten by our octogenarian Premier, and, apart from any consideration of politics, with which we are not concerned, we are all very proud of him.

# NERVOUS EXHAUSTION.

## Horsford's Acid Phosphate.

**R**ECOMMENDED as a restorative in all cases where the nervous system has been reduced below the normal standard, by over-work, as found in brain workers, professional men, teachers, students, etc., in debility from seminal losses, dyspepsia of nervous origin, insomnia where the nervous system suffers.

It is readily assimilated and promotes digestion.

**DR. EDWIN F. VOSE**, Portland, Me., says: "I have prescribed it for many of the various forms of nervous debility, and it has never failed to do good."

Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

Prepared under the direction of Prof. E. N. HORSFORD, by the

Rumford Chemical Works, Providence, R. I.

**BEWARE OF SUBSTITUTES AND IMITATIONS.**

## New York Post-Graduate Medical School and Hospital.

ELEVENTH YEAR—SESSIONS OF 1892-93.

THE POST GRADUATE MEDICAL SCHOOL AND HOSPITAL is continuing the eleventh year of its existence under more favorable condition than ever before. Its classes have been larger than in any institution of its kind, and the Faculty has been enlarged in various directions. Instructors have been added in different departments, so that the size of the classes does not interfere with the personal examination of cases. The institution is in fact, a system of organized private instruction, a system which is now thoroughly appreciated by the profession of this country, as is shown by the fact that all the States, Territories, the neighbouring Dominion and the West India Islands are represented in the list of matriculates.

In calling the attention of the profession to the institution, the Faculty beg to say that there are more major operations performed in the Hospital connected with the school than in any other institution of the kind in this country. Not a day passes but that an important operation in surgery and gynecology and ophthalmology is witnessed by the members of the class. In addition to the clinics at the school published on the schedule, matriculates in surgery and gynecology, can witness two or three operations every day in these branches in our own Hospital. An out-door midwifery department has been established, which will afford ample opportunity to those desiring special instruction in bedside obstetrics.

Every important Hospital and Dispensary in the city is open to the matriculates, through the Instructors and Professors of our schools that are attached to these Institutions.

### FACULTY.

*Diseases of the Eye and Ear.*—D. B. St. John Roosa, M. D., LL.D.: President of the Faculty: W. Oliver Moore, M. D., Peter A. Callan, M. D., J. B. Emerson, M. D.

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