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# THE CANADA MEDICAL RECORD.

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## Original Communications.

### TWO CASES OF DIABETES INSIPIDUS.

BY

CASEY A. WOOD, C.M., M.D., Attending Physician to the Woman's Hospital; Professor of Chemistry and Medical Chemistry, University of Bishop's College.

[Read before the Medico-Chirurgical Society.]

I do not lay claim to the advancement, this evening, of anything new on the subject of diabetes insipidus, but as the disease has always possessed considerable interest for me, and since, so far as I can learn, it has not been brought before this Society in the shape of a paper for some years past, I now present it with the expectation of adding to my knowledge from the experience of other members. The first case that I ever saw was that of a medical student under the care of Dr. David. I have had an opportunity of seeing the patient at intervals during the past three years, and have obtained from him an account of his family and previous history which I shall proceed to give. In October, 1878, he was 20 years of age; had always been sickly as a child, and at 12 years of age had a slight attack of diabetes insipidus, but was improved and perhaps cured within a year after the attack, the benefit derived in this way from treatment having been attributed to his taking tincture of iron for most of the time. From

that date until 1878 he enjoyed much better health, but upon occasions had noticed a slight and temporary polyuria, sufficient to be annoying but never pronounced enough to require further treatment. His family history is an interesting one. Mother died of diabetes mellitus at the age of 56; his maternal grandmother was dead at 55 from a disease of which polyuria was a prominent symptom, and of his two brothers and three sisters the only one now dead, a sister, died at the age of 14 of diabetes, probably saccharine. Finally two uncles, on his mother's side, aged respectively 48 and 60, and now living, are the subjects of insipid diabetes. In Oct., 1878, about the time he came to Montreal, he began to notice that he was obliged to micturate much more frequently than usual; that he had to rise in the night-time to pass water, and that he would fill the vessel before morning. During the day he voided even a larger quantity until he calculates that he must have passed between 10 or 12 pints during the 24 hours. The urine was as clear as water, not albuminous, devoid of sugar, and the sp. gr. of that excreted before breakfast varied from 1006 to 1007 $\frac{1}{4}$ . His appetite kept good, but he felt languid, had a dry, hot skin, and was so thirsty that he commonly drank four or five tumblers of water at a meal, and as much more between meals. On Oct. 16th Dr. David prescribed 3 j of fld. ext. Ergot three times a day, and ordered him, in addition, at meal times to drink only claret diluted

with water. His diet was limited to certain easily digested articles of food. He derived from this treatment almost immediate relief; the amount of urine rapidly diminished; its color soon returned, and the sp. gr. became normal, until at Xmas-time he regarded himself as perfectly cured. However, having been tempted to forget the dietetic portion of his treatment during the holiday festivities he had a recurrence of his former troubles, and he became almost as bad as during the previous October.

He now began to take the ergot again, resumed his old diet, and at the end of a few weeks the polyuria and other symptoms disappeared. Between January and May, '79, he had three slight relapses, but at each time found sufficient relief in the fld. ext. of ergot after a few drachm doses. From that time until the present he considers that he has been free from the disease, although he admits having passed at long intervals, for a day or two more urine than normal. He is now a young man of spare habit, sanguine temperament, and to all appearance enjoys fair health. The hereditary nature of the disease, in his case, appears to be pretty well established, since it can hardly be a mere coincidence that so many of his mother's relations are and were diabetic.

Of case No. II., occurring in my own practice, I can speak more fully. Mrs. M., æt. 50, has never had any serious illness up to the time of the present attack. She had, however, for years a chronic eczema of the right leg which until lately had defied all attempts to cure. About the 10th Dec., '80, was attacked by what she then thought to be Canadian cholera, that is, she had griping pains in the bowels, vomiting and diarrhoea, three symptoms that showed themselves at 10 p.m. and did not entirely leave her until the next day at five o'clock. From that time she had intense thirst, a dry parched mouth and tongue, and began to pass a large quantity of urine almost immediately after the diarrhoea had stopped. In addition to water, which formed her chief beverage, she drank tea, whey, gruel, ginger ale, cider, milk, lemonade, etc., but without affording much relief to the thirst which she describes as being constant and very tormenting. Soon her skin became dry and harsh, and she never perspired during the subsequent course of the disease. She never complained of pain, but lost flesh rapidly, and became very weak. I saw her on the tenth of March when these symptoms were all well develop-

ed. I also noticed that she was very irritable and nervous, and entertained all sorts of groundless fears and fancies. Her sleep at night was unrefreshing and interrupted by getting up to drink and micturate. Her appetite was very small and her bowels were inclined to costiveness. The frequent micturation appeared to me to result largely from irritability of the bladder, for she felt obliged to urinate almost every time she took a drink. This state of affairs continued without much change until the 7th of August last, when she was again seized with severe abdominal pains, accompanied by violent vomiting and purging, and followed by complete prostration. The attack began at 7 p.m. and lasted until 3 p.m. next day.

I have a record of her passing eight pints of water about the 1st of August: on 10th she voided only  $3\frac{1}{2}$  pints, which gradually decreased until a week afterwards the urine was normal as regards its color, sp. gr., and amount in 24 hours. The improvement after the 10th was very marked. She began to gain strength and pick up flesh; her appetite got much better, and no longer tormented at nights she commenced to sleep well, and to feel refreshed and cheerful in the morning, in marked contrast to her former irritable temper and nervous condition. More than that, the eczematous patches on her leg have disappeared, and she now says she feels as well as, if not even better than, she ever did.

Regarding the physical and other properties of the urine in this case I may say that it was invariably transparent and colorless, was never albuminous, and never gave evidence of sugar; that it deposited but very little sediment, was faintly acid and had no odor. From the record which I kept at short intervals for five months of the quantity and sp. gr. of the voided urine, I find that the latter varied from 1003 to 1004 $\frac{1}{2}$ , and that the whole amount passed during the 24 hours reached its maximum (as far as my observation went) on the 27th of April, viz., 203 ounces, and it was least on the 16th of July, amounting at that date to less than 100 ounces; but that it kept pretty constantly in the neighborhood of 150 ounces per diem. The amount of fluid drunk by this patient was carefully measured for some time, and found to correspond closely to the amount of urine she voided. Those days when the urine passed was less than the amount of liquid taken were invariably followed by an

increased quantity ratio of voided urine to fluid drinks. For example, on the 12th of March she passed 162 ounces of urine with a sp. gr. of 1004 and drank only 140 ounces, but on the following day she voided 144 ounces, sp. gr., 1004 $\frac{1}{4}$ , and drank 157 ounces. I regret that I neglected to estimate the proportion and total quantity of urea in these instances.

As for the treatment, I have only to say that beyond ordering frequent sponge-baths, variety in drinks used, insisting on the patient's taking easily digested food and living generally a strictly hygienic life, I gave nothing in the way of medicine, unless a placeboic quinine mixture be considered as such. In fact I endeavored as much as possible to carry out Bouchardat's directions for the conduct of such cases.

I do not know, however, that this treatment had much effect on the disease. It seemed to me that the polydipsia, thirst, dry skin and nervous disorders were about as plainly marked when I first saw her on the 10th of March as they were during the week before these symptoms so suddenly left her on the 7th of August. Probably if I had grown tired of practising hygiene about the 1st of that month, and had given fld. ext. of ergot, as Da Costa advises, or had followed in Trousseau's footsteps and administered powdered valerian, or had even prescribed diluted nitric acid, with which Henry Kennedy has never yet had a failure, I might now entertain a different opinion on the question of therapeutics in diabetes insipidus; as it is, I know that my patient recovered in much the same way she took ill, and that the disease displayed throughout the most sublime indifference to hygienic measures.

Montreal, Nov. 20, 1881.

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## *Progress of Medical Science.*

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### THE HYPODERMIC INJECTION OF MORPHIA.

By W. A. B. SELLMAN, M.D.

(Read before the Baltimore Medical Association at the stated meeting held March 14th, 1881.)

It is generally recognized that Dr. Wood, of Edinburg, was the first to administer medicines hypodermically, as he made use of this method as early as 1843. It was made known after being

extensively tested, and the results were published in 1859 by Dr. Charles Hunter, of London, while Behier, Courty and Follier, of France, and Oppolzer, Scanzoni and Graefe, of Germany, are chief among those who, in that and the succeeding year, spread intelligence of its merits. Mr. Rynd, of Dublin, claims that the subcutaneous injection of medicinal substances, to combat neuralgia, was first used by himself in 1844. Dr. Sieveking, of London, attempts to establish that Dr. Kurzak, of Vienna, was the first to inject medicines under the skin. Dr. Isaac E. Taylor, in an article in the *New York Medical Gazette*, April, 1870, claims that Dr. Washington and himself used this method in 1839. They punctured the skin with a lancet, and employed an Ansel's syringe to throw a solution of the medicine under the skin. In this country, Dr. Ruppaner was the first writer upon hypodermic medication (May, 1860). In 1865, Dr. Charles Hunter edited a work, "On the Speedy Relief of Pain and Other Nervous Affections by Means of the Hypodermic Method." In the same year appeared Dr. Albert Eulenberg's book on "The Hypodermic Injection of Medicines Treated According to Physiological Experiments and Clinical Experience." In the same year, Dr. E. Lorent, of Bremen, published a treatise on his "Clinical Experience with Hypodermic Injections." During this year appeared the first book written on this subject in this country, by Dr. A. Ruppaner, of Boston, on "Hypodermic Injections in the Treatment of Neuralgia, Rheumatism, Gout and Other Diseases." The most excellent and comprehensive book of Dr. Roberts Bartholow, on "The Treatment of Diseases by the Hypodermic Method," has passed to its third edition. Dr. H. H. Kane has edited a work on "The Hypodermic Injection of Morphia: Its History, Advantages and Dangers," 1880; also "Drugs that Enslave," 1881, which treats of the opium, morphia and hashisch habits.

In regard to the salt of morphia to be used hypodermically, there are various opinions. Dr. Eulenberg prefers the hydro-chlorate; his formula is four grains of the hydro-chlorate of morphia, four drops of hydro-chloric acid, one drachm of distilled water. Dr. Wilson (*St. George's Hospital Reports*, Vol. iv) claims that the sulphate should be used without the addition of acid. Dr. Bartholow prefers the sulphate, and it is the salt most frequently employed. Dr. Anstie dissolves the acetate in hot distilled water, with a minimum of acetic acid. Dr. Lawson, in the *Medical Times and Gazette*, Nov., 1870, recommends a solution of the muriate, gr. x, to aqua destil. ʒii. This solution requires heating to give it fluidity at ordinary temperature. The addition of one-forty-eighth of a grain of atropia, to one grain of morphia, is preferred by Dr. Brown-Sequard in obstinate neuralgias. Dr. H. H. Kane ("Drugs that Enslave") advises the use of the following formula for the preparation of solution of morphia, that will keep for a long time unchanged, never

causing abscesses, and when carried in the pocket for months being in as perfect condition for use as when freshly prepared: Take four fluid ounces of boiling distilled water, add two grains of salicylic acid and sixty-four grains of sulphate of morphia; stir with a glass rod until they are dissolved. Filter through coarse filtering paper, while hot, and keep in a glass stoppered bottle, of green glass. Prof. Luton, of Reims, uses cherry laurel water as a menstruum; he claims that it will keep indefinitely.

The dose of morphia, according to Bartholow, "varies from one-twelfth to one-half a grain. *In commencing, it should not exceed one-third of that ordinarily administered internally.*"

I use twelve to twenty minims of Majendie's solution as a single injection.

The immediate effect of the injection is a smarting, sometimes, pain, in the part. At times this amounts to only an itching. There is a sense of heat and of fullness in the head, and where the injection has entered a vein, a giddiness and singing in the ears. In some cases there is nausea. "Loud borborygmi not unfrequently occur at the moment the cerebral symptoms are perceived." Walking becomes difficult; the face is flushed, mouth and tongue dry; the hearing is more acute than normal. After a variable length of time, the pain, for the relief of which the injection was given, disappears, and the patient either goes to sleep or lies in a state of calm repose. Dr. Hunter has remarked the effect of this treatment in lowering the pulse in acute mania. He also observed the diminished rate of respiration. Bartholow, in his work, cited previously, presents a diagram of the pulse, temperature and respiratory movements, and also sphygmographic tracings.

Cutaneous irritation, especially itching of the nose, is developed, and diaphoresis usually follows. Should the injection be administered after a full meal, digestion is suspended for several hours. Constipation generally results; the kidneys secrete less urine, and there is some difficulty experienced in urination. Bartholow claims that there is a diminished secretion of bile, whereas Dr. Rutherford, in the *British Medical Journal*, February, 1879, "has found by experiment on the dog that morphine sub-cutaneously injected has no effect on the secretion of the bile." Some patients experience headache and nausea as the effects of the medicine pass away. In other cases there is a rambling conversation, and still in others delirium. The effect passes off in about sixteen to twenty hours, although I have seen cases where it lasted for thirty-six hours. M. Calvert (*Thèse de Paris, 1877; Etude Experimentale et Clinique sur l'Action de la Morphine*) presents:

1. A physiological research of the action of morphine upon the various functions of the organism.
2. A clinical study of morphine as a therapeutical agent, especially in the relations of acute to chronic morphinism. In the first, he observes

that both intravenous and subcutaneous injection of the hydrochlorate of morphia accelerate respiratory movements, this acceleration being followed by a period of retardation, and sometimes a momentary arrest or respiratory syncope. The same relative effects occur with the cardiac movements. During this time animal heat exhibits analogous phenomena, namely, the elevated is followed by lower temperature. In fact, the absorption of morphia by subcutaneous injection produces a very marked influence upon the reflex actions.

In 1879 I injected twenty minims of Magendie's solution into the arm of a lady, about thirty-two years of age, to whom I had given hypodermic injections previously. The patient was accustomed to take half-grain doses of morphia by the mouth, which accounts for my giving this unusual dose. I injected into the arm above the elbow. In three minutes she appeared to be under the full influence of the drug, perfectly relaxed and speechless. The patient resided in the country, and I did not visit her until the second day after the injection. The attendant reported that she had remained in the comatose or stupefied condition, in which I had left her until a short time before my arrival; that is, the stupefied condition lasted about forty hours. I examined the patient; she was free from pain, but extremely prostrated. I would note the fact that there had existed complete inactivity of the kidneys. The case progressed favorably.

Dr. Lorent reports a case of deep narcotism following the injection of morphia. "The patient was a delicate male, forty-three years of age, suffering from delirium tremens; one grain of morphia was administered. The pupils were so contracted as to appear entirely closed. There was perfect insensibility to pricking with a needle. The pulse was very slow, and respiration sank even to six in the minute, so that, fearing a fatal termination, artificial respiration was maintained. The threatening symptoms, however, soon subsided, and from the favorable termination of the delirium tremens which soon followed the large dose seemed to have exerted a good influence.

Dr. E. T. Wilson, in an article in the *British Medical Journal*, May 24th, 1879, complains that, in a number of cases, his patients have been peculiarly affected. Scarcely has the fluid entered beneath the skin when the most intense feeling of irritation and pricking is felt in the part, spreading from the puncture rapidly all over the body. At the same time the skin becomes suffused with a bright blush. The heart's action then becomes greatly quickened, and there is a throbbing, rushing feeling through the head. The hands were somewhat swollen and the lips had a glazed appearance. In one case the patient became rapidly unconscious as if knocked down by some sudden shock. The symptoms subsided gradually, leaving behind great pain in the head.

In a communication to the *British Medical Journal*, March 2nd, 1872, Dr. Hausmann ex-

presses himself as having observed—as Nussbaum and Muhe had previously done—that the subcutaneous injection of morphia is sometimes followed by pain and redness of the face, contractions of the muscles of the lower jaw, a hammering, frequent pulse (130), dyspnoea and clonic spasms of the limbs. These symptoms lasted five minutes. The spasms first ceased. Then the pulse became quiet, and at last violent sweating broke out. Hausmann is disposed to accept the explanation given by Nussbaum that in such cases the morphia directly enters the veins. The production of the phenomena did not appear to depend on the quantity of morphia injected.

Dr. H. Harrington (*Chicago Medical Journal April, 1879*) “was called a short time since to treat W. S., male, aged 62, for acute dyspepsia (bilious attack), accompanied by very severe pain. Administered hypodermically, in hypogastric region, sulphate of morphia 0.02 grains. Before the syringe was emptied, alarming syncope supervened, and recurred twice at intervals of ten or fifteen minutes; stimulants administered freely, artificial respiration and the use of electricity, were successful in reviving the patient. Neither narcotism nor coma were in any degree present.”

Dr. E. F. Ingalls (*Chicago Medical Journal and Examiner, May, 1878*) says “I know of no precaution which will render the hypodermic injection of sedative doses of morphia entirely safe; the medicine may be given in this way a thousand times without harm; but the next time it may produce death. The danger appears to arise from rapid absorption or injection directly into the circulation, and it is greatly enhanced by the impossibility of removing the poison.”

Dr. H. Gibbons (*Pacific Medical and Surgical Journal, June, 1878,*) complains of the peculiar effects in a large number of cases.

Dr. H. H. Kane reports a large number of cases where the injection was followed by peculiar and very frequently alarming results. He advises the use of a ligature or small tourniquet, to be placed around the arm above the point of intended puncture; should any symptom of syncope come on after the injection, he tightens the ligature, and the patient is immediately relieved, for the medicine cannot pass into the system.

Dr. E. F. Ingalls addressed circulars of inquiry to eighty physicians of the Northwest, and thereby brought to light seven fatal cases not heretofore reported. In two of these the amount given was believed to be only that habitually used by the profession, but was not positively ascertained. In one case one-fifth of a grain, with one seventy-fifth of a grain of atropia; in another, one-quarter of a grain, given for sciatica, proved fatal. One death was from two doses of one-third of a grain each, with an interval of four hours between the first and second doses. Another death was caused by two doses of one-quarter of a grain each. In another case, where the patient was suffering from neuralgia of the muscles of the back,

one-sixteenth grain of sulphate of atropia was injected; no relief being given, one-quarter grain of morphia was administered by the mouth. In three-quarters of an hour from that time, one-quarter grain of morphia was injected hypodermically, which soon quieted the patient. The doctor left, and the patient died within a few hours.

The *Lancet, Nov. 8th, 1879*, reports a case where the patient (a lady) used the enormous quantity of twelve grains for a single injection, using, during a violent attack of facial neuralgia, twenty grains during twenty-four hours. The last injection produced tetanus, caused by the irritation of the puncture of the needle, and death ensued.

Dr. Z. P. Daigholine (*Practitioner, July, 1871*) gives the results of his experience with this mode of medication, “derived from two thousand injections of morphia, while house-physician to the Manchester Royal Infirmary.” He reports that, with one exception, he never saw any immediate ill effects from it, and only in one case, any great evil result from its prolonged use.

Many physicians hesitate to employ the hypodermic syringe for fear that it may produce a craving for anodynes. The *Lancet, October 11, 1879*, contains an article on hypodermic “drum drinking,” and regrets that the hypodermic syringe has been allowed to pass into other than professional hands, and considers that a physician should be held responsible when he instructs a patient to use the instrument. It is an indisputable fact that there are a considerable number of persons who are slaves to the habit of constantly employing hypodermic injections upon themselves, but the physician does not run the same risk of producing the morphia habit when he uses the syringe as he does when he administers the drug by the mouth. The patient can secure his morphine from the druggist, and he generally finds out what quantity to take as the dose is popularly known. But he has great difficulty in buying a hypodermic syringe, and he does not know what salt or quantity to inject. I claim also that the habit, when established, is very much more easily broken off than when the agent is taken by the mouth. I recall a case (a lady) in whom I commenced the use of the hypodermic injection of morphia, in May, 1874. For three months I injected every second day, for the succeeding nine months daily, during the next two months twice a day, after that daily until November, 1878. At that time I determined to cease using the agent. I did so suddenly, refusing to taper off, and not giving any anodynes by the mouth. The patient was much prostrated, but progressed favorably, and has not had a hypodermic injection since. There was no opiate of any kind allowed for several months. Since that period, I understand that morphia has been administered by the mouth for the relief of pain.

Dr. J. Braithwaite (*Lancet, November 17th, 1877*) reports a case of discontinuance of morphia after its use hypodermically for seven years. The patient, a lady, injected it herself, sometimes to

the amount of fourteen grains daily. She suddenly determined to give it up entirely. "Violent vomiting and purging were the result, but she persevered, and is now well."

There exists a difference of opinion in regard to the point of puncture. I have always secured the full effect of the drug when inserted at a point distant from the seat of pain, generally selecting the left arm above the elbow.

M. Charppe, who has performed many subcutaneous injections with the hydro-chlorate of morphine, asserts that they act more promptly, the nearer they are made to the seat of pain.

Dr. Lorent advises localization of the injection. Dr. Eulenberg states, that, in a case of double rheumatic sciatica observed by him, complete relief of pain for a space of from two to three days followed each injection, upon the side upon which the injection was made, while upon the other side the pain immediately returned upon the subsidence of the effect of the narcotic upon the nervous centres. His conclusions are: "After the subcutaneous administration the sensibility of the region injected is considerably diminished, while the corresponding symmetrical region of the other side of the body shows no change or a relatively much lesser degree of diminution. If an injection be made at a point where a sensitive (or mixed) nerve runs superficially under the skin, sensibility is diminished, not only at the place of injection, but also over the whole surface to which the nerve is distributed, nevertheless, in the greatest degree at the point of injection."

Phlegmonous abscesses not unfrequently form at the point of puncture. It is unaccountable why they should form in some cases only. During the past year I have had a large number of abscesses to form after injection. I generally make my own solution, and last June purchased one drachm of morphia, labeled with the name of a celebrated manufacturing chemist. All the cases in which I used this preparation have had terrible abscesses; they were some fifteen in number. As soon as I discovered this effect of the injection I secured another bottle of morphia, but of a different manufacturer. I used the same syringe and needles, and have not had an abscess since. I took the remaining morphia to a chemist for analysis. Unfortunately there was not sufficient remaining to produce positive proof of impurities in the drug. I would state that there did not appear to be any general poisoning of the system, but merely local irritation. Cauterization with the solid nitrate of silver at intervals appeared to be the most successful treatment.

Dr. George E. Jones (*Cincinnati Lancet and Clinic*, 1878) says:

"Injections under the skin are, as a general rule, painful, and are liable to produce abscesses.

"Deep injections are not painful, and are not so liable to produce abscesses.

"The injection fluid must be at least of the same temperature as the body."

Dr. E. Peyreigne (*Revue Med. de Toulouse*, xii, 309-320) reports phlegmonous abscesses following hypodermic injection of morphia chlorohydrate.

Dr. H. H. Kane considers that these abscesses are due in the majority of instances to (a) carelessness in injecting, (b) unclean needles, (c) a dirty or over-acid solution, or (d) a low condition of the general system, predisposing to inflammation and suppuration on slight irritation.

The question arises, in what diseases is the hypodermic injection of morphia indicated? By the introduction of narcotics into the cellular membrane of the body we have a mode of attacking and subduing cerebral excitability more rapid and more certain in action than the stomachic method. In a great number of diseases there can be no certainty about the stomachic dose. "In delirium tremens, for instance, the pill, the draught or powder, may lie in the stomach undigested; it may be vomited; it may be absorbed partly or entirely, and if the latter, so slowly as to do no good. In the meantime the life of the patient is at stake, and death from exhaustion may occur before that sleep, which would save the patient, can be procured. With the hypodermic syringe sleep can be secured or delirium quieted in a few minutes. The certainty of effect should follow, for the whole amount injected must be all absorbed and circulated. In the mentally overtaxed or the melancholic patient, the night administration will not cause sleep at all times; it sometimes rather arouses the brain; it may even keep the patient awake, in 'a calm state of doziness,' which has the equivalent effect of good sleep the next day. The patient will arise refreshed, mentally stronger and fit for his day's work."

Dr. Hunter asserts, that, "for derangements of the cerebral nervous system, we have, in the hypodermic method, a means of treatment, far exceeding, in its immediate efficacy, any other mode of medication."

Dr. C. Lockart Robertson (*Practitioner*, May, 1869) writes, that the "value of this treatment of mental disease is still much unappreciated, despite its satisfactory working. Prolonged wakefulness, maniacal excitement, obstinate and persistent refusal of food, or drink, or medicine, and destructive, suicidal tendencies, are indications for the employment of this treatment."

Dr. Bartholow speaks of the benefit being more conspicuous in the early stages of mania, and considers that to be the case, especially, in puerperal mania.

Dr. Anstie (*Reynold's System of Medicine*, vol. ii, p. 90) advises the hypodermic method to be employed in delirium tremens, in preference to giving the opium by the mouth.

Dr. Maudsly (*Reynold's System of Medicine*, vol. ii, p. 60) recommends this treatment in insanity. He adds the caution that at times it will not quench the fury of acute mania, and that successive injections, followed by brief snatches of fitful sleep, have been succeeded by fatal collapse.

Dr. O. J. Wolff (*Archiv. fur Psychiatric und Nervenkrankheiten, Band ii*) considers the state of the arterial tension to be the guide to the use of morphia. "If there be a low state of the arterial tension, with slow pulse, small doses are indicated. When the pulse is quick, and tension high, large doses may be given. Caution should be used in administering large doses to the obese and the aged. It may be used in both curable and incurable cases."

Kraft-Ebing (*Bulletin of General Therapeutics, 1870*) has used morphia subcutaneously in hypomania, with excellent results, also in the treatment of "moral hypochondriasis, and all forms of neuralgias."

Radcliff (*Reynold's System of Medicine, vol. ii*) treats cerebro-spinal meningitis with the hypodermic syringe. Bois and Niemeyer have had favorable results from this treatment. Dr. A. Arnold coincides with the above.

Bartholow speaks of having witnessed wonderful cures from this treatment, especially in the stage of irritation, and considers it to be useless when paresis occurs.

Dr. Hutchinson (*Pennsylvania Hospital Reports, vol. ii*) has secured almost instant relief by the injection of one-quarter grain of the sulphate of morphia in cases of sunstroke, rapid recovery following.

In all forms of convulsions the hypodermic method is indicated. I use it even in infants, and consider that I have saved life where different treatment would have failed.

In all varieties of hysteria this is a dangerous remedy to make use of, on account of its producing a craving for this form of stimulation. I doubt whether there is a single member present, who has not regretted administering the first hypodermic to a hysterical patient. The infatuation amounts to something terrible, and the physician is called upon at most unreasonable hours to administer the injection.

Brown-Sequard treats epilepsy most successfully by a combination of morphia and atropia.

Bartholow considers that "the hypodermic injection of morphia is preferable in those cases where the paroxysms occur at night, and in convulsive tic. He does not consider it proper, as a general rule, in cases dependent upon cerebral lesion. When the paroxysms succeed each other rapidly, and are violent, the injection may be made during an attack.

Scanzoni, Landër, Lehmann and Hermann, use this method successfully in eclampsia.

Prof. Loomis gives one-half grain doses in the convulsions of albuminuria, repeating the dose if required, having given as much as two grains within a few hours.

Hunter and Levick, of Philadelphia, have found this treatment successful in chorea. Bartholow limits it to very violent cases of chorea. The hypodermic syringe has been experimented with in the relief of tetanus and hydrophobia; it has given

sleep and diminished spasm, but without permanent effect or arrest of the disease.

Eulenberg has relieved the muscle spasm succeeding amputation of the thigh.

Bartholow considers this treatment very successful in the relief of the painful jerkings of the muscles which occur in cases of fracture.

J. Russell Reynolds reports relief of "writer's cramp" for a certain period, but no permanent cures.

Wm. Roberts (*Reynold's System of Medicine, vol. i*) has had the most successful results in relieving the pain associated with "wasting palsy."

In the treatment of neuralgia, the hypodermic method cannot be superseded by any other. The most brilliant results have been achieved by this means.

Dr. F. E. Austie (*Reynold's System of Medicine, vol. i*) considers that the invention of the subcutaneous injection has thrown a new light on the capabilities of opium as an anti-neuralgic. "It may be confidently said that, in the right use of this remedy, we possess the means of permanently and rapidly curing very many cases, and of alleviating the most inveterate forms of neuralgia."

Bartholow has a very elaborate article on this affection treated hypodermically, to which I refer you.

In a number of the affections of the respiratory system, the hypodermic method is every efficacious.

The paroxysms attending asthma are quickly relieved. Vulpian, Hirtz, See and Bartholow, commend this treatment.

Dr. J. Keith Anderson (*Practitioner, Nov., 1875,*) gives one-sixth grain of the hydro-chlorate of morphia with great success.

Dr. Leslie West adds his testimony as to the value of this treatment in asthma.

Pletzer, Waldenburg, Lorent, Kirkes and Jarzky, testify to the relief of the dyspnoea of emphysema.

Pleurisy and pleurodynia are much benefited, and the pain relieved.

Bamberger, Bartholow, Eulenberg, Erlenmeyer and Lorent, consider this method indicated in the cardiac neuroses.

Dr. C. H. Fagge (*Reynold's System of Medicine, vol. ii*) has often relieved the paroxysms arising from disease of the valves of the heart, by subcutaneous injections of morphia.

R. Douglas Powell considers this to be the best remedy to relieve pain in aneurism of the aorta.

Dr. Wm. Murray adds his testimony as to the efficiency of this treatment.

Allbutt and Bartholow advocate hypodermic injection of morphia in nervous dyspepsia with intolerance of food; also for relief of gastralgia and gastric ulcer.

Dr. Patterson presents wonderful results in the treatment of cholera. Of forty-two cases treated by morphia subcutaneously, twenty-two recovered,



and twenty died. Of ten cases "treated in the usual manner," nine died and one recovered.

Bartholow considers morphia injections "the most serviceable remedy for the first symptoms in cholera, but when cramps occur, and collapse is imminent, morphia must be supplemented by chloral.

The vomiting of pregnancy may be controlled in most cases by a small morning injection of morphia.

Dr. Thos. Johnston (*Medical Times and Gazette*, April, 1869) strongly recommends this injection of morphia over the region of the stomach as a remedy in sea-sickness.

In all forms of colic, I employ the hypodermic syringe in preference to other treatment, on account of the quick relief it secures.

I have derived the greatest benefit in all forms of peritonitis by the early use of the hypodermic syringe.

In cystitis, both acute and chronic, this treatment relieves the expulsive efforts and diminishes the irritability of the mucous membrane. In calculus, the suffering of the patient is much relieved.

Dr. Z. C. McElroy (*St. Louis Medical and Surgical Journal*) has used these injections in epididymitis with the best results. He injects one-half grain under the skin of the scrotum. Constitutional treatment is instituted at the same time. No cases have been treated by him save those of urethral origin.

Dysmenorrhoea and the pain resulting from uterine applications and operations are relieved by the hypodermic injections.

Dr. L. F. Babcock (*New York Medical Journal*, Sept., 1870) relates a case where he prevented abortion at the fifth month by morphia, used hypodermically; also cures of acute rheumatism.

Dr. Korman (*Medical Times and Gazette*, Oct., 1868) uses the hypodermic in labor: 1. During painful dilatation and expulsive period, especially in primiparæ and in narrow pelvis; 2. Spasmodic pains; 3. In painful complications of the process of labor in general; 4. In severe afterpains.

Dr. Melvin Rhorer (*Medical Press and Circular*, 1871) has found the hypodermic injection of great benefit in labor, when turning is required.

Dr. F. D. Lente (*New York Medical Journal* April, 1870) has relieved the headache accompanying chills by the subcutaneous injection of morphia.

Prof. Estlander claims great success in the treatment of traumatic erysipelas.

Dr. Thierfelder, of Meissen, strongly recommends this injection instead of chloroform inhalation, as a preparation to reducing dislocations.

Dr. Baroth has, by its assistance, been able to reduce hernia by taxis, after the usual remedies and manipulations had failed.

In conclusion, you will have observed that I have not relied altogether on my individual experience, but I have availed myself of the light that has been thrown upon the subject by the careful study and experience of many eminent and trust-

worthy members of the profession. On this account, I have made this paper much longer than I had intended, but the subject is of such importance that I do not feel justified in curtailing or dropping the reported wonderful cures in diseases where the hypodermic has previously been seldom employed.

The conclusions that I draw, after a careful analysis of the experience of the profession, are (1) that the hypodermic method is invaluable in cases where speedy relief from pain is desired, or where nervous excitement or mania requires to be quieted; (2) that the utmost care and precaution will not prevent the peculiar sensations sometimes experienced by our patients, which effects are seldom more than transitory; (3) in regard to abscesses, they will seldom result, unless there exists some impurity in the drug, or uncleanness of the instrument. In the cases that I reported, I feel confident that there was an excess of acid present in the solution of morphia; (4) that there are a few persons who cannot take morphine in any form, and that the use of the subcutaneous method is contra-indicated in these cases.—*Maryland Medical Journal*, June 15, 1881.

#### TREATMENT OF SPRAINS.

R. DACRE FOX, F.R.C.S., Edinburgh.

The frequency with which sprains occur in general practice, and the somewhat unsatisfactory results of the treatment ordinarily adopted, induce me to bring forward a method that I have used in a great many cases with considerable success. Sprains may be broadly divided into two kinds, mild and severe; the former consisting merely of a temporary over-distension of the parts, around a joint, which rest and anodyne applications usually soon cure; the latter involving, as I believe, much more serious pathological results, which the following plan is especially contrived to obviate.

The effects of a severe sprain are that the fibrous ligaments controlling the movements of the joint and binding the tendons in their grooves become overstretched, swollen and softened; the cellular tissue about the ligaments and in the tendon-grooves becomes oedematous; and plastic material is exuded; while, as a consequence of these changes, the tendons are displaced in their beds. If this condition be not actively treated, it may, and often does, lead to continued lameness, due, in all probability, partly to a diminution in the caliber of the tendon-groove, with impaired muscular action, and partly to the torn ligaments and bruised cellular tissue having undergone changes which render them incapable of adapting themselves to the movements of the joint, which are consequently impeded. I believe this result may be prevented by the application of firm, direct, equal pressure, applied manually at first, and kept up and controlled by pads placed in the line of the tendons, and kept in position by properly shaped

plasters and bandages, and sometimes by splints. This pressure helps to disperse the œdema, to replace the tendon in its normal position, to hasten the absorption of any plastic exudation, and thus to prevent diminution in the caliber of the tendon-groove. I cannot say this is a novel method of treatment; but I think it is one not usually practiced, partly because it entails the expenditure of much time and trouble, and partly, I feel sure, because there is and has been a tendency to under-estimate the inconvenience and distress arising from a badly sprained joint.

The common practice in treating a sprain is to put on a bandage, telling the patient to take it off if the joint becomes painful, and to substitute warm water fomentations. When the swelling has subsided, if the injury be not so slight as to be already cured, a liniment or the application of iodine is generally ordered. Very frequently the tight bandage causes inflammation, while the rubbing and painting are practically useless. There are numbers of cases of slight sprain, indeed, which will get well with comparatively little treatment or none at all; but in that more severe form where, after an inflammatory or at least exceedingly hyperæmic stage, swelling takes place, with the results I have described, the application of these remedies does not prevent the joint from being left rigid, painful and unfit for use for a very long period. Now it is, as I have said, in preventing all this, that the plan of treatment by direct, equal and continuous pressure, will be found exceedingly valuable; for, where it has been properly carried out, I have always found that the joint returns quickly to its normal condition—pain being speedily relieved, and rigidly prevented. The treatment may be divided into two stages; the first lasting from a day to a week or longer, during which the treatment has to be directed to averting inflammation by rest, warm applications, anodyne lotions, etc.; the second commencing when the joint has become cold, swollen and painful on movement—in fact, when the injury has assumed a more or less chronic character. It is during this second period that I believe the active treatment I advocate ought to be employed. It is important not to commence this until the surface heat is normal; for undoubtedly, when any tendency to inflammation exists in the tendon-sheath, pressure aggravates it, and I have known it to lead to untowards results.

It is of course impossible, within the limits of this paper, to describe the special adaptation of this method to each joint; but I will take as an illustration the ankle. If a wire be passed around the joint so as to impinge on the two malleoli and the tendo Achillis, it will define three or four well marked hollows: one on each side of the tendo Achillis behind each malleolus, one in front of the fibula, with a fourth shallower one in front of the tibia. When the ankle is severely sprained fossæ becomes obliterated, and are filled up

with effusion, overstretched ligaments and displaced tendons.

Observation has led me to believe that there are very few sprained ankles in which muscular displacement to some degree does not take place. It most commonly occurs in front of the outer malleolus involving the outer part of the annular ligament, the extensor longus digitorum, and the anterior fasciculus of the external lateral ligament; next perhaps the posterior peroneo-tarsal ligament and structure behind the external malleolus. Cases of similar overstretching and displacement on the inner side of the ankle are happily rare; but in gravity they bear much the same relation to the former as a Pott's dislocation does to a simple fractured fibula. I will assume an ankle-joint has sustained a severe sprain all round, and has arrived at the chronic stage; modifications of the treatment of such a case will meet all that are likely to occur. To carry out the first principles of treatment by direct, equal and continuous pressure, it is clear the fossæ mentioned above must be filled, or rather their sites covered by pads so as to cause the retaining plasters, bandages and splints to exercise equal pressure everywhere. By making pressure with the thumb from below upwards in the line of fossæ a good deal of the œdema may be squeezed away and the displaced tendons in some degree restored. I make, as a rule, five pads (of tow and lint or leather): two about four inches long by one inch wide (one a little shorter than the other, so as to be better adapted to the curve extending upward from the dorsum of the foot to the crest of the tibia); another shorter, broader and thinner, to place over the tibialis anticus and extensor proprius pollicis; and two, three or four inches long and bolster-shaped, to fill in the posterior fossæ on each side of the tendo Achillis. It is often advisable, in old-standing cases, to supplement the pads by strips of plaster to ensure firmer pressure. Both pads and strips of plaster should be made exactly to fit, as if too large, they are useless, from the pressure being too diffused; and, if too small, they exercise too little pressure. A moment's consideration will render this obvious. If too large a pad, for instance, be placed over the outer postmalleolar fossæ, its edges rest on the tendo Achillis and outer malleolus like the pears of an arch, leaving the fossæ itself untouched. To keep these pads in their place, I use a long extended half-moon-shaped piece of plaster (emplastrum saponis spread on leather), long enough for the ends to overlap in front when the heel is placed in the center, and a narrow oblong piece above this, placed round the lower part of the leg, to cover the upper part of the pads. The handiest way to apply the pads is to place an India-rubber band above the ankle, to slip the pads under it, and then, planting the heel in the center of the curved plaster, to bring the two ends across the front of the joint so as to overlap. The pads having been secured in position, the elastic ring is to be cut, and the oblong piece of plaster put on so as to encircle their

upper ends ; lastly the whole ankle is to be firmly bandaged. Amongst the working classes, or in the case of an uncontrollable patient, it is advisable to apply two thin splints over the anterior pads, keeping them in position by a long strip of adhesive plaster. Where there is much superficial ecchymosis, where there are bullæ, or where there is unhealthy-looking skin, instead of using soap-plaster, the pads may be kept in position and pressure maintained by a piece of lint on which ointment has been spread. Calamine ointment made stiffly is clean, and not uncomfortably greasy. If, as occasionally happens, even this should cause irritation, warm wet lint covered by oiled silk may be advantageously used over the pads, and secured by a firm bandage ; but neither of the applications can compare in efficiency with the soap-plaster spread on leather.

It is, as I have said, impossible in the limits of this paper to describe the method of adaption of the pads to all the different joints ; but a very little consideration will suggest the shape, size and thickness necessary to be employed in each case. —*Chicago Med. Journal and Examiner.*

#### THE HOT PLATE—AN OLD BUT USEFUL REMEDY.

Many persons suffer from pains and aches in various parts of the body, pains rheumatic or neuralgic, or with pains in the stomach or bowels, or with menstrual pains each month ; some have a cold spot between the shoulders, or in the shoulder blades ; some have cold feet ; some are tormented with pain from old wounds, burns or injuries. In all these cases warmth is grateful, and often brings entire relief.

Hot fomentations are efficacious ; these must be skillfully applied or the patient's clothing and the bed-clothing will be wet, and the patient is made chilly and uncomfortable ; they must also be constantly re-applied.

Hot bottles are excellent, and fit nicely into the angles and corners of the body ; but bottles are not always at hand, nor is even hot water at times, besides the corks *will* sometimes come out, and then the bed is saturated.

Some have nice warmers made of tin, these are heavy and soon begin to leak ; the corks also work out sometimes.

Some scientific preparations have been made to hold heat a long time, such as spongio-pilin ; these are excellent, but not attainable by all.

In every household there are old plates of all sizes, and there is a stove or grate where the plates can be heated. These can be wrapped in any old sheet or flannel garment, and be instantly applied to any part of the body ; they will retain heat a long time, if well wrapped in flannel. Where hot fomentations or poultices are applied, the hot plate outside will keep them warm, so that they need not be changed for hours. It is quite wonderful

how much comfort and relief can be obtained from this simple remedy, which is always at hand, and within the reach of every person.

St. Louis, Mo. JAS. H. NORTH, M.D.  
—*Monthly Review of Medicine and Pharmacy.*

#### TREATMENT OF SKIN DISEASES.

Dr. H. S. Purdon, physician to the Belfast Hospital for Diseases of the Skin, gives a brief account of his treatment in the *Dublin Med. Jour.*, March. He says : "For acne I am using, with benefit, glycerine internally, as suggested originally by Gubler—a substance so analogous to oils, and, like them, following the ordinary modes of elimination, in traversing the sebaceous follicles ; while, locally, if on the face, my friend Dr. Samuel Moore's ointment of sulphur and green iodide of mercury is the most useful application I know of. Acne, in young men and girls, often attacks the shoulders. Here, sponging with sea water and brisk friction with a rough towel is far over ointments or lotions. For parasitic affections due to vegetable growths, croton oil liniment, by producing suppuration, destroys the growth more rapidly than any of the vaunted parasiticides. The solution of the ethylate of sodium I still use in nævi, small warty growths, and some forms of lupus, although Volkmann's spoon is the best means of quickly curing the patient. For lupus erythematosus the local application of liquor potassæ has given me good results, while internally, in the acute stage, large doses of acetate of potassium relieve the congestion, and in more chronic cases I prescribe Thompson's solution of phosphorus. In chronic psoriasis I think there is nothing to equal either cold or tepid 'packs,' as used at the hydro-pathic establishments." *Phil. Med. Reporter.*

#### PAIN AND ANODYNES.

Dr. Roberts Bartholow, of Philadelphia, says : The most powerful means for relief of pain which is now in our possession—the subcutaneous injection of morphia and atropia together—is an illustration of the advantages derived from the study of physiological antagonism. By this combination the anodyne qualities of the two agents are enhanced, rather than diminished, while the disadvantages of each are in a great measure obviated. The combined use of morphia and atropia is, also, the best preventive of the tendency of anæsthetics, like chloroform and ether, to produce fatal paralysis of the heart or lungs ; while the prescription of atropia simultaneously with chloral to a great extent averts the dangers that sometimes attend the use of that agent. —*Nashville Jour. of Med. Surg.*

## TREATMENT OF HEART DISEASES.

An interesting review of an article on this subject, in the *Italian Medical Gazette* of January, 1881, appears in the *Lyon Medical* of July 10, 1881. The writer of the article (Prof. Renzi) has evidently studied with care the actions of three important drugs largely used now-a-days in cases of heart disease—viz., bromide of potassium, iodide of potassium, and chloral hydrate; and he has given some important information regarding them. Bromide of potassium is shown to have such a direct influence on the heart and capillaries as to entitle it to a high position among the cardio-vascular drugs. According to Prof. Dujardin-Beaumetz, who considers it one of the best heart tonics we possess, the bromide, besides being a nervine sedative, acts directly on the heart, and lessens considerably any irregular action of that organ. He says that, as a nervine sedative, the drug is useful in counteracting the sleeplessness which so greatly enfeebls and wears out patients suffering from heart disease, while its value in such cases is greatly enhanced by its direct beneficial action on the diseased organ itself. According to Prof. Sée (largely quoted along with Dujardin Beaumetz by the writer of the article), bromide of potassium is especially useful in heart affections where we have diminished arterial pressure, rapid and irregular action of the heart, passive congestions, œdema, cyanosis, dyspnoea, and sleeplessness.

Iodide of potassium is shown to be very beneficial in dyspnoea arising from heart disease. It is also of great value in arresting degenerative changes in the heart tissue.

The action of chloral hydrate on the heart, as observed by Prof. Renzi, is at once to diminish the rapidity of its action, and after a time to reduce its energy. The drug seems to act on the heart by paralyzing either the cardiac ganglia or the vasculo motor centres in the brain. The researches of Claude Bernard, Rokitanski, and others, would indicate that the latter are chiefly affected by the administration of chloral for they found that it caused great diminution of blood pressure by dilatation of the capillaries.

In summing up his observations on the three drugs referred to Prof. Renzi says of bromide of potassium that it lessens the anxiety of patients suffering from heart disease, gives them a certain sense of comfort, and enables them to breathe freely. Under its influence sleep is more easily obtained, is more tranquil, and of longer duration than when induced by other drugs. It is, moreover, a more natural sleep. The bromide reduces undue rapidity of the heart's action and of respiration. Cough, however, seems to be aggravated by the use of bromide of potassium alone.

Of iodide of potassium, he says that it is a most useful drug in diseases of the heart. One of its chief effects is a complete relief from dyspnoea and all asthmatic symptoms.

Chloral hydrate is not much esteemed by him. It can procure sleep of a kind, but is of no use in relieving the dyspnoea so troublesome in cases of heart disease. It is, moreover, dangerous when given in conjunction with iodide of potassium, the latter drug apparently having the effect of greatly increasing its soporific action.

From Prof. Renzi's summing up, it would seem that a combination of the iodide and bromide of potassium is a most beneficial remedy in cases of heart disease.

## TO PREVENT LACERATION OF THE PERINEUM DURING LABOR.

Dr. Mossman (*Am. Journal of Obstetrics*) claims that by artificial dilatation of the perineal structures before the head reaches the floor of the pelvis laceration may be prevented. In uncomplicated labor his method has never failed to prevent rending even so much as the mucous membrane covering the inner sides of the forchette. His directions are as follows: Anoint the vagina as far as the finger will reach with melted lard and extract of belladonna; if the first stage of labor lasts for one or two hours, two or three such applications should be made. When the os is so dilated that the cervix is in no danger of laceration, begin at once artificial dilatation of the perineum. Applying the belladonna ointment freely, place one or two fingers in the vagina and make pressure lightly but continuously downward and forward. When the head descends so as to press upon the perineum, remove the fingers from the vagina, and introducing them into the rectum, place the thumb upon the occiput of the child, pull the perineum forward and upward and press the head upward under the pubes whenever a pain comes on (Goodwell's method of protecting the perineum.) When the pain ceases and the head recedes apply the dilating force with the fingers in the vagina as before, alternating the pressure from within with the forward traction during the pain, and retarding the expulsion of the head until the dilatation is sufficient to allow the escape of the head without laceration. In Dr. M.'s opinion the shoulders rarely cause laceration after the head is safely passed.

## TREATMENT OF CHRONIC ECZEMA.

Avoid the use of soap as this is irritating. Twice a day, bathe the part in an aqueous solution of borax, one ounce to the pint. Dry without friction and freely apply the benzoated zinc ointment, then bandage the part firmly with old dry muslin which has been previously wet with a saturated aqueous solution of borax. Over this apply a bandage of oiled silk in such a manner as to exclude the air perfectly. Let the bowels be kept regular. In the majority of cases eczema can be promptly cured by the simple exclusion of air. Eczema of the fingers will generally yield in a few days if the air be excluded by the ordinary rubber cot.—*Chic. Med. Rev.*

## INFECTED MILK.

Mr. Ernest Hart, the editor of the *British Medical Journal*, offered to the London Congress a tabular abstract made from a study of seventy-one recent epidemics due to infected milk. He states that the three diseases which have as yet been recognized as capable of being spread by milk are typhoid fever, scarlatina, and diphtheria. There is nothing in the analogy of epidemics to limit the list permanently to these; and already there are indications of other cognate diseases being spread by the same agency. The number of epidemics of typhoid fever recorded in the abstract as due to milk is fifty, of scarlatina fourteen, and of diphtheria seven. The total number of cases traced to the drinking of infected milk occurring during the epidemics may be reckoned in round numbers as thirty-five hundred of typhoid fever, eight hundred of scarlatina, and five hundred of diphtheria. As regards typhoid fever, the most common way in which the poison has been observed in these epidemics to reach the milk is by the soakage of the specific matter of typhoid excrements into the well-water used for washing the milk-cans and for other dairy purposes, and often, it is to be feared, for the dilution of the milk itself—for which, in official reports, "washing the milk-cans" has become a convenient euphemism, advisedly employed to avoid raising unpleasant questions. In twenty-two of the fifty epidemics of typhoid fever recorded this is distinctly stated by the reporters to be the case, and in other cases it was more or less probable. When a dairy is unwholesomely or carelessly kept there is obviously a great variety of ways in which the poison may reach the milk. (Numerous instances of this kind are given.)

Scarlatina being almost invariably spread by contagion and by the inhalation of the bran-like dust which is thrown off from the body during the disease, we should expect in epidemics of milk-scarlatina to receive evidence of this dust having access to the milk; and in the majority of recorded epidemics it was found that persons employed about the dairy operations were in attendance at the same time on persons sick of scarlatina.

In none of the seven recognized outbreaks of diphtheria due to milk has it yet been possible to trace the exciting cause of the outbreak, though as to the disease being spread by milk there could be no doubt whatever. It has indeed been suggested whether a disease of the udder of a cow called "garget" may not so affect the secretion of milk as to give rise to diphtheria in the human subject. So far this notion is a mere conjecture unsupported by fact.

The great majority of the cases give statistical as well as experimental support to the conclusion that the responsibility of the epidemic lay with the milk. It is upon the largest drinkers of the milk (those, namely, who consuming the greatest quantities have a correspondingly greater chance of imbibing disease germs) that the incidence of the

disease chiefly falls. Thus young children (ordinarily little liable to attacks of typhoid) who are accustomed to drink milk largely in the raw state, domestic servants who, after children, drink the most raw milk, and large milk drinkers of every rank and station, furnish by far the largest quota of cases in each epidemic. People, too, who drink exceptionally of the implicated milk are attacked, although the milk taken at their own houses is derived from other sources. The houses invaded during the epidemics are found to be commonly of the better class and in healthy situations. The poor, who take very little milk, and that only in tea or coffee, commonly escape the disease.

The striking fashion in which the disease "picks out" the streets supplied by the implicated dairy, and the houses in those streets receiving the milk, is noteworthy. People in adjacent houses, and who drink milk supplied by different retailers, escape; and when supplies from two sources enter the same house, the disease attacks only those drinking that from the infected source. The contemporaneous invasion of so many households at once can only be explained on the hypothesis of a common cause acting on a particular set of persons and on no others.

## ACTION OF PILOCARPINE IN CROUP AFTER TRACHEOTOMY.

In connection with recent cases which demonstrate the good results obtained in diphtheria by the employment of pilocarpine, I have the honor to communicate the report of a case which is a confirmation of it under a new form, and which contributes, in my opinion, to settle briefly the mode of therapeutical action of the medicine.

On Monday, 4th July, I was called in consultation at Kerentrech by my friend Dr. Dulisouet to see young L., six years of age, affected with well marked croup. The situation was so grave that tracheotomy was deemed immediately necessary. We had at hand only one canula a little too large, but it would have taken too much time to have sent for another. Its introduction into the trachea was tedious and difficult: one moment we believed the patient dead. At length after a struggle of fully half an hour we had the happiness of calling him back to life.

Tuesday, 5th—The night had been safely passed. The cleansing of the canula had been intelligently done by the parents. Temperature 39°. I had read the afternoon before the interesting remarks of Dr. Le Reboulet in the *Gazette Hebdomadaire* (May, 1881); I told my colleague of it.

The same evening the respiration having become harsh and embarrassed, M. Dulisouet injected under the skin of the neck 5 milligrammes of chlorhydrate of pilocarpine in a gramme of distilled water. Five minutes after, abundant salivation occurred: a spell of coughing

expelled by the canula a quantity of mucus and false membrane. A perfect calm succeeded and continued during the night.

Wednesday, 6th—The child appeared to be doing well. Temperature  $38^{\circ}.2$ ; respiration easy. The little patient took his food without trouble; he was sitting up playing in his bed.

We nevertheless practiced morning and evening a subcutaneous injection of 5 milligrammes of pilocarpine. Every time after some minutes violent spells of coughing occurred with the expulsion of mucus and false membrane through the canula.

Thursday, 7th—The night had been bad. The child was much troubled and restless; temperature  $38^{\circ}.5$ , respiration more wheezing and expectoration more difficult. M. Duliscouet, however, seeing no very bad symptom, abstained from making as on the preceding days an injection of pilocarpine. At two in the afternoon the father came in haste for us. We found the child in a state of advanced asphyxia; the look fixed, face pale and livid, lips purple, extremities cold, etc.

Both canula were at once removed. We vainly attempted to extract with a pair of forceps a large piece of false membrane that had appeared in the trachea. The situation seemed desperate. An injection of pilocarpine was given by M. Duliscouet upon the front of the chest. The child was seized with a violent coughing spell and expelled through the tracheal wound a great many pieces of false membrane bathed in mucus. One piece larger than the rest presented the appearance of a bronchial tube and branches. The efforts of coughing lasted thus nearly half an hour, expelling every time pseudo-membranous debris. Gradually the face of the child became colored, showing great relief. At half-past three o'clock everything was doing well.

In the evening another injection of five milligrammes of pilocarpine was followed by the usual good effect.

Friday, 8th—The child had slept perfectly. There was no fever. Expectoration was purely mucus, a little thick but very easy. A last injection was given as a precaution. In the afternoon the canula removed as a trial was entirely removed in the evening. The next day and the following days the larynx became freed at the same time that the tracheal wound closed. From this time on the case proceeded without interruption.

We are convinced (Dr. Duliscouet and myself) that tracheotomy alone would not have saved our little patient, and that the honor of the cure was due to the repeated injections of pilocarpine. It seemed to us from every evidence presented that the beneficial action of pilocarpine is due to the bronchial hypersecretion that it induces and the expulsion of false membrane which obstructs the respiratory tract.—*Journal de Medicine et de Chirurgie.*

## POTASSIUM BROMIDE IN ORCHITIS AND INFLAMED BREASTS.

J. Grammer, M.D., says that when consulted in time he finds nothing else necessary either in orchitis or milk-breast but potassium bromide in five-grain doses three times a day, or smaller doses more frequently repeated. In advanced or complicated cases a course of auxiliary measures should be used if only as a precaution or to expedite the cure; but he has never had the bromide to fail him even when used alone. In orchitis a suspensory should always be worn. In some of these cases he has seen the disease held in abeyance for weeks, when the patients would persist in the grossest imprudence in walking and horseback riding. He rarely restricts them in diet. Yet even these cases eventually recovered, without suppuration or atrophy, neither of which results has he seen since he has used this remedy. He has had no opportunity to test it in the metastatic orchitis of mumps, but is sure it will prove as useful here as in the ordinary cases; and though the inflammation is specific he expects to find the remedy efficient in the next epidemic of parotiditis he may meet with.

Dr. Grammer has seen but one case of mammary abscess since he commenced the use of the bromide of potassium for such cases, and that case occurred not long ago. The abscess had already pointed when he first saw it. He opened it and prescribed potassium bromide (two grains) every three hours during the day, and in less than a week her husband reported the patient well. This, however, was not a fair test of the effect of the bromide on a mammary abscess, for there was no infant to complicate or irritate the inflammation. It was to Dr. Grammer a unique instance of the secretion of milk during pregnancy. The woman was four or five months advanced with her fourth child, and she stated that being habitually rather irregular she always recognized her pregnancy by the appearance of milk, the secretion of which thenceforth continued.—*Virginia Med. Monthly.*

## SUBSTITUTE FOR CASTOR OIL.

In the *Archivos no Brazil* attention is directed to the oil of *anda açu* (*Anda Brasiliensis*, Raddi), for which it is claimed that it produces the same effect as castor oil in a less dose; that it has not the disagreeable odor of that oil, and is more fluid, and therefore easier to take. It is given in the doses of 10 grams, which quantity neither produces vomiting nor subsequent intestinal irritation, and is sufficient to produce three or four alvine evacuations. It is stated, however, that before expressing the oil the embryo and the episperm must be removed, as they contain a principle which produces colic. The removal of these parts is not, however, difficult, as the seed is at least ten times larger than that of the castor oil plant.

### NEW METHOD OF APPLYING NITRIC ACID AS A CAUSTIC.

W. R. Speirs writes as follows to the *London Practitioner*: The fact that no hint, however simple, should be lost for want of recording, if it be efficacious in practice, must be my excuse for asking you to publish the following account of the treatment of a facial nævus by the application of a strong and fuming nitric acid.

In February, 1880, I was consulted by a lady whose infant, then six months old, had a nævus about the size of a hazel-nut situated on the left cheek, close to the outer canthus. In fact its upper margin encroached so much upon the palpebral surface that it might more properly be described as a nævus of the lower eyelid. It was an ordinary capillary nævus, and almost emptied by compression, but quickly reappeared when the pressure was removed. As it was increasing rapidly in size, the mother was anxious that I should interfere. In deciding upon the plan of treatment to be followed it was necessary to take into consideration the situation of the tumor and the important and delicate structures in its immediate vicinity. It was also desirable that the cicatrix should be as small as possible, and that no contraction of the skin should occur to cause ectropion. The child had already been vaccinated, or I should have been disposed to adopt what I have found a very successful plan with small nævi, namely, vaccinating the tumor. Ligaturing in any form did not seem to be a method of treatment that would be applicable in the present case; and the actual cautery would have been equally inadmissible. The application of a strong caustic, such as nitric acid, seemed most feasible, but the method of using that remedy recommended by Mr. Syme (an account of which was given in Vol. V. of Holmes' Surgery), appeared to me to be too troublesome and too painful, from the length of time it required, to be suitable in the case of so young a child. The following mode, however, proved highly satisfactory, and, besides, was easy of application. I took an ordinary two-ounce vial, selecting one with as wide a mouth as possible. Having broken off the body close to the neck, I inverted the latter over the nævus, pressing the rim of the glass firmly down upon the skin. This had the effect of forcing the tumor well up into the neck of the vial; and when the acid was applied by means of a pipette, it acted freely upon the whole surface of the nævus. Before removing the vial neck I carefully mopped out all excess of acid with some cotton wool on a probe. I then had the satisfaction of beholding a well-defined circular slough, rather depressed, but with clean cut edges as if a punch had been used. The child suffered very little pain, and was easily pacified by being put to the breast. The action of the acid was found to have been entirely confined to the tumor, which was completely obliterated.

No unnecessary loss of tissue took place, and consequently no cicatricial contraction or distortion of the eyelid.

It is now twelve months since the operation was performed, and the scar is scarcely perceptible, only becoming slightly crimson when the child cries.—*St. Louis Med. and Surg. Journal.*

### BROMIDE OF SODIUM AND EPILEPSY.

Dr. Hammond's experience has proved the following to be one of the best plans of treatment for epilepsy: Dissolve eight ounces of bromide of sodium in a quart of water. Of this take a teaspoonful three times a day. After three months add one teaspoonful more to the night dose, and after another three or four months add a teaspoonful to the afternoon dose also. At the expiration of a year do the same with the morning dose, and continue with this for a year or more thereafter. If no symptoms of the disease have meanwhile appeared then gradually reduce the doses, and at the expiration of the third year stop. The attacks do not usually return after this course of treatment. Ordinarily, however, patients stop the medicine after a month or two, and in such cases the attacks almost invariably returns. It is then almost impossible to bring these patients under the influence of the bromides again. The doses will have to be at least doubled, and this may so derange the system as to make it impossible to take the medicine longer.

### CONSTITUTIONAL EFFECT OF CHRYSOPHANIC ACID.

Prof. Charteris (*Lancet*, vol. i., 1881, p. 651) relates the case of a boy nine years of age, admitted to his wards suffering with psoriasis. He was ordered to be rubbed with the chrysophanic acid ointment (one drachm to one ounce of vaseline), and four days later the nurse informed the doctor that the boy had been sick and vomited. Circumstances pointing to the absorption of the acid as a cause of this mishap, the strength of the ointment was reduced one-half, and the little patient recovered from his psoriasis without further untoward symptoms. But the idea was suggested to Prof. Charteris's mind that the acid might have acted constitutionally, and in several cases of psoriasis coming under his care subsequently a portion of the body affected, as an arm or leg, was wrapped up and protected from the action of the ointment which was applied elsewhere. The effect was somewhat surprising, for although the disease did not disappear so rapidly upon the protected portion of the skin, yet it did disappear during the employment of chrysophanic acid inunctions upon an entirely different part of the body.

## CHOREA.

[A Discussion in the International Medical Congress, London, 1881.]

*On Subcutaneous Nodules connected with Fibrous Structures occurring in Children the subjects of Chorea and Rheumatism.* By Thomas Barlow, M.D., F.R.C.P., and Francis Warner, M.D., M.R.C.P.—The nodules described varied in size from that of a mustard seed to that of a bitter almond. They were strictly subcutaneous, the skin over them being simply raised, without any heat, pain, redness, or infiltration, and in most situations they were slightly movable. They occurred in connection with fasciæ and tendons, and especially near joints. The back of the elbow, the malleoli, and the margins of the patella were the commonest sites. Other situations were in the neighborhood of the vertebral spines, the spine of the scapula, the crista ili, the extensor tendons of the foot and hand, the temporal ridge, and the superior curved line of the occiput. They were mostly symmetrical. In regard to minute structure, they consisted of small masses of loose fibrous bundles, sometimes very vascular. These nodules might appear in one crop, or they might appear in succession. The nodules subsided generally within a period of two months; but they might undergo recrudescence. They never became bony, and never became infiltrated with urate of soda. Their evolution was not attended with pain, and rarely with marked pyrexia. Often, during the time when they were present, there was no pyrexia. They had been observed only in children and young adults, the limits being  $4\frac{1}{2}$  years and 19 years. In all the cases, it was believed there was heart affection. Thirteen out of the twenty-six cases had well-marked chorea; eight had erythema marginatum, or erythema papulatum; one had purpura in addition. There was a history of acute rheumatism in ten, and of subacute rheumatism with vague joint pains, in eight. It was contended that these subcutaneous nodules might be taken as indicative of rheumatism in children; and that when found associated with heart-disease and chorea, although no history of rheumatic fever could be obtained, their presence gave a presumption that the chorea was rheumatic. In nature, they were probably homologous with the inflammatory exudation which forms the basis of a vegetation on a cardiac valve.

*On the Relationship of Chorea to Rheumatism.* By Dr. Byers (Belfast).—It was contended that the murmur heard in so many cases of chorea, was generally organic, only occasionally inorganic. The embolic theory would not explain all the cases of chorea, inasmuch as in some there was no history of rheumatism and no evidence of cardiac disease.

Professor Steffen (Stettin) contended that a definite interdependence between chorea and rheumatism was not as yet proved. The relation between

chorea and endocarditis could not be fixed anatomically or pathologically. Probably, the chorea was always the primary morbid phenomenon. The chief symptoms of acute endocarditis were active fever, dilatation of the heart, with enlargement of the area of dullness, a systolic blowing murmur, and an accentuation of the second sound in the area of the pulmonary artery. The dilatation preceded the murmur, if the endocarditis had originally or exclusively attacked the heart-walls. In primary inflammation of the valves, the opposite took place. When an endocarditis, which exclusively involved the heart-walls, receded, the dilatation of the heart disappeared first, and then, gradually, the blowing murmur. If the valves were also attacked, the systolic murmur remained after the dilatation had disappeared. Dilatation and hypertrophy might, afterwards, develop afresh as a secondary process. Acute dilatation of the heart was observed without endocarditis in grave and acute obstruction of the pulmonary circulation, and in septic processes. Cardiac murmurs occurred in chorea without endocarditis. These depended on impaired function of the heart, not only through nervous influence, but also through the obstruction to the circulation of the blood which occurs as a result of the spasmodic movements of the body.

Dr. Octavius Sturges, in a short summary, derived chiefly from cases under his own care, discussed the several modes of the origin of chorea, its modifications at different ages, and particularly that view of the pathology of the affection which seems to be favored by the observation of its heart-symptoms, and of their variations in childhood, adolescence, and adult life.

Dr. Mackenzie arrived at the following conclusions, from an analysis of one hundred and seventy-two cases admitted into the London Hospital during six years: 1. That some cardiac abnormality is present in more than half the cases of chorea. 2. That the cardiac abnormality is due to endocarditis affecting almost exclusively the mitral valve. 3. That in over 80 per cent. of cases the heart-lesion persists. 4. That absence of murmur is no proof of absence of organic heart disease. 5. That rheumatism has pre-existed in nearly half the cases for certain; and that there are strong grounds for believing that it has been an antecedent in a very much larger proportion of cases. 6. That no other very frequent exciting cause of endocarditis is shown to have persisted, or to be more frequent, amongst the non-rheumatic than the rheumatic. 7. That the form of heart-disease met with in chorea is that seen in connection with rheumatism. 8. That rheumatism is in nearly all cases the cause of the heart murmur which so frequently attends chorea. Dr. Ranke (Munich) pointed out the great importance of the study of the geographical distribution of disease; and he thought that future Congresses might do most useful work if general attention were drawn to this matter. In regard to chorea, Professor Ranke was inclined to think that



it was much less frequent in some places than in others. He had lately searched his books, and found that, amongst 40,723 children treated by him in the University Dispensary for sick children, since 1867, there had only been nineteen cases of chorea; amongst these nineteen, only three had presented a systolic murmur; in all the others, the heart-sounds had been normal. Amongst the three cases with mitral trouble, there was only one in which an attack of acute rheumatism had previously occurred. Of the nineteen cases, two followed immediately after fright; in the rest no immediate cause could be discovered. —*Louisville Med. Herald.*

#### ACONITE IN TONSILLITIS.

Dr. John L. Washington (*St. Louis Courier of Medicine*, 1880, p. 436) says, "I have repeatedly verified what Professor Ringer says respecting the effects of aconite in acute tonsillitis, so that I consider it almost a specific. I give to an adult five drops of the tincture of aconite root at once in a little water, and one-fourth as much every twenty minutes afterwards, until the pulse is reduced to ninety and profuse diaphoresis is produced. Then a similar dose is continued hourly. I give a purgative dose of calomel, unless the bowels are loose, in which case, if the tongue is foul, I give a few half-grain doses instead. Hot poultices are applied to both sides of the throat immediately; and, if the patient is willing to pay me for another visit on the next day, if I find pain and swelling still present, which is usually due to neglect of directions, I paint the tonsils and parts surrounding with a solution of nitrate of silver, thirty grains to the ounce, and give him crystals of chlorate of potassa to dissolve in the mouth, to be afterwards swallowed; also, five drops of the tincture of belladonna and two drops of tincture of aconite root every two hours, a combination strongly recommended by both Bartholow and Ringer. In the case of a young man eighteen years of age, whose throat was almost completely closed from the enormous swelling of both tonsils in an acute attack, causing an extreme degree of dyspnoea, and death by suffocation to appear imminent, by means of ten drops of the tincture of aconite root placed on his tongue, and a hot poultice to each side of his throat externally, I have completely relieved the urgent symptoms in thirty minutes, causing very profuse perspiration, with a grateful sense of comfortable relaxation. I order patients always to remain in bed until several hours of free action of the skin have passed. I have given aconite to pale thin children, with moderately weak pulses, and have always found one-half or two-drop doses in the beginning of the attack, repeated every fifteen or twenty minutes, to bring about copious sweating and speedy diminution of the swelling, and have never seen any unpleasant symptom from its use in this manner. If the patient has been, on

account of painful or perhaps impossible deglutition, ten or twelve hours without proper nourishment, I order an enema of beef-essence."

#### CEMENT FOR MENDING GLASS, EARTH-EN AND WEDGEWOOD WARE.

Take one ounce of Russian isinglass, cut it in small pieces, and bruise well in order to separate the fibres; then add six ounces of warm water, and leave it in a warm place, that the isinglass may dissolve, which will require from twenty-four to forty-eight hours. Evaporate this to about three ounces. Next dissolve one half ounce of mastic in one ounce of alcohol; and when this is ready transfer the isinglass from the evaporating dish to a tin can (an empty ether can will be found convenient); heat both solutions, and add the mastic solution to the isinglass in small quantities at a time, shaking the can violently after each addition. While still hot strain the liquid through muslin cloth, and put up in half-ounce bottles. I have found this cement to be very valuable, and articles—such as mortars, graduates, etc.—mended by it have been in use for years, and in fact seem to be stronger than they were originally.

#### BULLET IN THE BRAIN FOR SIXTY-FIVE YEARS.

Robert Elliot, of Carlisle, reports the case of a soldier who was shot in the left eye at the battle of Waterloo in the month of June. He fell and was reported dead by the man who stood next him when the wound was received. However, he rejoined the regiment at Paris, and being unfit for duty was sent to England. Dr. Elliot saw him for the first time thirty-three years after the wound was received, and after careful examination could find no evidence that the ball, which was said to have entered the left orbit, had made its exit from the cranium. Moreover, the man described sensations in the lower back part of the head which could be accounted for only on the supposition of the presence of a foreign body. This man died October 10th, 1880, sixty-five years after the bullet was lodged in his brain.—*Edinburgh Med. Jour.*, Dec., 1880.

#### INJECTION BROU.

The following is given by the *Medical Record* as formula for its famed gonorrhoea injection: sulphate of zinc, eight grains; acetate of lead, fifteen grains; tincture of catechu, two drachms; aqueous tincture of opium, three ounces. The formula of the aqueous tincture of opium is known to but few pharmacists, and it is, therefore, not easily obtained. It is, however, not impossible that a dilution of tincture of opium would answer all purposes.

## BROMIDE OF POTASSIUM IN INFANTILE DENTITION.

M. Peyraud recommends this drug for relief to the painful and troublesome processes of infantile dentition, and employs the following prescription: Bromide of potassium, 2-3 grams; honey, 15-20 grams; water, q. s. After the solution has taken place, heat and evaporate to a consistency of honey, adding alcohol to preserve the mixture. By rubbing this on inflamed gums the mucous membrane is attacked and denuded, the hyperemic circulation is diminished, the inflammation reduced, and the projecting points of the teeth will gradually pierce the gum, and the contemporaneous inflammation of the mouth will be subdued.

The internal use of this drug will likewise, in the author's experience, prevent or abate the convulsions incidental to teething infants. He also recommends the use of the bromide in dental caries, which it arrests, and acts as a substitute for the arsenical preparations commonly used by dentists. Into a little cyst of the eyelid M. Peyraud injected subcutaneously a strong solution of the bromide, which was followed by the complete disappearance of the cystic tumor.

M. Joffroy, basing his treatment on the ground that there is a hypersensibility of the mucous membrane of the larynx in the so-called spasm of the glottis after diphtheria, employed bromide of potassium in daily amounts of two grams to overcome this hyperesthesia. In two cases where asphyxia was threatened after tracheotomy had been performed, the spasm appeared controlled by the bromide, and death apparently was averted. He cautions against the use of this agent where there are complications of bronchitis or threatening paralysis of the glotto-pharyngeal and laryngeal muscles.—*Boston Med. and Surg. Journal.*

## A NEW REMEDY IN DIPHTHERIA.

Dr. George Guttman, of Constadt, says, "Knowledge of the physiological action of pilocarpin and its effect upon bronchial catarrh, giving rise to moist râles, led me to believe that, administered in diphtheria, it might lessen the diphtheritic membrane through the induced abundant salivary secretion, while it would not excite any inflammatory condition. The result of the proposed treatment was above all expectation brilliant and striking. In six cases pilocarpin was administered with cure of the patients in two to four days. In addition the usual general treatment was followed: quinine, tannin locally, gargles of lime-water, and pepsin. The patients recovered in from two to four days.

"Led by these results, I prescribed pilocarpin in violent pharyngeal cases, angina aphthosa and tonsillaris, always with most happy results, the disease yielding in a short time. In two cases of violent tonsillitis, in which the tonsils were so swollen that water could be taken only with great difficulty, and scarification was positively indicated, not

only did the swelling disappear, but the entire group of inflammatory symptoms, the one in twenty-four hours and the other in thirty-six.

"In the few cases of membranous croup that have fallen into my hands during the past fifteen months, pilocarpin has proved a faithful ally, and I believe it will prove as effective as in diphtheria of the fauces.

"Two cases of laryngitis stridula yielded promptly to the same drug, which is safer and more convenient than the usually prescribed emetic."

The formulæ employed by Dr. Guttman are as follows:

℞ Pilocarpin. muriat., gr. 1-3— $\frac{2}{3}$ ;  
Pepsin., gr. x ad xii;  
Acidi hydrochlor., gtt. ii;  
Aqua dest.,  $\frac{3}{4}$  iii.

M. Sig.—A teaspoonful hourly for children.

For adults:

Pilocarpin. muriat., gr.  $\frac{1}{2}$ — $\frac{3}{4}$ ;  
Pepsin., gr. xxx;  
Acidi hydrochlor., gtt. iii;  
Aqua dest.,  $\frac{5}{8}$  viii.

S.—Hourly, a tablespoonful.

He has never observed any undesirable effects of the drug, even when it has been continued until complete recovery, possibly because a small amount of generous wine is given after each dose.—*Berlin. Klin. Woch.*, October 4, 1880.

## THE CANADA MEDICAL RECORD,

Monthly Journal of Medicine and Pharmacy

EDITORS:

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## NINTH ANNUAL REPORT OF THE WOMAN'S HOSPITAL OF MONTREAL.

The Committee of Management of the Woman's Hospital of this city, representing the Corporation, beg to submit this, the 9th Annual Report.

In the report of last year, the history of the removal of the Hospital to the present building was given, the details of the difficulties encountered, and the manner in which they were overcome related. The same staunch friends who then came to the assistance of the Institution have still

remained members of the Corporation, and have given all the assistance in their power; indeed, without this assistance, the Hospital would very seriously suffer. It is gratifying to state that the amount of benefit bestowed upon the poorer classes of females in this city for the last year far surpasses that of any year since the foundation of the Institution. In each department the number of patients has increased. Some of these patients have come from outside of the city, a few of them having their expenses paid by the municipalities where they resided. This is a substantial proof that the excellence of the Hospital is now becoming well-known and appreciated outside of the city, as well as in it.

In the spring, the work had increased to such an extent, it was found impossible for the Matron to attend efficiently to all, so that your Committee, in conjunction with the Medical Board, appointed a resident clinical assistant, who assumed the medical supervision of the patients.

It was decided that this appointment should be made by examination, and that no salary should be attached to it. An examination was accordingly held, when Mr. N. C. Smillie proved himself in every way capable for the position. In the autumn Mr. Smillie found it necessary to resign, as other duties interfered with his work in the Hospital, and Mr. Fred. White, a gentleman equally able, has now the position, and has given satisfaction to all.

Your Committee, last year, on account of the want of funds were enabled to allow of the occupation of only twenty beds, but during the year now closed an extra number were gradually added, until at the present time there are thirty-two in use.

It was supposed, on account of the distance from the city, that our out-door department would show a lessened attendance, but, on the contrary, it has increased, and very seldom either in good or bad weather is there no one asking for advice.

That this is the case, is greatly due to the punctuality of the medical attendants, so that patients who, as they frequently do, come from the far east of the city, are always sure of finding the physician at the hour appointed.

Your Committee announce with pleasure the fact they are indebted to many kind friends, notably to the Social and Dramatic Club of this city, who so kindly gave us the entertainment in the Academy last winter. Its success is well-

known to you all, and the handsome sum of \$639 was realized by it.

Thanks are also due to the Rev. Mr. Hall for his exertions in securing the foundation of an Hospital library. The patients have not yet been able to fully utilize the reading material, as we have unfortunately no book-case, and most of the books are stored away so that they may not be lost.

The Institution is also under obligation to many friends who have donated articles in kind, the aggregate value of which amounts to several hundred dollars.

The Ladies Committee has not been behind in its assistance, and our thanks are due to its members for their kind co-operation.

We have also to thank the Provincial Government for the annual grant of \$500, which sum, although not yet forwarded to us, we daily expect to receive.

Your Committee have great pleasure in stating that the reputation of the Hospital is greatly due to the earnest and active manner in which the Medical Staff, the Matron, and the other officials have performed their respective duties, and it is confidently hoped that, as so much has been done in such a short time since the re-organization of the Institution, more will yet be accomplished in the future, and the Woman's Hospital become known as one of the leading medical charities of the Dominion.

Total number of patients treated during the year of 1881, 467.

Out-door department.....	288
Surgical do .....	61
Obstetrical do .....	94
Private patients.....	24

467

Protestants.....	395
R. Catholics.....	162

467

Deaths during the year..... 5

Confinements during the year.....	94
Single women.....	74
Married " .....	20

94

Patients remaining in Hospital on Dec. 31, 1881.....	15
Obstetrical department.....	6
Surgical " .....	6
Private patients.....	3

15

JAMES PERRIGO, M.D., *Secretary.*

### ANEURISM CURED BY LARGE DOSES OF IODIDE OF POTASSIUM.

Recently a patient was presented to the Medical Society of Brooklyn, N.Y., by Dr. Kretzschmar who had been cured of a large thoracic aneurism by the use of potassium iodide. The case is remarkable from the large doses of the remedy administered, and which was given in enormous quantity without perceptibly injuring the general system.

The patient was a powerful man, a shipsmith by trade, with no history of syphilis. His symptoms first appeared early in 1880, but he did not seek medical aid until February, 1881, when the diagnosis of aneurism of the ascending arch was made, and this was confirmed by others, so that no doubt existed as to the condition. In April he was brought before the medical class of Long Island College Hospital by Prof. Armor, and all agreed in giving a grave prognosis. Iodide of potassium had been given previously in 10 grain doses four times a day, but from this time, April 20, the following treatment was carried out: to lie down all the time, a light diet with little meat, and to abstain from fluids as much as possible. In addition sixty grains of iodide was given every six hours, amounting to 240 grains daily; constant but moderate pressure was also made use of. After two weeks the dose was increased to 360 grains daily. By this time the tumor seemed to become smaller, and all the distressing symptoms greatly relieved. As there was a continued tolerance of the drug, the dose was increased on May 17th to 480 grains daily. Under these enormous doses the tumor gradually decreased. The patient gained strength, and was soon able to be about. On June 1st the patient obtained one pound of iodide which lasted him 12 days, equal to 600 grains daily. After this he was advised to diminish the dose to 200 grains daily, as an examination showed almost complete disappearance of the tumor. Shortly afterwards the man resumed his former occupation, which requires great physical strength and exertion, as he has to swing a large hammer. We have considered this case to be so remarkable as to make the above abstract, and it seems almost incredible that such an excellent result could be obtained, or that a patient could escape the specific effects of iodism. It certainly shows a degree of tolerance seldom experienced, but at the same time is an illustration of the beneficial action of potassium iodide in aneurism.

### THE ILLUSTRATED QUARTERLY OF MEDICINE AND SURGERY.

By the kindness of the Publisher's representative, we have been shown an advance copy of the above quarterly, which is to be published in New York by E. B. Treat, and edited by Dr. George Henry Fox and Dr. Frederic R. Sturgis. It certainly promises a new feature in Medical Journalism, and as the venture is a bold one, we hope that those who can afford it will give this new candidate for public favor their support. The first number contains over twenty illustrations, some of them chromos, others colored photographs, and exquisite wood engravings, while the articles which they illustrate are from the pen of such well-known men as Alfred C. Post, Willard Parker, T. Gaillard Thomas and others. Each number of the *Quarterly* will consist of four quarto plates, printed on fine quality of cardboard 10 x 12 inches, with twenty-four or more quarto pages of accompanying text. The price of subscription is \$7.00 a year if paid in advance, or \$8.00 in quarterly payments. When the exquisite and exceptional character of the work is considered, the rates are moderate.

### SURGICAL TRIUMPHS.

Professor Nussbaum has just published a very interesting address, delivered on the Anniversary of the hundredth birthday of Philipp Franz Von Walther, who was born in 1782, and died in 1849; after an account of his life and work. Nussbaum makes a rapid survey of progress since Walther's day. Anæsthetics, antiseptics and bloodless operations, are all advanced as surgical triumphs. Of Ovariectomy, he says, "about 40,000 years of life have been already been gained for women by successful ovariectomies;" and he believes that lives will be saved and much suffering prevented by Hegar's operation of removing the ovaries to anticipate the climacteric age in women the subjects of bleeding uterine fibroids. The cure of reflex epilepsy by nerve-stretching he regards as a great advance in therapeutics. Excision of a kidney or of the spleen, of parts of a cancerous bladder or prostate, of the rectum and of the pylorus, he also regards with confident hope of improving results; and he believes it "not quite impossible that diseased portions of lung may be successfully excised." Our German colleagues are certainly not behind us in courage and adventure.—*Brit. Med. Journal.*

## THE DURATION OF HUMAN LIFE IN ENGLAND.

Dr. Rabagliati of the Bradford Infirmary has written a series of articles to the *British Medical Journal* upon the question, "Has the duration of human life in England increased during the last thirty years?" His conclusions are: (1) that there has been an increase, on the average, to human life, which is entirely attributable to the better management and prevention of fevers; (2) that if the deaths from fevers be deducted, the present rate of mortality is higher than it was thirty years ago; (3) that if the mortality among children and young persons has diminished, the mortality among males above thirty-five, and females above forty-five years of age, has markedly increased; (4) that the main causes of the increased adult mortality are worry and anxiety, affecting chiefly the nervous system, heart, and kidneys. The mortality from diseases of the nervous system, has increased twenty-five per cent. in thirty years; that from diseases of the circulation 50 per cent.; that from diseases of the kidneys 148 per cent. Such a great increase in adult mortality is significant, notwithstanding the better results obtained in the treatment of many diseases and the great improvements in operative Surgery which have immensely increased the length of human life.

## HYPODERMIC INJECTIONS OF FOWLER'S SOLUTION IN THE TREATMENT OF CHOREA.

This method of treatment has proved very efficacious in the hands of Dr. Edward C. Mann, of New York, who, in the July number of the *Alienist and Neurologist*, publishes an article on the nature, pathology and treatment of this affection. In order to avoid any local irritation he uses a mixture of equal parts of Fowler's solution and water. Very rapid improvement generally takes place under this treatment from the first, and the patients gain flesh. He commences with three minims, and injects, subcutaneously, for a week, every other day, and on the second week increases the dose to five minims every other day, increasing two minims each week, and in from one to two months a cure is obtained. In recent cases a month or six weeks will generally suffice, while in old cases sixty or seventy days may elapse before a cure is accomplished. In troublesome cases he also uses, as

adjuvants, ether spray or ice bags to the spine, and electricity. By this method of using Fowler's solution the gastric disturbances which are produced when the medicine is given by the stomach are avoided, and the good effects which we can obtain are very much more rapid.

## CONSULTATIONS WITH HOMOEOPATHS IN ENGLAND.

The Royal College of Physicians of London have recently adopted the following resolution unanimously:

"While the college has no desire to fetter the opinion of its members in reference to any theories they may see fit to adopt in connection with the practice of medicine, it nevertheless considers it desirable to express its opinion, that the assumption or acceptance by members of the profession of designations implying the adoption of special modes of treatment, is opposed to those principles of the freedom and dignity of the profession, which should govern the relations of its members to each other and to the public. The College, therefore, expects that all its fellows, members and licentiates will uphold these principles by discountenancing those who trade upon such designations."—*Brit. Med. Journal*.

## INTERNATIONAL MEDICAL CONGRESS

It has been decided that the next International Medical Congress will be held in Copenhagen in 1884.

## PROFESSOR CHARCOT.

The Faculty of Medicine of Paris have appointed Prof. Charcot to the recently established chair of Nervous Diseases. The chair of Pathological Anatomy is consequently vacant.

## THE POPULATION OF PARIS.

The census taken on the 18th of December makes the total population of Paris 2,225,900. In 1876 it was 1,851,792. The increase is chiefly in the outlying industrial districts.

## HOSPITAL NOTES.

*Montreal General Hospital.*—On the night of the 8th inst. a case of cut-throat was admitted. The patient, a man of forty, while in a fit of despondency, attempted suicide by cutting his throat with a razor. He stood before a looking-glass and inflicted a wound in the front of the neck, almost vertical in direction; it extended from half an inch above the thyroid cartilage downwards for about two and a half inches, dividing the thyroid with its membrane and the cricoid cartilage. Through this gaping wound, the posterior wall of the larynx could be seen. Before cutting his throat, he made a gash two inches in length across his left wrist, but did not succeed in dividing any important vessel. The hemorrhage from the wound in the neck was at first considerable, but had ceased before his admission into hospital two hours after the injury. The edges of the wound were brought together with catgut sutures, a drainage tube was inserted at the lower angle, and ice applied as a dressing. The following day the wound was dressed antiseptically, and so far no unfavorable symptoms have developed. It appears that the patient's father committed suicide some twenty years ago, by hanging himself.

On the 4th inst. Dr. Roddick performed re-amputation of the leg at the junction of the middle and upper third, for the cure of a painful stump. The patient's leg was crushed in a railroad accident three years ago, and was amputated at St. Louis. For re-amputation the operation selected was a modification of Mr. Teale's, a long anterior and short posterior flap; strict antiseptic precautions were used, and the case did well, the temperature never exceeding 99.4°.

*The Woman's Hospital.*—The Annual Report of the Woman's Hospital appears in another column. A brief review of the year's work will give our readers, especially those residing in the country districts, some idea of the character and work of this excellent institution. It has just completed its ninth year, and since its foundation has steadily increased in size and importance, till it has become one of the leading charities of Montreal. In 1881 a much larger number of patients have received relief than in any year previously. The Hospital is divided into four distinct departments: the *obstetrical*, the *gynecological*, the *private wards* (eight in number), and the *out-door dispensary*. All these are kept rigidly separate, no intercommunication of patients being allowed between them.

*Gynecological department.*—A number of interesting cases were treated during the year, a few of which are worthy of special note. In a series of operations for lacerated cervix uteri, the relative merits of iron wire and pure silver wire were compared; pure silver wire of medium size was found to be decidedly preferable. In some cases the sutures were twisted, in others they were clamped with perforated shot. Good results were obtained with the twisted suture; but, on the whole, the perforated shot seemed easier of application, and there was less difficulty experienced in bringing the edges fairly together, the union was more rapid, and the cicatrix more even. Two points were well brought out by this series of cases:—

1st. That the sutures should not be twisted or clamped *too tightly*. Only sufficient force should be used to keep the edges of the wound in easy contact; if pulled too tight, the sutures may either cut through or else bury themselves deep in the uterine tissue and be difficult to remove. In either case, an amount of new cicatricial tissue will be formed which will seriously impair the success of the operation.

2nd. The less traction that is made upon the uterus during the operation, the more rapid and satisfactory will be the recovery. The violent pulling down of the uterus to the vaginal outlet certainly facilitates the operation, but in the interests of the patient it is bad practice.

A tourniquet was not required to control the hemorrhage; a vaginal douche of very hot water just before the operation was found sufficient to prevent much bleeding.

There was one case of *scirrhus of the breast*, with implication of the axillary glands. The breast was removed, together with all diseased and doubtful glands; the patient made a rapid recovery, but returned four months after her discharge from hospital, with a recurrence of the disease in the liver. That organ was of immense size, occupying nearly two-thirds of the abdominal cavity. Such rapid growth in so short a time would seem to indicate that the liver was already implicated at the time of operation, although no symptoms could then be made out.

Only one case of *cancer of the uterus* was under treatment. It was of the epithelial variety, occupying nearly one-half of the external os, and the mucous membrane lining the cervix. The diseased mass was scraped away with a curette, and chromic acid freely applied. This application was

repeated three times at intervals of ten days, the vagina being meanwhile washed out thoroughly with Condy's fluid twice a day. At the present time, ten months since the treatment, there are no signs of return, and the uterus presents a normal appearance.

A case of pelvic hæmatocele, the result of an attempted abortion, presents some points of interest. The patient was admitted Nov. 29th with a history of having taken a considerable quantity of *oil of cedar* with the view of procuring an abortion. The dose taken was three drops, gradually increased at short intervals till a maximum of fifteen was reached. The immediate effect was severe pain, at first resembling labor pains, but shortly becoming more intense and locating itself directly over the uterus. The patient was presumably only six or seven weeks pregnant; whether she really aborted or not is a matter of doubt. On admission, she presented the following symptoms:—face pale and anxious, nose pinched, lips blue, breathing hurried, pulse 115 and small, temp. 102°, marked tenderness over the uterus, and a slight reddish discharge from the vagina. A digital examination per vaginam revealed nothing special, beyond the fact that the os uteri was very painful to the touch. The treatment ordered was: Pulv. opii gr. ss. every four hours, hot linseed meal poultices to the abdomen, and a hot vaginal douche four times a day. By the 5th December, six days after admission, the pain had greatly abated, but the abdomen had become distended to the size of a fifth month pregnancy, and there was marked dullness on percussion over the hypogastric and both iliac regions. The vaginal discharge had ceased, and digital examination revealed a decided bulging in Douglas' pouch; the temp. was 103.6°, and the pulse 118. On 8th December, the dullness on percussion extended as high as the umbilicus; the vagina was nearly obliterated by the distention of Douglas' pouch, and felt like the arch of a small diaphragm, through the centre of which the os protruded like a nipple. The temperature and pulse still continued high. On the evening of the 12th December, the hæmatocele burst into the rectum and discharged half a chamberfull of pus and blood. The next morning several smaller discharges took place, the temperature fell at once to the normal, the abdominal tumor rapidly subsided, and the general health began to improve. She was put upon tinct. fer. mur., and convalesced

so rapidly that on the 31st December she was able to leave hospital.

There were several cases of anal fissure treated by forcible dilatation of the sphincter, the results being entirely satisfactory. In one case of hemorrhoids, Pacquelin's thermo-cautère was employed with admirable results.

There were five deaths in the Institution during the year; one from cancer of the liver (already referred to); one from tubercular peritonitis; one from gastric ulcer; two from pelvic cellulitis.

*Obstetrical Department.*—The special cases are as follows:—*Twins* occurred three times; in two cases the sacs were separate; in the third case both children were enclosed in the same sac, and were attached to the same placenta by two separate cords. In two cases the children were males; in the third, one was a male, the other a female. In one case the breech and vertex presented; the others were all vertex presentations. In one case the labor was powerless, necessitating the use of forceps; the children were males, weighing 7½ and 8 lbs. respectively; the extraction of the second child caused a severe perineal laceration, which was successfully closed with silver sutures; a phlegmasia dolens of the left leg followed, but eventually the patient made a good recovery.

*Breech presentation* occurred three times, one being a twin.

*Prolapse of the Funis* occurred twice. In the first case postural treatment succeeded in replacing the cord; in the other it failed, and forceps had to be applied to save the child. In both cases the children were born alive.

*Forceps* were used altogether nine times. In three cases they were applied at the brim; in the first there was too early escape of the liquor amnii, with great rigidity and dryness of the tissues; in the second there was prolapse of the funis; in the third there was narrowing of the antero-posterior diameter. In the remaining six cases forceps were employed, chiefly for prolonged and powerless labor. Chloroform was administered in all cases of instrumental delivery. After an extended comparison of various kinds of forceps, Barnes' instrument has been adopted as the most serviceable and satisfactory.

*Adherent placenta* occurred in one case, necessitating the introduction of the hand for its extraction.

*Post partum hemorrhage*, severe in character,

occurred six times ; twice after forceps, attributable to profound anæsthesia. Ergot was given in all the cases ; in two ice was applied externally over the uterus. All made good recoveries.

*Active mania* developed in one case. In her delirium she jumped out of bed, and walked across the cold floor in her bare feet ; a severe pelvic cellulitis was the result, suppuration set in, and she died exhausted six weeks after confinement, the maniacal condition persisting unabated to the very end. Like many other patients in this department, she was in a low state of health on admission, and was suffering from considerable mental depression. This was the only death in the obstetrical department during the year ; with the exception of a few cases of cellulitis following labor, all the other patients made a rapid convalescence.

Of the *children*, three died some time prior to confinement, two died shortly after, one from obstruction of the colon, the other from rupture of a spina bifida. Nearly all the children were sent to the Foundling Hospital.

The strictest antiseptic precautions are carried out in the treatment of all obstetric cases. Each ward is periodically vacated, and then thoroughly cleansed and fumigated. The beds are of straw, and are renewed frequently. In giving the vaginal douche, a new syringe is used for each patient ; and as far as possible everything is done to obviate the dangers which arise from the congregation of lying-in cases.

REVIEWS.

*The Opium Habit and Alcoholism.* By DR. FRED. HEMAN HUBBARD. A. S. Barnes & Co., New York.

The medical man who reads this work will do so with very mixed feelings. He must acknowledge that the author has a practical knowledge of the subjects under discussion, and yet upon almost every page there are indications that he lacks the literary acquirements necessary to present his views in a readable manner. Even this failing might be overlooked in view of the valuable hints and suggestions to be found throughout his book if he did not persist in introducing subjects but faintly suggestive of the title page.

To speak of the deleterious effects of opium, alcohol, Indian hemp, etc., and to furnish an account of cases illustrative of his methods of treatment, is

Dr. Hubbard's safe path to the respect and thanks of his Medical audience, but when he gives a long, unconnected lecture on the pathology, causes and treatment of neuralgia (pages 128-135), one cannot help drawing a comparison between Anstie's monograph and Dr. Hubbard's efforts not at all favorable to the latter. Similarly with the subject of dyspepsia. No less than twenty-six pages (pp. 210-236) are devoted to the causes, pathology, treatment, etc., of various forms of indigestion. Even if the subject were properly and carefully handled (and we cannot conceal the fact that it is not), it would be altogether out of place in a book of this kind. Should the work ever reach a second edition, and for the sake of the many good things in it we hope it may, it would certainly add to its attractiveness if the dyspeptic part were omitted. If that cannot be done, the author might profitably consult Habershon on Diseases of the Stomach before re-writing it.

Just as far as an author strays from a subject that he is familiar with and treats of other matters of which he knows but very little, just to that extent is he in danger of making himself ridiculous, and when we are informed in the little essay on the *tania solium* (page 231) that the term "pruritus" is synonymous with "itching of the nose," and that (page 161) "according to the nomenclature adopted by the profession the term alcohol includes all beverages containing alcohol," or when he speaks of (page 150) "a profuse secretion from the Schneiderian membranes lining the nasal fossæ," or (page 134) of "inhaling the steam from pot. nit," or when he asserts on page 166 that fifteen drops of extract of ipecac will vomit the patient freely," we cannot help harboring the suspicion that Dr. Hubbard has but a very hazy idea of what he is talking about.

We are aware that there is a certain looseness about the "prescription" style of many American authors which does not furnish a proper index of the value to be placed on the works in which it may be detected, but, making all allowance for that fact, surely such formulæ as the following are unpardonable "in a book written for professional men" :

R Iodide lime.....	gr x
Phosphate iron.....	3j
Quinine.....	3
Lactopeptine.....	3ij
Syrup simple.....	ʒv

M



The following :

℞ Salicylic acid.....	gr v
Glycerine .....	ʒ ij
Aqua.....	ʒ ij

M. Sig. Was used once every two weeks before retiring, etc.

The introduction of "Sig." is very good and quite unique!

But these defects should not blind us to what is good in Dr. Hubbard's book, and the profession will coincide with all that he says about the pernicious effects of soothing syrups, cough syrups, paregoric and other narcotic preparations upon infant life, and even more heartily do we endorse his references to inebriate asylums, and the many sanitarium that fill the land.

Buried in a collection of well-meaning, though ill-assorted matter, the medical reader will find many valuable pieces of information, and will read much that will both interest and instruct him. It is, therefore, with the best wishes for this venture of his that we would say to the author;—leave out your essays on extrinsic subjects; confine yourself entirely to the promise of the title page; do not lay the blame of avoidable mistakes upon a "general growing practice;" have the purely literary part revised by some competent person, and the essentially technical portion gone over by some qualified medical friend, and be sure your publisher's statement that your book contains "directions so clear and simple that patients may treat their own cases," and that "the book should go not only into the hands of the medical fraternity but should be read by the people of whatever estate in all sections of the country," does not belie your prefatory contract that "in writing this memoir, the author has kept one object steadily in view; he has sought to make his work useful, and to place *in the hands of the profession* a carefully arranged analysis, etc." With these changes Dr. Hubbard's work will have a place in the estimation of the profession which in its present form it cannot hope to assume.

*A Practical Treatise on Hernia.* By JOSEPH H. WARREN, M.D. Second and Revised Edition. Fully illustrated. Boston: James R. Osgood & Co. London: Sampson Low, Marston, Searle and Rivington. 1882.

This is a practical monograph upon a most important subject, which ordinarily receives but

scant and imperfect notice in systematic works upon surgery. While the specialist will see much that will interest him in this book, it will prove especially serviceable to the busy general practitioner, who will here find a tolerably complete and reliable description of Hernia, its causes, symptoms, varieties and surgical anatomy, followed by a history of the various operations recommended for its cure, and a discussion of their respective merits. The author specially advocates his own operation, which is a modification of the late Dr. Heaton's, viz.: the injection of the hernial rings with an aseptic astringent fluid. He claims both safety and success for his operation, and reports one hundred and fifty cases; of these only twelve were unsuccessful, and none fatal. Chapters are given upon wounds of the intestines and artificial anus, varicocele and hydrocele, and one upon trusses. The book is well printed, and the illustrations all exceptionally good. We can heartily recommend it to our readers as being the most recent, complete, and practical treatise upon the subject.

*Memoranda of Physiology.* By HENRY ASHBY, M.D. Third Edition, thoroughly revised. New York, Wm. Wood & Co., 1882.

This is a little pocket work contains much useful information, condensed into a small space. As its name implies, it is intended to bring before the reader the salient points of this important subject, and will be found of great use to the student, as it will enable him to briefly review this study prior to examinations. The fact that it has been found necessary to publish a third edition is proof of its usefulness, and that it has already gained a place in the esteem of those for whom it was designed.

*A Study of the Tumors of the Bladder.* By ALEX. W. STEIN, M.D. William Wood & Co., New York. Dawson Bros., Montreal.

This treatise tells us more of the tumors of the bladder than is generally found in most text-books. The author was able to keep under observation two cases until the end, and was then fortunate enough to obtain autopsies in each. The details of these two cases are given, which adds greatly to the value of the monograph. The work is thoroughly practical, and cannot fail to be of interest to those having much genito-urinary surgery to attend to.