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Original Communications.

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

In the course of a year a large number of cases of erysipelas came under treatment in a London hospital, some idiopathic, or, as they are usually called, medical; the greater number, however, following on injuries, operations, etc. Cases of medical erysipelas usually occur in large numbers in the spring and autumn among the poorer classes, generally attacking hard drinkers and those who are exposed to the night air. I recollect a great many policemen were attacked in the spring of seventy-two. It is very curious to notice the entirely opposite plans of treatment followed respectively by the physicians and by the surgeons. The physicians, as a rule, order low diet, purgatives and very little stimulant. On the other hand, the surgeons order bark and ammonia, mild aperients and stimulants in amounts varying according to the gravity of the case and the previous habits of the patients. The results tell strongly in favor of the latter plan of treatment, which I think is the only rational one, as most cases attacked by erysipelas are in a debilitated disordered state of health and require strong stimulants with aperients. If a lowering plan of treatment be pursued for a few days, unless the attack is very mild, the disease spreads, the patient becomes delirious, grows gradually weaker and weaker, and finally dies from exhaustion. On the other hand, if a stimulating, and, at the same time, alterative course be followed, the disease soon comes to a standstill and a rapid recovery is the result. It is a matter of some importance to find out what stimulants the patient has been in the habit of indulging himself in, and to order that in preference to any other. If no special preference is shewn, beer and brandy, in varying amounts according to the urgency of the case, will generally produce the best results. Should any particular form of stimulant prove nauseous to the patient, it ought never to be forced upon him, as a more agreeable substitute can generally be found. The muriate tincture of iron has been strongly recommended in these cases. In the very large number of erysipelatous cases which I have had the charge of, in not one single one have I seen any benefit from the use of this drug; in fact, in severe cases, where the tongue is thickly coated and where there is a tendency to delirium, I have seen it do harm. I have, in severe cases, stopped giving ammonia and bark and tried iron, and the result has been a return of delirium and other bad symptoms. On returning to the ammonia and bark, marked improvement has taken place. Out of all these cases I have seen only two deaths, and this is the more remarkable as persons in London who are attacked by this disease, as a rule, belong to one of two classes, either very hard livers or those exposed to all weathers, being at the same time badly clothed and fed.

One of these was a Belgian laborer, who was struck on the side of the head by a large iron bar. He had a very long ragged wound of the scalp, extending from the temple to the back of the head. A considerable portion of the skull was laid bare. He had a very severe attack of erysipelas from which he was slowly recovering, when, by an unfortunate mistake in the diet card, in one day he was dropped from twelve ounces of brandy to four. His supply of porter was also cut short. The consequence was that he rapidly became worse, and in twenty-four hours was dead.

The other case was a very curious one. A short, square-built, previously healthy man, who earned his living by carrying parcels, etc., one morning noticed a small red spot in his groin. He kept on with his work, thinking that it would pass away. The next day finding that it was rapidly spreading, he took to his bed and remained under the care of his medical man for two days. The inflammation continued to spread up the abdomen and down the thigh. On the fourth day he was brought to the hospital, where in spite of all treatment he grew rapidly worse, the disease spreading up the back sides and down both thighs, the penis and scrotum being also implicated. The skin and deep tissues began rapidly to slough, and in a week the poor man was dead. Previous to this attack he had always enjoyed the best of health, had led a very active life, and had never overindulged himself in any way.

With regard to the many local applications which have been recommended for this disease, nothing answers better than covering the part or parts affected with cotton wool. It is as well to dust flour over before applying the wool. The flour is soothing and the wool keeps the part warm. Other applications, such as nitrate of silver, collodion, etc., I have seen used but without benefit, and in cases of facial erysipelas the application of collodion does harm, at least delirium has rapidly supervened in some cases where the face had been painted with it. If the eyelids become completely closed, they will be sure

to slough unless the precaution is taken of making several punctures in the lids with the tip of a lancet. This relieves the tension and the lids soon recover themselves. If this point should not be attended to, a portion of the skin covering the lid sloughs, a cicatrix is formed, which, after a time, contracts, thus causing the lid to become everted, and in time the sight of the eye is destroyed.

Much has been written about the spread of erysipelas from case to case and bed to bed. In some hospitals wards are set aside expressly for such cases, where they are crowded together, and the result is simply to lessen the chances of the worst and feeblest cases recovering. A person suffering from this disease wants as much fresh pure air as possible, and this result cannot be attained if several similar cases are collected together. There is one way, and one way only, of a person in a bed near an erysipelas case contracting the disease from that case, and that is by using the same sponge, towel, or by the attendants carrying clothing from one bed to the other, or after handling an erysipelas case going on to some other case without first carefully washing their hands. I have seen patients suffering from erysipelas scattered about a ward among all sorts of cases without the slightest evil result, great care being always taken to have a separate sponge, towel, etc., for each case, and to wash one's hands carefully before passing on to the next bed. These precautions being taken, I am quite certain that no fear need be entertained of the disease spreading from bed to bed as is sometimes the case. Erysipelas will hang about a bedstead for months, and each successive case will suffer in a greater or lesser degree from it. I remember a case in point: a patient, with fracture of the tibia, had an attack of erysipelas. About a month after he left the hospital, another case of fracture of the leg was placed in the same bed. Erysipelas attacked this man's leg. By a strange chance, six weeks or so after his dismissal, another case of broken leg was admitted and was so unfortunate as to be placed in this same bed. The result was that he had an attack precisely similar to the two preceding cases. During the interval between the admission of each of these two cases, the bedstead was thoroughly scrubbed with a solution of carbolic acid and the bedding completely changed. More care should be shown in thoroughly disinfecting all articles that have been used for a case of erysipelas than in setting aside a special number of beds or a ward for such cases, such beds and such wards becoming in time so completely saturated with the poison that nothing short of a fire will disinfect them.

When writing about disease of the shoulder, I omitted to mention a very interesting case of acute inflammation followed by complete destruction of the shoulder-joint, occurring in a baby three months old. When the mother brought it to the hospital it had been suffering about a week, had lost flesh rapidly and was nearly worn out with pain. There was much redness and swelling about the joint, and the axilla was filled up with pus. A small opening was made in the axilla, from which a large amount of matter escaped. In spite of every attention at the end of a fortnight the child died from exhaustion. The structures forming the joint were completely disorganized. The mother was a perfectly healthy woman, and there was no reason for suspecting that the child had been ill-used in any way.

65½ St. Antoine Street.

Progress of Medical Science.

THE TREATMENT OF WHOOPING-COUGH WITH QUININE.

By B. F. Dawson, M.D., Clinical Lecturer on the Diseases of Children in the Medical Department of the University of New York; Physician for Children to the Demilt Dispensary; to the New York Free Dispensary for Sick Children, etc.

I am well aware that every therapeutical assertion, especially concerning pertussis, is to be accepted with the utmost caution, and that value can be placed upon such only as have been well tried and are based upon careful clinical study.

I deem it, however the duty of every physician, after having carefully observed the value of any one therapeutical agent in the cure of some one disease, to make the same known to the profession, whereby its real value may be proven or its worthlessness exposed. In advocating the use of quinine in pertussis, I am fortunate in being able to support my own experience with that of one whose name is well known on both continents, and whose contributions to the progress of medical science are always received as the teachings of one speaking with authority. I refer to Professor Binz, of the University of Bonn, Germany.

In 1870, a paper on "The Use of Quinine in the Diseases of Children" was contributed by him to this journal, (Vol. III, No. I, May, 1870,) in which he advocated the use of quinine in pertussis, and stated that in his hands it had accomplished valuable results. Considering pertussis to be a neurosis of the pneumogastric nerve, caused by infectious and irritating mucus that has accumulated in the larynx and pharynx, and having found by experiments that quinine destroyed, even when highly diluted, all structures found in normal mucus, he supposed, without taking into consideration the more

intimate morphological connection, that the mucus of pertussis also would be affected in a similar manner by quinine.

In this he was not disappointed, the trial equalling his expectations.

In the clinic for children's diseases which he held in Bonn, he says: "I have treated for the past two years all the cases of pertussis, without any exception, with quinine. The best proof of its good effects is seen in the fact that those in charge of the little patients repeatedly call again for the 'bitter medicine' whenever they have succeeded, either by coaxing or force in administering it to them. There was a most striking difference to be seen in those whom it was impossible by any means to induce to swallow the solution of quinine. In these cases the whooping-cough assumed its regular obstinate course; in the others, although living in all other respects under perfectly similar circumstances, the paroxysms were always reduced in frequency and severity." * These good results with quinine, he stated, could only be obtained by strictly observing the following conditions: "*It should be given in solution; the dose should not be too small, and should not be administered in a vehicle that will prevent it from coming in contact with the mucous membrane in its passage through the pharynx;*" and the neglect of one or all of these rules he considers the reason why other observers have seen no positive results from the use of this drug. Certainly it is not just to condemn a remedy as ineffectual when it is not employed in the proper manner.

The assumption that pertussis is a specific local catarrh, caused by a fixed contagion admitted from without, Prof. Binz thinks admits of being hypothetically explained by the fact of adults being almost unexceptionally exempt from it. "The stronger development of the epithelium may be regarded as a protection against the affection of the mucous membrane. This greater development in children probably takes places quicker if those parts of the throat, from pertussis, have been in a hyperæmic condition for weeks, and thus it is easy to comprehend how the immunity originates after the affection has once been surmounted." †

Still another cause of pertussis has been advanced. Dr. Letzerich, of Germany, ‡ in 1871, asserted in a paper on the subject that he had discovered a form of fungoid growth which vegetates in the epithelium of the air passages, and by its irritation causes the convulsive attacks of coughing. The expectorated mucus in patients suffering from pertussis, he says, contains masses of brownish red spores, with occasional threads of mycelium which in the later stages of the disease becomes very abundant. These observations were made by experiments upon rabbits into whose tracheæ he introduced the fungus; in a short time the latter became affected with a noisy and violent cough—in fact, a genuine whooping-cough. The rabbits thus affected were killed and examined, and their air passages were found to contain the same fungus as that found in the sputa of human subjects; in fact, he mucus presented precisely the same appearance.

The fungus theory is certainly a very plausible and possible one, and one that even seems to be proven by the effects of therapeutical measures directed against the development of the fungus.

The fact that narcotic remedies do sometimes greatly influence whooping-cough, does not, however, weaken this latter theory, for by their use the sensitiveness of the pneumogastric nerve, and of the whole nervous system, is so benumbed as to but feebly appreciate or respond to the irritation in the pharynx and larynx.

Quinine, it is well known, has a powerfully destructive effect on true fungi and fungus germs—hence its great power over septic or zymotic affections; and why should it not influence the growth of the fungus of pertussis?

This theory of Dr. Letzerich tends to strengthen our belief in the appropriatenesss of Prof. Binz's treatment, for if the fungus theory is the correct one, then quinine with its destructive effects on fungoid matter may certainly be considered a most appropriate remedy.

Another advocate of the use of quinine in pertussis, a short time after Prof. Binz's views had been made public, was Dr. Breidenbach, who published a paper (noticed in *The Practitioner*, Feb. 1871, London,) on the efficacy of the hydrochlorate of quinine in a violent epidemic of 1870. In all pure cases he states its effects were really surprising, as soon as he had from precise observations determined the proper dose and mode of administration, in in which latter point he thinks lies a great part of his success. The amount administered by him—the age of the subjects varying from three weeks to eight years, and the violence of the attack being very different in different cases—varied from 1½ to 15½ grains. No other remedy than quinine was employed, and some of the children were freely exposed by poverty to the injurious effects of the weather. In the worst cases, he says, after the use of the remedy for forty-eight hours, the frequency and violence of the attacks diminished.

With such strong testimony in favor of the quinine treatment of pertussis, it is somewhat surprising that nothing, or very little, has been done in this country to test its value. Even in our text-books on diseases of children, nothing is said in reference to the use of quinine in whooping-cough, and in such recent works as the last editions of Lewis Smith's and Meigs and Pepper's books, the omission still continues, notwithstanding that the articles already referred to appeared in 1870—1 in an American journal, the only one devoted to diseases of children published in the English language. We can but trust that in the future editions the subject will receive proper attention.

Having opportunities for testing the value of anything new in infantile therapeutics, I determined

* American Journal of Obstetrics and Diseases of Women and Children, vol. iii, No. I, page 8.

† Loc. cit., pages 9. 10, foot notes.

‡ Quarterly Journal Medical Science and American Journal of Obstetrics, vol. iv, page 761.

after having read Prof. Binz's paper, to apply his treatment in all cases of whooping-cough coming under my care, at the two dispensaries with which I am connected, as well as in my private practice.

I did not have long to wait. On December 4th, 1871, the first case came to my class at the "Free Dispensary for Sick Children"; the following is the record of it, and five of the most striking cases.

CASE I. Annie C——, 4 years. First whooped three nights, ago; since then five or six times a day; is worse at night, paroxysms very soon ending in vomiting. Ordered solution of the sulphate of quinine of fifteen grains to the ounce of water, a teaspoonful to be given every two hours. No other treatment. To return on the 6th.

Dec. 6.—Mother states that she vomited the first dose, which was given at 1 P. M., and considerable thick phlegm. Had no whoop until just before giving the evening dose at 7; also once at night. The paroxysms were not so severe. She whooped once at 9 this A. M., but much softer, without any nausea. Ordered half a teaspoonful of the quinine solution in one of water every two hours, and to return on the 8th.

Dec. 8.—Child greatly improved in appearance. Mother states that she has whooped but once since the 6th, and that was on the same evening. Ordered to continue medicine, and return on the 10th.

Dec, 10. Has not whooped since 6th. Ordered to continue the quinine in same manner, but only three times daily for one week. To return if she whoops again. This she did not do; so she was registered as cured.

CASE II. Margaret M——, 7 years. Brought to the same institution Dec. 18, 1871. First whooped five nights ago, (Dec. 11), since then has grown worse, and now whoops almost every hour. Had an attack while in the dispensary, which was very severe, and was followed by vomiting. Ordered solution of the sulphate of quinine, ten grains to the ounce of water, a teaspoonful every two hours daily. To return Dec. 20.

Dec. 20. Vomited first and second doses, with it considerable stringy sputa, more than in previous attacks; a slight whoop occurring each time. Since then has whooped but twice during yesterday, once during the night, and on rising this A. M. Attacks not so severe. Medicine ordered to be continued.

Dec. 24. Child has whooped but once daily in the evening since 20th. Continue treatment.

Dec. 28. Has not whooped for two days. Continue treatment for one week.

Jan. 5. No return of whoop. Discharged cured.

CASE III. Bernard W——, 22 months. Healthy child. Brought to the Demilt Dispensary Dec. 20, 1871. Whooped first on the previous evening, since then two or three times. Ordered quinine in solution, five grains to the ounce, a teaspoonful every hour.

Dec. 24. Child whooped but twice since taking the quinine on the same night, Dec. 20, and vomited the first three doses, with them considerable tough sputa. Continue treatment.

Dec. 28. No return of the whooping since the night of the 30th. Discharged cured.

CASE IV. Albert F——, 10 years. Was brought to my office by his father, Jan. 3, 1872; he having whooped twice during the preceding night. Ordered quinine sulphate, ten grains to the ounce, a teaspoonful every hour. To call in two days.

Jan. 6. Whooped once very slightly in the night of the 3rd. Not once since. First dose nauseated; coughed up considerable thick phlegm after first few doses. Ordered to continue the quinine for one week. No whooping occurred during that period.

CASE V. George F——, 4 years. Brought to the Demilt Dispensary Jan. 11, 1872; having had the whooping-cough for the past two weeks. Paroxysms occur several times daily, and so frequent at night as to keep all awake. Vomits frequently and shows markedly the effects of the disease. Ordered solution quinine, ten grains to the ounce, a teaspoonful every hour during the day, and at night when awake.

Jan. 13. Much improved, the paroyxsms not lasting so long or being so severe; ending at first in coughing up thick phlegm, but not so much now. Had three attacks during the night. Continue treatment.

Jan. 17. Has greatly improved; has not whooped for two days until this morning, when his mother thought he did. Ordered to continue the quinine.

Jan. 23. Has not whooped since last visit. Is "wonderfully well," as the mother expressed it. Was not again seen.

CASE VI. George W——, 3 years. Came under my care Feb. 24, 1872. Had two whooping attacks during preceding night, and once on the morning of visit. Is in good health otherwise. Ordered quinine, ten grains to the ounce of water, a teaspoonful every hour.

Feb. 26. Whooped twice on the 24th, and once yesterday noon, though not so severely, and easily coughed up thick mucus. Last night had but one severe attack of coughing, but did not whoop.

Feb. 28. Whooped once very slightly night before last; none since.

Feb. 30. Has not whooped since last visit.

March 3. Has not whooped since the 28th. Ordered to discontinue the quinine, and to be brought to me should the whooping return. The child was not again seen, and I subsequently learned that the whooping did not return.

The above six cases have been selected out of sixteen cases of pertussis seen by me during the past year, in which quinine was the only remedy used; the remaining ten presenting similar histories. Out of the sixteen cases, the shortest cure was effected in one day, and the longest in twenty days. In but two cases have I been disappointed in the efficacy of the quinine. They were two dispensary cases; and from the fact that one, a little girl, was under care of her father, and the other was a "farmed-out" infant of twelve months, I am inclined to attribute the failure to the negligence of those in charge of them, the quinine not being given to them as frequently as

ordered. In both these cases, however, there was some palliation of the paroxysms.

In regard to the administration of so disagreeable a remedy, I found that, though frequently there was some difficulty in getting the children to take it, yet it was exceptional for them to resist after the first two or three doses, and in only a very few did it cause vomiting. The direction to give the children a piece of an orange or a little sugar five or six minutes after taking the quinine, doubtless, had considerable to do with their seeming willingness to take the "bitter medicine."

As to how the quinine so very remarkably influences this most troublesome and severe disease several theories might be advanced. If the fungus theory of Dr. Letzerich be the correct explanation of pertussis, then we can readily account for its destrutive influence on fungoid development, and consequently its power consists in removing the cause of local irritation, which gives rise to the reflex phenomena evidenced in the whooping.

The above theory and explanation carries with it considerable weight, and, appears to me, should be accepted until disproved, or a more convincing pathological explanation of pertussis is given.

For my own part, I accept it, and in consequence consider pertussis an affection of the mucous membrane of the pharynx and larynx, and the "whooping" as simply reflex. And the fact that almost all remedies given for other than their local effects, have either signally failed or but partially succeeded, strengthens this hypothesis.

Nevertheless, I do not attribute the rapid cure effected by quinine to the simple destruction of the fungus, but also to its nauseating bitter taste. In every case of pertussis, it will be conceded by all, there is an abnormal secretion of a thick tenacious mucus from the mucous membrane of the pharynx, (whether this secretion is due to simple catarrhal or reflex hyperæmia, or to fungoid development, it matters not,) which may or may not excite a paroxysm of whooping, but which certainly aggravates and prolongs the latter, as may be proved by the fact that the paroxysms invariably cease the moment this mucus is removed either by the coughing, vomiting, or the finger. Now, the effect of a small amount of a solution of quinine, when taken into the mouth and swallowed, is instantly, from its bitter and nauseating taste, to excite a free secretion of thin mucus from the buccal mucous membrane and the salivary glands, and this softens and renders easy of dislodgment the tenacious mucus referred to. The frequent repetition of the quinine, therefore, keeps up this free secretion, and thus prevents the mucus from becoming tenacious and difficult of dislodgment. At each act of coughing, therefore, the accumulated mucus is readily loosened and expectorated, and unobstructed inspiration obtained. The rapid loosening of the cough, the briefness of the attacks in comparison with those previous to the administration of the quinine, and the easy expectoration, certainly tend to favor the correctness of the above theory.

The failure of quinine against pertussis, in the hands of others who have tried it, is undoubtedly to be attributed to the manner of its administration—either in large doses at long intervals, or in the form of pills; in either case, therefore, the local effects upon which I place the greatest value are not obtained. While writing this paper, a friend, whose practice is largely amongst children, informed me that he met with no success with quinine in pertussis; but on his informing me that he had always given it in large doses, morning and evening, I attributed his failure to that fact.

The object with which I have written this paper is to call the attention of the profession to this treatment of pertussis, and invite them to give it a careful trial, feeling convinced that if the following rules are carefully observed, few, if any, will be disappointed in their results.

1. Give the quinine (sulphate or hydrochlorate) dissolved by acid in pure water only. For children under 3 years, from gr. v. to gr. viiij., and for older children and adults, from gr. x. to gr. xlj. to the ounce.

2. Give not less than a teaspoonful *every single*, or, at the longest, every two hours during the day, and whenever cough comes on in the night.

3. Give nothing afterward for some minutes to destroy the taste or to wash out the mouth.

4. Continue giving it notwithstanding the first doses may be vomited.

5. Be sure that the quinine is pure and thoroughly dissolved.

Appendix:—Since the above paper went to press, two cases of whooping have come under my care. One, a boy of three years, who was brought to my clinic in the University on Feb. 8; had whooped severely four and five times daily, and as often during the night. He had an attack in the presence of the students in the lecture-room. He was ordered quinine gr. v. to the ounce of water, a teaspoonful every hour daily. No other treatment. He was again brought to the clinic the following Saturday, Feb. 15, when his father stated that the attacks at once grew less severe and frequent after taking the quinine, and that on Wednesday and Thursday (fifth and sixth days) he whooped but once in each twenty-four hours, very slightly. The medicine gave out on Thursday evening, however, and since then the whooping has increased in severity and frequency. The other case was a little girl two years old, who was brought to the Free Dispensary for Sick Children on Feb. 11 She had whooped for three days, five or six times during the day and night. Was ordered quinine as in the preceeding case. Was again seen Feb. 15, at my clinic, and shown to class. In this case the mother confessed to having been negligent in giving the medicine, not having given it oftener than four or five times during the day; and yet she said the child had greatly improved, and had whooped but once or twice during the night time only since taking the quinine. Both of these cases were also seen previous to and after treatment by Dr. P. B. Porter and Dr. Beverly Robinson, and being the last cases under my care, are a valuable addition to the preceding report of the six out of my first cases.

In the foregoing paper I wish to be understood as advocating the value of quinine in curing the "whooping" chiefly, the cough in many of the cases lasting for some time after the whooping ceased, and which requires the usual treatment for bronchial catarrh.—*American Journal of Obstetrics and Diseases of Women and Children, Feb.*, 1873.

ON ACUTE ARTICULAR RHEUMATISM.

A Lecture delivered at Bellevue Hospital. By Austin Flint, M.D., Prof. Practical Medicine, etc. [Reported Phonographically for the *Record.*]

GENTLEMEN:—My remarks to-day will be upon the subject of acute articular rheumatism, and they will be based upon the history of this man's case who is now before us. His name is P., æt. 22, Norwegian, and by occupation a blacksmith. To-day is the tenth day of his disease. I may here remark, that this disease, especially in its acute form, is not very frequently seen in his hospital. The present case does not show the disease in its acute form, for the patient is apparently approaching convalescence, yet it will serve to illustrate some of the important points pertaining to this disease. The word rheumatism is a term which has been used with a good deal of latitude, and under this name several different affections have been taken in, such as certain neuralgic troubles, certain affections of the muscles, and certain affections of the joints. When, however, we use the term articular rheumatism, we refer to a very distinct and clearly defined affection. It is a constitutional affection, characterized by local manifestations consisting in an inflammation generally affecting several joints of the body, and not unfrequently fibrous structures elsewhere than in the joint. It is an affection which usually attacks the greater part of the joints of the body, and these articular affections are but the local manifestations of the constitutional disease. These local affections are in certain points distinguishable from the ordinary inflammation of analogous structures. We have no suppuration, none of the inflammatory products, no productions of new tissue, which we might expect in ordinary inflammation, and these are essential points of difference which characterize these local manifestations of articular rheumatism. Another point which is very striking is, the inflammatory condition frequently subsides and disappears in a very short time; one day it is present, and the next day perhaps it may be entirely gone. The occurrence of these local manifestations in different joints successively is also a striking feature of the disease, as one joint may be affected to-day, and another to-morrow. Another feature which goes to show its constitutional character, and establish what has been said with regard to the local manifestations is, the joints are affected symmetrically. The law of parallelism is strikingly illustrated in this disease; corresponding joints on both sides of the body are affected, and it is seldom that the strict law of symmetry is violated. If the joints upon both sides of the body are not affected, it does not violate the law but it is simply the fact that the law is not illustrated. If corresponding joints are not affected, analogous ones are affected, such as the wrist and ankle perhaps, but an affection of the wrist and knee joint upon different sides of the body is rarely seen. This man is 22 years of age, which illustrates the fact that rheumatism, primarily, affects young subjects. A person, however, who has had the disease in early life, will be subject to repetitions of attacks ever afterwards, thus showing a constitutional tendency. Acute articular rheumatism also belongs among those diseases which are inherited, or rather, to which a predisposition may be transmitted. This man has generally had good health, and this is the first attack of the disease he has ever had. He was attacked in the day-time. It is more frequently the case that the patient is attacked in the night-time. The disease generally attacks suddenly, yet in a certain number of cases, the acute attack is preceded by more or less soreness and tenderness about the joints. As we look at the history of this case, we see that for two or three weeks this man had felt soreness in the joints, but not sufficient to prevent him from continuing in his occupation. The first manifestations which he had were in the smaller joints of the hands and feet; the carpal and metacarpal and tarsal and metatarsal joints. It first appeared in the right hand, then in the left foot; then in both knee-joints; and then both wrists; then both shoulder-joints; and then in both hip-joints. The law of parallelism, it will be seen, was very well illustrated. At the present time the joints are comparatively but little affected. I deem it hardly necessary to dwell at any length upon the local symptoms, such as the pain and swelling which accompany the local manifestations; and will dismiss them with the simple remark, that we do not usually have much swelling and erythematous flush about the larger joints such as the hips and shoulders. I must now ask you to remark the statement which I am about to make, as it is of special importance in connection with the topic I shall presently mention. The statement is this: this man has had no pain at any time on the chest, no præcordial pain at any time during the course of the disease. I will soon speak more particularly of the importance of this statement in the history of his case. This is a disease which in its acute form—for it is presented to us both as an acute and sub-acute affection—is characterised by a good deal of febrile movement pertaining to the disease itself, and also symptomatic. One of the popular names for this form of fever is "rheumatic fever," and it is not altogether improper, for the fever does not depend upon the local affection entirely but it is sometimes altogether out of proportion to the local affection. We have, therefore, a fever which is partly essential and partly symptomatic. Last evening this man's pulse had fallen to 72 and the temperature in the axilla was 100¼. This affords a good illustration of the disparity which is sometimes seen beween the pulse and temperature, as regards the criteria of a fever. When such a desparity is present, the temperature is entitled to the preference in deciding the question of fever or no fever.

This morning the pulse was 68. It is always to be

borne in mind, that, in many diseases, about the time of convalescence, the patients have a pulse which is below the average frequency in the same persons in health. This is the case in typhoid and typhus fever, pneumonia, and some other affections. This morning there is no fever present, the temperature being 98¼.

This man has been taking quinine and nitro-muriatic acid. It might, at first, strike the mind as an incongruity in the treatment of this disease to administer an acid, while the predominant feature of the disease is the presence already of an acid in the system, but really there is no incrongruity in it. Over and over again we apply remedies and measures which are directly antagonistical, and each will meet its own indication, and often the only proper method of treating certain cases is to meet the indications.

We come now to speak of one of the important events which is liable to occur in the course of inflammatory rheumatism. This disease in itself, as far as the constitutional difficulty is concerned, is not dangerous to life, but there is a danger in connection with certain incidental events and those events which are most likely to occur relate to the heart. There is a special liability to an inflammation affecting one or both serous investments of this organ, and these are the untoward events to be looked after in cases of articular rheumatism. The importance of the disease and the permanent welfare relate chiefly to the occurrence of these complications. There are some other complications which are so infrequent that they do not give us much care, and we will pass their consideration. The cardiac affections are the prominent ones. Endocarditis occurs in quite a proportion of cases, but I do not give you the figures, because I think there has been some looseness and error in making up statistics upon this point. The reason for this I will soon mention. Pericarditis is of much less frequent occurrence than endocarditis, and it may be said further with regard to these complications, that if we have pericarditis we have endocarditis, but the rule does not hold in the opposite direction. Pericarditis involves a certain amount of immediate danger, though a great proportion of cases get well. What we probably have in this case is endocarditis, and first of all we will study the evidence upon which this probability is based. The evidence in this case is not absolute, but it is *probable*. Now yon will recollect the fact to which I called your special attention a few moments ago, *viz.*, this patient has not had præcordial pain, or any chest symptoms whatever, during the progress of his case. The diagnosis of endocarditis is therefore based entirely upon physical evidence. This is the reason why endocarditis is a disease which has been discovered within the last half century, and was never before known. It was discovered by physical exploration, and must continue to be recognized by this means, because it occurs without any subjective symptoms. It is associated probably with some increase of the circulation, but as this increase goes more or less with the rheumatism we cannot draw the inference from this that endocarditis is present. How are we to determine whether a patient has endocarditis or not, who is suffering with articular rheumatism? We are to reach a positive diagnosis in this way: if the patient be under your observation, and you can determine by auscultation that there is no mitral systolic murmur present at the commencement of the attack, and then in the course of the disease a mitral systolic murmur is developed, you know that the patient has endocarditis. It all depends upon the development of this mitral systolic murmur, and the murmur is the hinging point. This patient has mitral systolic murmur but the diagnosis is not positive, because the patient had the same murmur when he came into the hospital, and we do not know certainly that the murmur, has been developed since the commencement of the disease. It has probably been developed in this patient since the commencement of this attack, for it is the first attack the patient has had of the rheumatism; he has always been well, and as the murmur is one which does not indicate regurgitation, it is altogether probable that in this case it is evidence of endocarditis. I find here that the apex of the heart is beating in the fourth intercostal space, as it not infrequently does when the body is in a recumbent position. By percussion I determine that the heart is not enlarged. This would not be the case if the patient had had mitral disease for any length of time previous to the present attack, for he would have more or less enlargement of the heart.

Within a certain circumscribed space about the apex of the heart, I get a murmur, and it is not propagated much beyond this quite limited area. It is not proper to call this murmur a mitral regurgitant murmur, because there is no evidence of regurgitation.

What do we look for as physical evidence to show that there is regurgitation? The fact that a mitral murmur is present, is not limited to the apex, is tolerably loud, and is propagated to the left, would be evidence that it was one of regurgitation.

I also get a murmur at the base of the heart, but I attach no special importance to this, because we cannot attach much importance to a murmur at the base of the heart in a case of articular rheumatism. It is very frequently present, and is dependent upon the condition of the blood. It is always present in females, or at least, I believe I have never seen a case of articular rheumatism in a female where this murmur was not present. It is just here I apprehend that a great confusion has arisen with regard to statistics in reference to endocarditis, and many cases have been called endocarditis in which the disease did not exist. I would not make my diagnosis relying upon this murmur at the base, unless I had the mitral systolic murmur at the same time.

Endocarditis is a serious complication, because in it the rheumatism has laid the foundation for the subsequent occurrence of valvular lesions.

We have attenuation of the valves, thickening and calcification of the valves and other valvular lesions, all arising from an endocarditis in connection with rheumatism, and we have not much knowledge of

endocarditis except in connection with these cases of articular rheumatism. We come now to ask the question, what are the indications in the treatment of acute articular rheumatism? In the first place we would like to cut it completely short if possible, but we cannot do this often, if ever. Next, we would like to abridge its duration, and there is reason to believe that this may be done to a certain extent. The great object, however, is to prevent these cardiac complications, pericarditis and endocarditis, for if a patient passes through this disease, and escapes these complications, he his exceedingly fortunate.

Just here, however, a knowledge of the natural history of the disease, based upon the observation of cases which have been permitted to run their course without the influence of therapeutical interference, is of value in making up our estimate of the value of treatment. In the year 1862 I conceived a plan of observing cases of articular rheumatism, without the use of medicine. The reason for so doing was because almost all the cases reported as having been under the influence of any special plan of treatment, such as mercurialization, colchicum, bleeding, blistering, &c., were reported as cured, and hence each plan of treatment was reported as being attended with the greatest success. I therefore reasoned that the probability was, inasmuch as all the different modes of treatment tended to success, that the disease itself tended towards getting well. I accordingly treated 13 cases in this hospital, and they got no remedy at all, except one which was intended for a moral effect upon the patients, and that, for the sake of giving it a name, was called the placeboic remedy. The only treatment which these patients received, aside from this placeboic remedy, was a little anodyne and local applications to the joints of a palliative character. I resolved to continue the plan of treatment until something occured to render it improper to continue it longer, and in only one of the 13 cases treated after this method did any complication occur, and that patient had the complication when she came into the hospttal. The average duration of the disease in those cases was 26 days, and no important complications took place. I reported these cases in an article entitled, "A Contribution toward the Natural History of Articular Rheumatism," which was published in the *American Journal of the Medical Sciences*, July, 1863. I hope I shall not be thought egotistical in referring to these observations. They were made in this hospital, and my object in making them was stated to the class then in attendance. So far as I know, a series of similar observations had never before been made. I am led to assert my claim to whatever credit may belong to precedence in this line of investigation, because shortly after my observations a similar plan for the same object was pursued by others. Guy's Hospital Reports, volume for 1865, contains a report of a considerable number of cases treated by Dr. Gull chiefly with mint water; and another report of additional cases was made in an article by Dr. Gull and Dr. Sutton, contained in the "Transactions of the Royal Medical and Chirurgical Society of London," in 1869. I should not thus expose myself to the charge of egotism in asserting my claim to priority in the study of the natural history of articular rheumatism, had these observers made any reference to my article in the *American Journal of the Medical Sciences*. I feel bound to make this claim, not alone for myself, but for this hospital and for American clinical medicine.

Dr. Fuller, who is the author of the so-called "Alkaline treatment," states that cardiac complications will not arise after the alkalescence of the urine is once established, but I think this author is too ardent in his statements, for I have seen cases in which endocarditis has been developed while the patients were fully under the effect of the alkaline treatment. Statistics, however, show that there is a diminished *liability* to these complications, and therefore we are not warranted in repeating observations without remedies. The method of treatment to be pursued in a case of acute articular rheumatism, is the adoption of what is called the alkaline treatment. The prime object in this treatment is, to produce alkalinity of the urine, regarding that as the criterion that the system is sufficiently affected, in as short time as possible, for we cannot tell at what instant the complications may appear. To accomplish this the bi-carbonate of soda or potassa may be given in half-drachm or drachm doses every two hours, and by these doses you can render the urine alkaline within twenty-four hours at the farthest, with a good deal of certainty. After the urine has been rendered alkaline, the remedy is to be continued in varying doses sufficient to maintain the urine in an alkaline condition during the continuance of the disease. In this case before us, the disease has continued only ten days, and the patient is apparently convalescent.

Quinia in full doses also forms a good adjuvant in the treatment, as the patient is becoming convalescent. It contributes very much to the welfare of the patient. The joints are to be treated by palliating applications, Frequently you will find that shampooing the joints, be they never so tender, is very beneficial, commencing with gentle frictions, and gradually increasing the force as the patient can bear. Fomentations which contain alkalies and anodynes may be used also as local applications. As a rule, it is one of the great objects of medical treatment to relieve pain, for pain interferes with sleep and wears out the vital forces of the patient. Those patients afflicted with articular rheumatism may have opium sufficient to allay all irritation from pain, and give them quiet and rest. A more minute detail of the pathology of this disease must be considered at another time.

NOTE.—At a subsequent clinical lecture Dr. Flint presented a case of acute articular rheumatism during the course of which peri-endocarditis (developed when the urine was alkaline), chorea, and right hemiplegia from embolism occurred. Coincident with the occurrence of the hemiplegia, a basic systolic heart-murmur, which had previously existed, disappeared.

ON THE INJECTION OF PERCHLORIDE OF IRON IN POST-PARTUM HEMORRHAGE.

By W. S. Playfair, M.D., F.R.C.P., Professor of Obstetric Medicine in King's College; Physician for the Diseases of Women and Children to King's College Hospital; and Examiner in Midwifery at the Royal College of Physicians, London.

The discussion on the treatment of post-partum hemorrage by the injection of a solution of perchloride of iron, which recently took place at the Obstetrical Society, has probably been studied by all who are interested in obstetrics.

It was the first occasion on which the merits and demerits of this most important improvement in midwifery had been formally brought under its consideration, and it is to be regretted that the value of the debate was somewhat marred by exaggerated statements and undue warmth of argument. It is certain that so active a method of treatment should be carefully studied. Like every other active treatment it is advisable that its indications and contra-indications should be thoroughly investigated by the light of experience, and there can be no doubt that we have still a good deal to learn about it. In common with many other speakers on that occasion, I stated that I had frequently injected the perchloride, and had never seen any ill effects follow its use. At the same time I was ready to admit, as I do not doubt that Dr. Barnes and all others who use it would willingly do, that an agent so potent should not be carelessly and indiscriminately used, and that certain inconveniences, or even risks, not yet fully made out, might attend its employment.

By a somewhat curious coincidence a few days after the debate I had a case under my care in which I used it, and, as I firmly believe, saved by it the life of my patient. Yet very grave and even alarming symptoms followed—due, it can hardly be doubted, to its employment, and I think that the case is sufficiently instructive to be worthy of record. It shows one class of dangers which may arise from it, and possibly the history will teach us how, under similar circumstances, these are to be avoided.

Two and a half years ago I saw, with Mr. Aikin, of Clifton Place, Sussex Square, a lady who was apparently at the point of death from post-partum hemorrhage. She had been confined of her fifth child rather more than two hours before I saw her, after a somewhat tedious labour, the breech presenting. All her other labours had been natural. She was a stout woman, thirty years of age. After delivery the uterus had contracted firmly, with no more discharge than usual. Mr. Aikin had stayed with her more than an hour, and had left her seemingly well and comfortable. Half an hour afterwards she had a tremendous gush of hemorrhage. Mr. Aikin was immediately summoned, and speedily arrived, accompanied by Mr. Rushforth, of Oxford Terrace. The patient was then collapsed and insensible, and to all appearance dead. Some brandy was introduced into the mouth through an aperture formed by the absence of one or two teeth, and a solution of perchloride of iron, which Mr. Aikin had fortunately with him, was at once injected into the uterus, and all further loss was checked. When I saw her shortly afterwards she was still collapsed and pulseless, and I immediately sent for the necessary apparatus for transfusion, which seemed to afford the only hope of saving her life. Before the instruments arrived however, she had slightly rallied, and eventually made a good recovery, though she long remained blanched and anemic. Such was the formidable history of the patient previous to her present confinement.

On this occasion Mr. Aikin was unable to take charge of her, being confined to his home by illness, and I was asked to attend her in company with Mr. Rushforth. In no case is "forewarned, forearmed" a truer proverb than in relation to post-partum hemorrhage, and as we adopted every possible precaution to prevent it, we were in hopes that no repetition of the former flooding would occur. The head presented, and the labour was natural and easy. As the head descended a drachm of the liquid extract of ergot was administered. Firm pressure on the uterus was kept up as the child was expelled, and continued without intermission afterwards. A second dose of ergot was given shortly after delivery, immediately after the expulsion of the placenta. One or other of us kept kneading the uterus for three-quarters of an hour after the birth of the child. It contracted fairly, but not tightly, and it showed a tendency to relax. Two or three times small pieces of ice were introduced into the uterus to promote contraction All this time there was no unusual loss, and we considered any danger of hemorrhage to be over. Suddenly, and while the uterus was still grasped by the hand, an appalling flow of blood occurred. I immediately emptied the vagina of a mass of clots, and, as all means of promoting contraction had been already vigorously employed, I at once proceeded to inject a solution of the perchloride of iron of the usual strength; and not a moment too soon, as the patient was already tossing about, sighing deeply and showing the well-known formidable signs of collapse. As I injected I felt the uterus contracting round my hand, and not a drop more blood was lost. Nothing could be more rapid and satisfactory than the action of the remedy, and I honestly believe nothing else would have checked the flooding or enabled us to save the patient's life. For two days all went well. On the third day the pulse was 100, and the temperature 102°. The day following the pulse was 120, small and thready, the temperature 104° in the morning, and 105° in the evening, the tongue dry and black, and the general condition very alarming. There was no abdominal tenderness whatever. The uterus was somewhat large, reaching nearly to the level of the umbilicus. There was little or no discharge, and what there was was highly offensive. Eight ounces of brandy per diem were administered, and 30 minims of turpentine every sixth hour, and a teaspoonful of Brande's beef jelly every hour. On internal examination, the whole vagina was found to be filled with small, hard, black clots, formed by the corrugating effects of the iron and believing that the symptoms were probably due to the retention in utero and decomposition of similar clots, giving rise to septic absorption, the cavity

of the uterus was freely washed out with Condy's fluid and water, by which several portions of broken-down coagula were removed. Next day things were worse rather than better, the temperature being 105½°, pulse 130. There was some cough, with sibilant râles, over the right chest. Still there was no local tenderness or other symptoms. We then had the advantage of meeting Sir William Jenner in consultation. The general treatment was continued, the quantity of brandy being increased. With the view of reducing the hyperpyrexia, gr.v of sulphate of quinine in pill were administered every third hour. The intra-uterine injections of Condy were continued three times a day, and in the evening a large and highly offensive clot was ejected. Next morning the temperature had sunk to 102½°, and the pulse to 100. Treatment as before. Quinine now given every fifth hour. In the evening the temperature had again risen to 104°. Another large coagulum expelled after injection. Next morning the temperature had fallen to 101½°. the pulse to 86, and all feter had disappeared from the discharge. No more coagula were passed. It is needless to continue a record of the case, as the improvement from this date continued to be steady, and in a few days the patient was convalescent.

There can I think be little doubt as to the sequence of events which gave rise to these alarming symptoms. When the iron was injected, although the hand was in the uterus, and the clots within it had been as much as possible removed, blood was still poutring out abundantly. The powerful astringent at once corrugated all the blood and coagula it came in contact with, and these hardened clots filled up the uterus and the canal of the vagina. In due course these began to decompose, and septic absorption took place. By the finger and the intra-uterine injection they were gradually broken down and removed. The improvement unquestionably dated from the expulsion of the two large and decomposing coagula on the sixth and seventh days after delivery. Immediately after this happened, the temperature and pulse fell remarkably, and recovery commenced and continued uninterruptedly.

What then is the lesson to be learnt from this case? Is it that the risk is too great, and that the injection of the perchloride of iron should be banished from practice? I think most unquestionably not. I have little doubt, knowing what I did of the patient's former labour, and having already tried in vain all the anti-hemorrhagic treatment at our command, that without the perchoride the flooding would have proved fatal. It is indeed precisely in these inveterate cases, where every means of inducing uterine contration proves unavailing, that it forms so invaluable a resource. Rather, I think, it should teach us to limit its use to these only—as, I believe, Dr. Barnes has all along taught. It shows also that the retention in utero of hardened coagula, liable to decomposition, may prove a source of danger hitherto unsuspected. With a knowledge of this fact it would be our duty to secure the expulsion of the coagula as soon as possible after all risk of hemorrhage had ceased, and make sure that there was a free exit for the discharge. This would best be done by satisfying ourselves on the second or third day after delivery that the vagina is not filled with clots, and removing them if present, and by using antiseptic intra-uterine injections freely, as in the above case, should suspicious symptoms arise. With a knowledge of this source of danger, it might probably be avoided in most cases. Whether any other astringent fluid, such as the tincture of matico, the use of which was suggested at the Obstetrical Society, would answer equally well in constringing the vessels from which the blood flows, and be less apt to produce hardened coagula, is well worthy of consideration. I question very much, however, if anything less than the most powerful and direct astringent is to be depended on.

Important as are the lessons this case has taught me, it has left me not a with less a believer, but rather a firmer one, in this most invaluable remedy. —*London Obstetrical Journal.*

ON A NEW MODE OF TREATMENT OF FUNCTIONAL DYSPEPSIA, ANÆMIA, AND CHLOROSIS.

BY C. E. BROWN-SÈQUARD, M.D.

In 1851 I had to treat a very bad case of dyspepsia, and succeeded to cure the patient by a plan of treatment which, I think, deserves attention. Since that time I have employed it with complete or partial success in a number of cases of dyspepsia, of chlorosis, of anæmia, and also as a means of ameliorating or curing nervous affections caused by gastric disturbances or poverty of blood. I could not say, as I have not kept notes of all the cases, how many times it has succeeded or failed. In a number of instances where failure occurred, I have found that the patients had not carefully followed the rules, and that the failure was, at least in a good measure, due to this lack of care. In two cases only some increase of flatulency and of acid eructations took place during three or four days, when the plan was given up. In a case of dropsy, attended with anæmia, dyspeptic pains were increased for a week, when the plan was abandoned. These are the only instances I remember in which some bad effect was produced by this plan, and this aggravation soon ceased.

The first patient I submitted to this plan was a scientific man, 34 years old, of strong constitution, but reduced from several causes to a lamentable state of health. For about eight years he had been working very hard, taking no exercise, and living almost all the time in a vitiated atmosphere. He slept very little, and usually passed 18 or even 19 hours a day writing, reading, or experimenting. His diet was miserable, and, with the object of avoiding the need of much food, he took a great deal of coffee. He gradually, though slowly, became exceedingly weak. His digestion, which had been very good all his life, before he began to work so much, had gradually become very bad. He suffered greatly from pyrosis, and a feeling of great distress, and gastric distention after each meal. Acid eructations and gas were frequently thrown up into his mouth, and when he did not vomit he found that his food remained on his stomach so long, that in the morning he frequently

rejected things eaten the previous day. At last he had to give up work and stay in bed. But no improvement occurred from the rest he then had, or from various modes of treatment. His emaciation and weakness and dyspeptic symptoms increased, and his friends decided to have him removed to the country. But he was so weak that he had to be carried in a litter to the railway station. After a few days, finding that he had not improved, I decided to try a radical change of his alimentation, as regards the quantity of food to be taken at a time. Instead of *three* meals a day I made him take *sixty* or more. Every twelve or fifteen minutes he took two or three mouthsful of solid food, chiefly meat and bread. He drank a little less than a wineglass of Bordeaux wine and water every thirty or forty minutes. On the very first day this mode of alimentation was begun, his digestive troubles* disappeared, and within a week he was so well that he returned to Paris, not, however, to go to work again, as he had been rendered wiser, but to prepare to go to the seashore. He continued the same mode of alimentation for about three weeks, and then gradually diminished the number of his homœopathic meals, and increased the amount taken at each of them, until in about 8 or 10 days he came to eat only three times a day, and a full meal at each time. His strength during the first week had become almost as great as it ever had been previous to his illness. Since that time up to this moment his life has been one of great hardship, which he has borne remarkably well, and dyspepsia has only troubled him in a slight degree, rarely and for short periods."

In one case only besides the preceding have I seen as rapid a return to health. That was the case of a young lady, whom I saw last year at Jamaica Plain, in consultation with my learned friend, Dr. S. Cabot, of Boston. In the case of this lady there was this additional good effect to this hygienic treatment, that the bowels, which were very costive before, began to act pretty well almost at once.

The plan, as stated in the above case, consists in giving but very little of solid or fluid food or any kind of drink at a time, and to give these things at regular intervals of from ten to twenty or thirty minutes. All sorts of food may be taken in that way, but during the short period when such a trial is made, it is obvious that the fancies of patients are to be laid aside, and that nourishing food, such as roasted or broiled meat, and especially beef and mutton, eggs, well-baked bread, and milk, with butter and cheese, and a very moderate quantity of vegetables and fruit, ought to constitute the dietary of the patients we try to relieve. This plan should be pursued two or three weeks, after which the patient should gradually return to the ordinary system of eating three times a day.

It is hardly possible to give more detailed rules as regards this hygienic mode of treatment. On the one hand I have found few persons willing or able to follow it fully. On the other hand, many patients, especially those who have no dyspepsia, do not need to take so minute an amount of food at a time. Besides, it is certain that the quantity of food required varies notably in different persons. Prof. John C. Dalton states that the entire amount of food needed by a man in full health and taking free exercise is: of meat, 16 oz. av.; bread, 19 oz.; fat, 3½ oz.; and of water, 52 fl. oz.; i. e., about 2½ lbs. of solid food, and rather more than 3 pints of fluid. According to Dr. Edward Smith and other European hygienists, the amount of solid food and of water required each day is notably larger than that marked out by the able American physiologist I have named. My experience with the patients on whom I have tried the plan of feeding above mentioned, shows that the amount of solid food required by an adult is nearly always as follows: from 12 to 18 oz. of cooked meat, and from 18 to 24 oz. of bread. As regards the quantity of fluids I have allowed, it has always been notably less than the amount indicated by Dr. Dalton (3 pints), and by Dr. E. Smith (4½ to 5 pints.)

I hardly need say that in carrying out the plan I propose, attention must be paid to three points: 1st, the liking and the disliking of certain things by the patient; 2nd, the importance of variety in food; 3rd, the digestibility of certain things compared with others, digestibility which varies immensely in different patients. When I found that there was no disgust for a meat and bread diet, I ordered that roasted beef or mutton, with bread, be the almost only kinds of solid food taken. But most patients were either soon disgusted with this diet, or refused even to try it. Having ascertained this, I allowed the selection by each patient of his own dietary, insisting, however, that the quantity of cooked meat should be at least 12 oz. a day. The most varied diet as regards the kinds of food can be followed, however, under this plan as well as when one has only two or three meals a day. The only absolutely essential points are that the amount of food taken every 10, 15, 20, or 30 minutes be very small (from two to four mouthsful), and that the quantity of solid food in a day be from 32 to 40 oz., or a little less when, instead of water, the patient drinks beef-tea or milk.

I will not enter into long explanations to show how a marked benefit or a cure can be obtained in functional dyspepsia, in anæmia, and other affections by this mode of alimentation. I will simply say that the facts I have observed agree with the view that we are naturally organized, like most if not all animals, to eat very frequently, and not, as we do, two three, or four times a day. It seems certain from the facts I have observed that functional dyspepsia, when once it has begun (never mind by what cause), is kept up and increased by distention of the walls of the stomach. This fact is already well known, and physicians generally recommend that the quantity of liquid taken be very small, and that the solid food be nourishing as possible, so that its bulk may be reduced, with the view of avoiding great dilatation by the fluid and solid substances, introduced in the gastric pouch. But although deriving some benefit from

* One of the symptoms which had preceded the others—monocism, persisted, and has remained ever since, being now as before of daily occurrence.

this diminution of distention, many patients continue to suffer who might be benefited or cured by the plan I propose.

It may be asked if there is no danger that distention of the stomach, by a full ordinary meal, after a patient has followed for two, three, or four weeks the plan I propose, would not be more difficult and a source of greater trouble than before that organ had been allowed to contract considerably during the time this plan has been pursued. Facts answer this question in a way that leaves no doubt. There has never been in the cases I have attended the least trace of an increased trouble due to that cause. Even those patients who have not derived benefit from my plan of alimentation, and among them two who had while following it more acidity and flatulency, have, at any rate, had no increased trouble after having given it up. It is probable that the good obtained from this plan in dyspeptic patients depends at first on the rest given to the irritated stomach, and subsequently on a great amelioration in the quality of the gastric juice.

In anæmia and chlorosis, not complicated with dyspepsia, the advantage of this plan lies in the rapidity of formation of blood from the notably increased amount of food that the patient can digest.

I have made but very few trials—and incomplete ones—of this plan in cases of organic affections of the stomach. I cannot but think, however, that it deserves being tried in most of such cases.

Against the obstinate vomiting of pregnancy this plan has already been employed successfully by a number of physicians, and once by myself in a case which many modes of medical treatment had failed. —*Archives of Practical Medecine, January*, 1873.

A CASE OF DISEASE OF THE EAR. FOLLOWED BY ABSCESS OF THE BRAIN.

By Edward H. Clarke, M.D., Boston, Mass.

In the following case, the disease of the brain was probably the result of the inflammation of the middle ear, which attacked the periosteum of the tympanum. The inflammation then passed through that portion of the petrous bone lying near the upper wall of the tympanum to the dura-mater, and thence to the brain. The moisture and redness of the portion of bone described, and the adhesion of the dura-mater at that point, serve to mark the track of the disease.

This case illustrates the dangers attendant upon internal otitis, and the necessity of an early and vigorous treatment. If it had been possible to arrest the disease when it first attacked the ear, and before the bone, or rather the periosteum was invaded, the life of the patient would probable have been saved. Early and free leeching, with decided and continued counter-irritation, offer the greatest chance of safety in cases like the above.

The existence of so large a lesion of the brain without marked derangement of sensation or motion, is of considerable physiological interest. A portion of the right hemisphere, of the size of a hen's egg, was destroyed, without destroying motion or sensation of either half of the body. The slow pulse—48 in the minute—and the slow and intermittent respiration, which existed simultaneously for several days after the attack of April 5th, made me suspicious of disease of the cerebellum. The patient appeared as if the action of the heart and lungs was nearly paralyzed. At the autopsy the elevations of the medulla oblongata were flattened by the pressure of the abscess upon them, and this was the probable cause of the slow pulse and breathing.

The treatment produced no result except the important one of relieving suffering. It is very likely that the paroxysms of intense pain, which appeared periodically for a few days when the pulse and respiration were the slowest, and which were apparently controlled by quinia, would have subsided of of themselves. They were probably induced by an extension of the disease in the head, perhaps by the formation or increase of pus, and subsided as the brain became accustomed to the pressure. The bromide of potassium seem to control the restlessness and delirium in a marked degree.

A. T., an American lad, æt. 15, was attacked, while at school in the country, with severe otalgia of the right ear, during the last week in January, 1867. The pain was intense and persistent and according to his own report accompanied with tenderness and swelling of the right meatus, and pain in the ear with deglutition. He was confined to his bed for a week or more, and treated by a physician of the neighborhood. After a few days of suffering, the ear poured out a moderate discharge, and he obtained some relief. The relief, however was not complete, and he came to Boston for advice. I saw him on the 16th of Feb., 1867. He was able to come to my house. The hearing and appearance of his left ear were normal. His right meatus contained a moderate amount of purulent matter. The walls of the meatus were red, and the surface of the membrana tympani presented a radiated, red appearance. Inflation of the cavity of the tympanum through the Eustachian tube produced, momentarily, a sharp pain in the affected ear. He heard the ticking of my watch only when it was pressed on the ear. He was then suffering from otalgia, especially at night, so that his sleep was disturbed. Two leeches were applied to the orifice of the right meatus. He was directed to instil into the ear a solution of a grain of sulphate of atropia in an ounce of water every hour or two, if there was pain; the solution to be warmed before applying it. He was put on a restricted diet, and kept quiet. Counter-irritation by means of croton oil was kept up on the mastoid process, directly after leeching.

At the same time he was ordered the iodide of potassium internally. The meatus was syringed often enough to keep it clean. He gradually and steadily inproved. The membrana tynpani assumed a normal appearance, and the pain disappeared. By the 7th of March he heard the ticking of my watch two or three feet from his right ear. He slept and ate well, and complained of no pain or discomfort. Excepting weakness, he seemed to be well. During this apparent convalescence, he had three short attacks of severe pain in the right side of the head and

face. One took hold of the trifacial nerve, and yielded to the local application of aconite. Another seized the right supraorbital nerve, and yielded to veratria, not to aconite. The third attack showed itself back of the ear, and was accompanied with tenderness and swelling over the right mastoid process. This required leeching. All of these attacks were short, though severe. Excepting the weakness just referred to, he seemed to be fully convalescent by the 7th of March. On the morning of March 10th he was attacked, without apparent cause, with intense headache, intolerance of light and sound, nausea and frequent vomiting. His pulse soon became irregular, not intermittent, and feeble. His respiration was also slow, some times not more than eleven or twelve per minute. He had no cough. His respiration was vesicular. There was no tenderness over the liver or bowels. The latter were costive. The above symptoms persisted through the 10th, 11th, 12th, and 13th of March. They were apparently controlled, though not stopped, by the subcutaneous injection of morphia. During this period, he was supported by enemas of beef-tea. Every form of nourishment, liquid, or solid, that was tried by the stomach, he rejected. His pulse averaged about 60, though it was several times as slow as 48 and 50. The pupil of each eye acted normally. He had no delirium or intellectual disturbance.

The nausea began to abate on the 14th of March, and on the 17th he got and retained a little beef-tea with pepsin in it. He had a free dejection on the 17th after taking citrate of magnesia, the first for a week. He had another dejection on the 18th. At this time he seemed to be convalescing again. The intolerance of light had so far abated that he bore easily a subdued light in his chamber. He had no nausea or headache. He retained light food and took it with a relish; all opiates were omitted; and he slept quietly. During the night of the 19th he slept less easily than usual. Early in the morning of the 20th he complained of faintness, difficulty of breathing, and sharp pain in the back of his head and the upper part of his spine. These symptoms increased till they become violent, and were followed by delirium. One-fourth of a grain of sulphate of morphia was injected into his arm, and he became quiet in less than fifteen minutes, and fell aslep. Previous to the injection there was a return of nausea, vomiting, and intolerance of light and sound in addition to the other symptoms enumerated. When asleep, his pulse was 64 and regular, and his respiratory movements normal. He awoke, after sleeping several hours, in a much more quiet condition, without delirium or pain in his head or back. He still had frequent nausea, and was abnormally sensitive to light and sound. He was kept very quiet, put upon a diet of crust coffee with milk and lime-water, and ordered 20 grs. of bromide of potassium every four hours. His bowels were moved by enemas.

From this time he seemed to convalesce again. He got the bromide every four hours for three days, then every five hours for two days, then every six hours for two days and then twice in every twenty-four hours. His bowels were moved every other day. He slept an average of eight hours every night. His tongue, which had never been much coated, became clean. His diet was cautiously increased, and he was able to eat bread, meat, and milk. His appetite for hearty food was strong. Early in April, he walked moderately about his chamber, bore a sufficient amount of light, had a good pulse of 84, and complained of no sort of discomfort. He went to bed at his usual hour in the evening of April 5th, and went to sleep. A serenade from a band of music, under the windows of a neighboring house, which continued for about an hour, aroused him from sleep at 1 A.M. He soon complained of intense headache; in a short time he became delirious, and soon after began to vomit. He got 60 grs. of bromide of potassium in divided doses in the course of two or three hours, and then become quiet and went to sleep. He had a dejection during the day, ate every little, and by night was comfortable again. He went quietly to sleep in the evening of April 6th, and was awakened with intense headache and delirium at 1 A.M. of the 7th, almost exactly twenty-four hours after the previous attack. Presently he had nausea and then vomiting. His pulse was irregular and 48 in a minute. His respiration was also slow and abnormal (saccadé). I injected his arm with half a grain of sulphate of morphia and he directly fell asleep. Twenty grains of bromide of potrssium were ordered every four hours; a cathartic of citrate of magnesia, and a diet of gruel. He got a long and quiet sleep and awoke refreshed. His bowels moved freely. On the following morning he had another but less violent access of pain at about 2 A.M. After its subsidence the bromide of potassium was omitted and quinia was given. The first day he got 18 grs. in 12 hours without any subsequent tinnitus, and with a moderate paroxysm of pain at about 2 A.M. The next day he got 24 grs. in 12 hours, with slight tinnitus and no paroxysm of headache in the morning. After this the quinia was gradually diminished, and at the end of a week it was discontinued. The pain in the head did not return. From this time he seemed to improve again. He had a good appetite; ate freely of ordinary food; slept well; the action of bowels and kidneys was normal. He began to ride out, and about the 20th of April he went to his sister's house in the country, two or three miles from Boston. He often said that excepting weakness he felt perfectly well. He had not, at that time nor previously, any paralysis of sensation or motion. In two or three days, however, he began again to complain of pain in his head. At this time the pain came on in irregular paroxysms, and was not severe. He fell down once, while walking out, but got up again easily. He got quinia and bromide of potassium again but without relief. He referred the pain chiefly to the back of his head. It was accompanied with nausea and occasional vomiting. His pulse dropped from the neighbourhood of eighty to between fifty and sixty. His respiration was slow and irregular. He had no delirium, and the pupil of each eye acted normally. His urine was normal, and his bowels were moved sufficiently by an enema.

Indeed, throughout his whole sickness, a dejection rarely occurred except after an enema or a laxative. Soon after taking an enema, in the evening of April 25th, he apparently fell asleep, and died.

His death occurred about eleven weeks after I first saw him, and about fourteen weeks after the commencement of the difficulty in his ear.

Autopsy.—The head was examined thirty-six hours after death, by Dr. Calvin Ellis, who sent me the following report of the examination :—

"Dura mater much more vascular than usual. Arachnoid without the ordinary moisture. Convolutions of the upper surface of the brain flattened, as were also the elevations of the medulla oblongata. After the removal of the dura mater, the portion of the right hemisphere above the temporal bone bulged out in a remarkable manner, and was very soft to the touch. An incision showed white softening which extended nearly to the posterior part of the hemisphere, and quite extensively in all directions around an *abscess* situated above the petrous portion of the temporal bone, of sufficent size to hold about two ounces of thick pus. The lateral ventricles contained considerably more serum than usual. The septum lucidum and walls were softened.

"At the base of the petrous portion of the temporal bone, on the right side, the inner table, to a limited extent, was destroyed, and at this point the dura mater adhered. The cells in the interior of the bone contained more moisture than those of the opposite side, and had a reddish tinge. The tympanum and ossicula remained."

My own notes of the examination say that the portion of diseased bone above described was adjoining or nearly over the tympanum and that the aspect of the tympanum was healthy. The brain, except around the abscess, was normal.—*Archives of Practical Medecine, January*, 1873.

DAVIS ON FLUID EXTRCT OF CASTANEA VESCA (COMMON CHESTNUT) IN PERTUSSIS.

Dr. Thomas D. Davis (*Philadelphia Medical Times*, Dec. 28, 1872), whilst resident physician of the Philadelphia Children's Asylum, at the suggestion of Dr. Parry, treated fifteen cases of whooping cough with this remedy. The paroxysms were very severe in all the cases, and frequent in most (varying from five to twenty-seven in the twenty-four hours.) In four cases there was no whoop. The patients had been treated with belladonna, but this was discontinued two days, and every case became decidedly worse. They were then given the fluid extract of the common chestnut leaves, and each case decidedly improved on the first day of treatment. The characteristic cough ceased in one case on the second day, in four cases on the third day, in six cases on the fourth day, in ten cases on the fifth day of treatment; the paroxysms in the remaining four cases occurring only twice in three cases, and only once in two cases on this day (5th). 'The nurse in charge, who had witnessed many epidemics of this disease, declared she had never seen a medicine act like it.' The medicine is made from the leaves gathered from July to October, those gathered late in the season being preferred. The medicine may be administered as an infusion syrup or fluid extract. Dr. Gerhard, of Philadelphia, who highly praises this remedy, prefers the fluid extract made by Mr. John M. Maisch, from the following formula :—'Chestnut leaves dried' (why not from the fresh leaves ?) 'cut and bruised, sixteen ounces, glycerine five ounces, sugar eight ounces, and hot water a sufficient quantity; the extract to measure sixteen fluid ounces.' The dose is half a teaspoonful to a teaspoonful every three or four hours for a child six years old. This remedy is praised by Mr. George C. Close, of Brooklyn (*American Journal of Pharmacy*, 1863), by Dr. J. Unzicker, of Cincinnati (*Medical and Surgical Reporter*, Oct. 26, 1867), and by Dr. J. Ludlow (*Cincinnati Lancet and Observer*, March 1869, p. 147, and *New York Medical Journal*, April, 1869). Dr. Davis remarks that the cases were at their height at the time the remedy was commenced when an improvement might be expected, but he considers (no doubt correctly) that the improvement was too rapid to be owing to a natural decline of the disease; a conclusion confirmed by the fact that on discontinuing the belladonna every case grew worse, but immediately improved again on the employment of chestnut leaves. All the reported cases occured in the same epidemic during the winter of 1870. The chestnut leaves have been used for many years as a household remedy.

[Dr. Foster, of Huntingdon, and Dr. Howard Sargent, of Boston, recommend clover in whooping cough. Dr. Sargent gives occasionally through the day a wineglassful of an infusion made with two ounces of carefully dried blossoms of *red* clover steeped in a pint of boiling water for four hours. The mawkish taste is concealed by adding some liquorice root to the infusion. The writer employed this remedy during an epidemic occuring in a Yorkshire village in Aug. 1872 (an old hemiplegic man over seventy was attacked, and recovered, but he did not take this remedy), with decided success; afterwards he emyloyed an infusion and tincture made with the dried and fresh flowers in London with less advantage. Dr. Inman has suggested that locality may exercise an influence on the efficacy of remedies.]

FIBROID TUMORS OF THF UTERUS.

Alfred Meadows, M. D., London, England (*Am. Jour. Obstetrics*), in his "Remarks on the Diagnosis and Surgical Treatment of Fibroid Tumors of the Uterus," says that, having determined the situation of the tumor and its interstitial character, one is justified in attempting the removal of these tumors even though they be not intra-uterine or submucous, but are situated in the substance of the uterus itself, provided a proper canal be inaugurated. His plan is, first of all, to prepare the passages for the expulsion of the growth, and secondly, to detach the tumor from as much of its surroundings as possible, so that, by making of it a foreign body, nature may aid in its removal, as she would in the case of a dead fœtus or mole-pregnancey, or

even a uterine polypus. Lastly, when nature has been given fair play, the écraseur should come to the rescue and remove at once what might otherwise be the work of many months or years. He had recently under his care a case in which the tumor was completely embedded in the substance of the uterus, so much so that the os was not dilated in the very least and he had the satisfaction, after three or four operations, of completely removing the tumor, which was of the size of a small cocoa-nut. The patient is now perfectly well.

At the date of writing he had two other cases of the same kind but in both the tumor was much larger. He had commenced with the same plan of treatment in these, and he had every reason to believe that a cure would be effected.

The first step in the process is to prepare the passages for the removal of the tumor. For this purpose he recomends free division of the cervix uteri in one or more directions. The next step is breaking with the finger through the capsule, and little by little detaching the tumor from its bed. During the intervals efforts should be made, by the administration of ergot, borax, cinnamon, and other so-called oxytoxics, to secure contraction of the uterus so as to favour nature's method of expulsion. Galvanism is also another agent of great power in this respect, and a firm bandage is of service in cases where the tumor is large and projects well into the abdominal cavity. After the removal of these tumors, he advocates the subjoined after-treatment. The first thing to do is to secure firm contraction of the uterus after it is emptied of its contents. This is necessary not only to prevent hemorrhage, but also to avert the occurrence of septicæmia. The latter object will be still further secured by frequent injections of warm solutions of permanganate of potash, carried well up into the uterine cavity. In reference to medicines, he knows of none which are either useful or desirable, except it be opium, and this he regards as of a greater value than any or all other medicines put togather. He is also very partial to the employment of hot linseed and laudanized poultices to the abdomen in all cases of operations upon the uterus where there is a liability to pelvic or peritoneal inflammation.

TONIC TOOTH-POWDER

Triturate well together one ounce of pulverized Peruvian bark, one ounce of pulverized castile soap, and two ounces of the best prepared chalk. It may be flavored by adding a little of the oils of wintergreen and rosemary, with the latter in a very small proportion. The powder is not only good for the teeth, but also a preventive of, and a remedy for, spongy gums. Another very good tooth-powder may be prepared by the addition of one ounce of pulverized orris-root to the above. The addition of bole armenian to tooth-powders is only for the purpose of coloring them, and is not of the slightest benefit. The Peruvian bark will impart sufficient coloring to to this preparation.—*Physician & Pharmacist.*

THE RESUSCITATION OF ANIMATION IN NEWLY-BORN CHILDREN.

Dr. John Gregory, of Manchester, England, calls attention to two opposite conditions which he has found to exist in cases of suspended animation in the newly-born. In the first class the head appears to suffer from a redundancy of blood; and is most common when the head is born some time before the body, and the pressure upon the portion remaining in the uterus and the vagina causes an accumulation of blood to take place in the head. This variety is generally relieved by allowing a small quantity of blood to flow from the navel. The second variety is less commonly noticed, and is that in which the reverse takes place. In a breech presentation the head, being born last, is subjected to pressure which empties its vessels and produces anæmia of the nerve-centres of the brain and medulla. Such cases are quickly relieved by placing the child's head downwards, by which posture the return of the blood to the cranium is encouraged. It is his practice in the latter class of cases to allow the infant to hang head downward for about a minute at a time, and employ also friction of the back and nucha. In both varieties the postponement of respiratory movements is attributed by him to disturbance of the circulation in the medulla.—*The Doctor*

TREATMENT OF FIBROUS TUMORS OF THE UTERUS BY SUBCUTANEOUS INJECTIONS OF ERGOTINE.

—Subcutaneous injections of ergotine have been used already in various affections, particularly against aneurisms, by Langenbeck and Albanèse, and against hemorrhage (menorrhagia chiefly), by Ruben and Zente. Dr. Hildebrandt has gone further, and tried ergotine injections against fibrous tumors of the womb. He at first, however, had only made use of that means against the hemorrhage brought on by such a tumor. An unhoped for result crowned the treatment, as the tumor, which was very large, gradually diminished, and at last disappeared in about fifteen weeks. Except during menstruation, daily injections were made with 3 parts of ergotine dissolved in 7½ of glycerine and 7½ of water. The amount injected was the whole of a Pravaz syringe. In five or six other cases the treatment was nearly as successful. In two cases, however, symptoms of poisoning by ergotine occurred, and the treatment was abandoned. These results are very remarkable indeed, and fully deserve the attention of surgeons. (*Berliner Klinische Wochenschrift*, June 17, 1872.)

HYDRATE OF CHLORAL IN INCONTINENCE OF URINE.

Dr. Girolamo Leonardi has found chloral a most valuable remedy in nocturnal incontinence of urine. The dose for children is from five to ten grains taken in water before going to bed. For adults the dose is proportionately larger. The treatment has been successful in all of his recorded cases. The remedy must be repeated for several successive nights.— *La Sperimentale*, April, 1873.

INFANTILE DIARRHEA.

At the Harveian Society on Feb· 20th, 1873, Mr. H. Cripps Lawrence read a paper "On Some Forms of Infantile Diarrhea."

Adopting the classification of Copland and West infantile diarrhea was considered under the forms of bilious, serous, mucous, and lienteric, and as presenting a non-inflammatory, or an inflammatory dysenteric type. Reference was made to the above in relation to clinical experience, pathological teachings, and the results of therapeutical agencies.

Clinical Experience.—Several clinical symptoms were noted, and the author pointed out how fully they established the multiform nature of the disease. The necessity for a careful study of the symptoms in every case was considered essential to the comprehension of the etiology of the malady. The etiology was treated of, in reference to the diarrhea which precedes, accompanies and succeeds weaning.

Clinical Symptoms.—Copland suggested that irritation of the duodenum in the vicinity of the common duct may act as an exciting cause of vinous diarrhea in infancy; the author believed that in some cases the coagulated casien of undigested milk may prove a sufficient origin for an irritation. Another practical point referred to was the value of nature's indication for rest in relation to thirst in severe diarrhea. The infant refuses to suck, probably because the act induces increased peristaltic action in the intestines associated with pain, while small quantities of cold water given by the spoon are relished. The initial system of most importance to the disease was considered to be vomiting; much value was attached to the initial symptom in disease, and the author referred to the late Professor Niemeyer's paper on the symptomatic treatment of cholera. To support this view he drew a parallel between the symptoms presented by severe cases of infantile diarrhea and those of cholera, attributing the similarity in the symptoms to the implication of the ganglionic system.

Pathology.—The intestinal lesions which occur in two forms of infantile diarrhea were compared.

I. In cases of atrophy with diarrhea, from improper feeding, resulting in virtual starvation.

II. In inflammatory dysenteric diarrhea.

In the first cases, the disease in the colon is trival and secondary to the serious changes in the small intestine. In the second class, the small intestines are secondarily affected, and the changes in them subsidiary to serious disease ln the colon, lower part of the sigmoid flexure, and rectum. Complete examinations are necessary, as medical men may have to give evidence in relation to many cases in connection with the Infant Life Protection Act, and the different medical evidence would be mainly based upon the pathological condition present as to whether an infant had died from starvation or diarrhea.

Treatment.—The treatment of infantile diarrhea was discussed as it attacks:—1. Infants at the breast. II. At the time of weaning. III. In the inflammatory or dysenteric form.

Vomiting was an initial symptom of note; it should be arrested, as its persistence keeps up increased peristaltic action in the intestines.

I. *At the breast.*—Cold induces the serous and bilious forms. The body should be kept at rest in this and in all forms, the circulation gently restored, abstention from the breast being necessary when the milk is vomited curdled and bile-stained; barley-water or plain water to be given by the spoon till the sickness abates, then small quantities of milk and lime-water, milk and soda-water; and later on, the breast milk with a few drops of brandy; and ultimately, suckling may be renewed. The coagulated masses of casien should be allowed to be rejected, before attempting to allay the vomiting, and a small dose of grey and rhubarb powder should precede the astringent treatment of these forms of diarrhea. Laxatives are inadmissible. When infantile diarrhea is epidemic, isolation or removal of the infant becomes necessary.

Maternal influences inducing diarrhea must be combated. Mental anxiety by consolation; too high living by moderation; too spare a diet by a more generous one. Colic and diarrhea in the mother require laxative or astringent remedies combined with antispasmodics and carminatives—an addition too often omitted. Abstention from the breast is necessary for a few hours.

If the breast milk of the mother totally disagrees, a wet-nurse or artificial feeding will become requisite.

II. *At Weaning.*—Diarrhea ablactatorum assumes a mucous or serous form, and requires an alterative and sedative treatment—*e. g.*, grey and Dover's powder, preceded by a laxative if necessary.

The gums need only to be lanced if they become tense and inflamed; rubbing the gums with iced water generally relieves ordinary tension. Refrigerant salines, the warm bath, followed by grey and Dover's or the compound antimonial powder in proper doses, generally suffice to check this form of diarrhea. For sour-smelling evacuations Vogel recommends that the milk be alkalinized by a weak solution (℥ j ad fl ℥ vi) of carbonate of soda.

III. *Inflammatory Diarrhea.*—Depletion, but seldom necessary, by leeches to the arms. Warm linseed-meal poultices to be applied every three hours. In this form, the late Dr. Baly found castor oil with a few drops of laudanum very useful. The above failing, enemata of mucilage or cold starch with a drop or two of laudanum are required.

Extreme irratibility of the stomach requires a mustard plaster to the epigastrium, small doses of calomel and opium, low diet, bland fluids in small quantities. Irritability of the nervous system induces an hydrocephaloid condition, requiring support and sedatives.

Stimulants become necessary after the acute symtoms subside; and brandy given in definite quantities diluted with milk should be given in doses of not more than five to ten drops in a tablespoonful or more of alkalinized milk, to an infant under one year

of age; the frequency of its repetition depending on the effects produced.

Enemata should not exceed from two to four drachms in bulk, and Vogel uses tin syringes, like urethral ones. The introduction of the enema and the removal of the pipe should be very gradual.

Dr. Niemeyer's treatment of the asphyctic stage of cholera* with some modifications might be applied to some cases of inflammatory infantile diarrhea.

Pepsine wine, in doses of one or two teaspoonsful thrice daily, as recommended by Dr. Davidson,† and jalap powder will be found useful in diarrhea arising from feeble digestive power.

During convalescence the feet should be kept warm by wollen socks, and a flannel abdominal belt be worn constantly while any diarrhea remains.—*London Obstetrical Journal.*

CAMEL-HAIR BRUSHES FOR THE CLEANSING OF WOUNDS.

At a recent meeting of the Clinical Society of London, Mr. Callender brought to the notice of the Society the methods he had adopted in his wards at St Bartholomew's for the dressing of wounds. By the use of brushes, the cleansing of a wound is not a painful process. A further recommendation is that the employment of sponges and other materials commonly used for cleansing wounds, and which some surgeons believe to be a frequent cause of the passage of the infectious material from one patient to another is thus done away with.

INFLUENCE OF BELLADONNA ON SWEATING.

In some interesting communications to *The Practitioner*, Dr. Sidney Ringer brings forward an abundance of evidence to prove that belladonna and its active principle are able to check and prevent sweating, whether the result of disease or induced by exposure to an elevated temperature. In the former case his observations enabled him to conclude that one two-hundreth of a grain of atropia injected under the skin is generally sufficient to check sweating for one night. This dose produces dryness of the fauces, but does not dilate the pulpils. Stramonium, it was found, is able to exert the same influence.

HOW TO REMOVE ADHESIVE PLASTER.

Every surgeon, doubtless, is familiar with the appearance of a part which has been enveloped in adhesive plaster, after the straps have been removed. The appearance is not one in very good keeping with a cleanly and neat surgical dressing, The portion of the plaster which is left adhering to the skin may be quickly and completely removed by the use of oil of turpentine and sweet oil. Use a little more than half turpentine. This compound, carefully rubbed over the parts with a bit of cloth or sponge, and then washed off with warm soap-suds, will leave the surface as clean as nature ever intended.—*N. Y. Medical Record.*

* "On the symptomatic treatment of cholera." Translated by Dr. W. P. Latham, Bell and Datoy.

† *Practitioner*, March, 1872.

FORMULA FOR HEADACHE FOLLOWING ALCOOLIC DEBAUCH.

WRIGHT'S.

Take of Solution of acetate of ammonia,
tincture of bitter orange-peel,
syrup of bitter orange-peel, aa ..... 20 parts.
Water ..... 500 "

S. To be given in repeated tablespoonful doses.—*Revue de Thérap. Med.-Chir.*

LAXATIVE PILL.

R Ext. aloes pulv	oz. ss.
Gambogiæ	dr. i.
Rhei pulv	dr. ss.
Olei cinnamom	gtt. xx.

Make 120 pills.

The above is the favorite laxative pill of a distinguished lecturer and practitioner.—*Geor. Med. Comp.*

ERGOTINE AS A HÆMOSTATIC.

C. H. Boardman, M. D., St Paul, Minn. (*Northwestern Med. and Surg. Jour.*,) speaks highly of ergotine, hypodermically given, in an obstinate case of placenta prævia, after all other remedies had failed. For a period of two weeks, the perils incident to this grave condition were averted, and the patient brought safely to within a fortnight of her full time.

BORACIC ACID AS A PRESERVATIVE FOR MILK.

According to A. Hirschberg (*New Remedies*), the addition of 15 grains of boracic acid to two pounds (equalling a quart) of milk will keep it sweet in hot weather for five days. The usefulness of the milk is said not to be impaired, but the cream rises more slowly than normal.

NEW OPERATION OF THORACIC PARACENTESIS.

DR. T. J. MACLAGAN proposes, in the *British Medical*, the following method of performing thoracic paracentesis :—

In performing the operation, I would simply carry out Mr. Lister's instructions for opening a psoas abscess. A filtered solution of carbolic acid, of the strength of 1 in 100, should be put in the spray-producer, and the spray kept playing around the part at which the opening is to be made. The usual precaution should be taken of first inserting a grooved needle or small trocar and canula, previously dipped in carbolized oil [1 of carbolic acid to 7 of olive oil]. The surgeon being satisfied as to the proper part for the incision, a free opening should at once be made into the pleural cavity by means of an ordinary bistoury, also previously dipped in the carbolized oil. The spray, of course, must be kept constantly playing over and around the wound, not only during all this time, but also while the fluid is running away, and must be continued till the dressing is applied. The best dressing is Lister's antiseptic gauze. A strip of this should be cut and folded so as to form a square of six or eight inches; eight,

twelve or sixteen layers may be used according to the amount of anticipated discharge; this should be applied over the wound as soon as the fluid is all away; until it is applied there should be no intermission in the play of the spray around the wound. If it be considered desirable to wipe the side before applying the dressing, this should be done with a cloth dipped in a solution of carbolic acid twice the strength of that used for the spray. A piece of some waterproof material should be applied over the gauze, and the whole fastened round the chest. The dressing should be changed on the following day, and afterwards every second, third or fourth day, according to the amount of discharge. If it be desired to keep the wound open, this may be done by inserting a bit of antiseptic gauze between its edges. The spray must always be kept playing on and around the wound while the dressing is being changed.

The chief advantages of the above mode of treatment are: (1) that the withdrawal of the fluid is effected more speedily and efficaciously than by any other mode; (2) that there is no trouble either to physician or patient, with drainage-tubes or other inconvenience; (3) that the entrance of air, with whatever germs or other ingredients it may happen to contain, is efficiently guarded against; and 4 that the patient need not be confined to bed, but may even take open air exercise before the wound is closed (if his general state permit it) without interfering with the efficacy of the treatment. In some cases this last recommendation is one of great importance.

TODD ON ABLATION OF A CANCER OF THE NECK OF THE UTERUS IN A PREGNANT WOMAN.

Dr. Walton Todd (*Pacific Medical and Surgical Journal*, Dec. 1872) thinks that the dangers of operation on the gravid uterus have been exaggerated. He relates a case of a woman, aged thirty six, suffering from cancer of the posterior lip when two months pregnant. There was considerable hæmorrhage, which was arrested by a tampon of perchloride of iron. In spite of the complication of erysipelas of the face, she recovered and went to full term, and was confined naturally of a healthy child. The urgent reason for the operation was the intense pain in the hip and abdomen, which disappeared after the amputation of the neck.

THE REGULAR PROFESSION IN PHILADELPHIA.

The *Philadelphia Medical Register* states there are in that city 699 regular physicians; of these, 50 are on the retired list.

THE CAUSE OF COLLAPSE IN DIPHTHERIA.

Professor Molser, of Greifswalde, has published two cases of sudden collapse during apparent recovery from diphtheria. They give a somewhat different theory for the cause of death than has been urged by Trousseau. In fact this complication is barely mentioned by the latter author. Niemeyer describes such cases as those whose general condition has not excited much apprehension, or, in fact, has been regarded as satisfactory, until without warning of any kind, they fell into a collapse. In other cases still profound syncope has occurred a number of times, at last ending in death.

A great deal of discussion has taken place with regard to the implication of the nervous system in the pathological changes, but in many cases no lesion whatever could be discovered. Wagner was the first to call attention to the fact that in these cases there was usually some change in the muscular tissue of the heart.

In the two cases cited by Mosler collapse was sudden and unexpected, the first taking place on the fifteenth, and the second on the fifth day. In both of them the walls of the heart were found dilated, and the seat of fatty degeneration. The trabeculæ in each case were flattened down.

The author makes the practical deduction that this demonstrates how necesssary it is to adopt a tonic and stimulant method in treating this disease.—*Archiv der Heilkunde*, 1873.

THE MEDICAL RECORD of London has changed its name to *The London Medical Reeord*. This is as it should be, There will now be no danger of confounding one journal with others of a similar name.

LEGAL INTELLIGENCE.

SUPERIOR COURT, MONTREAL.

May 31, 1873.

BEFORE JUDGE JOHNSON.

BOWKER *vs.* BEERS.—The parties are both dentists residing here; and the Plaintiff brings his action against the Defendant for having, with intent to injure the Plaintiff in his character personally and professionally, written and published in the March number of the *Canada Journal of Dental Science* certain commentaries on another article that had appeared in the January number of the *Canada Medical Journal*, signed by the Plaintiff. The *Canada Journal of Dental Science* is printed at Hamilton, in Ontario, but the publication by Defendant in Montreal is what is complained of in the present case, and it is proved that the *C. J. of Dental Science* was circulated here, and received by five witnesses, and also that the Defendant is one of the editors and publishers of it. This is all there is as to the fact of publication here. What is in issue under the 2nd plea, and under the circumstances, I hold it to be enough.

1st. The Defendant, by his plea, admits that he wrote the article complained of, and said that it was partly provoked and called for by the previous production of Dr. Bowker, to which it was an answer. The subject of this controversy was the use of amalgam by dentists for filling cavities in the teeth, and the Plaintiff commenced the discussion in the *Canada Medical Journal*. It cannot be said that it was not a fit subject for discussion in the interest of dentists and of their customers. The only ground of

complaint could be that the discussion was not conducted in a fit and proper manner, that the dispute ceased to be scientific and became personal.

The Plaintiff in the arricle that called forth the one complained of by his action had a perfect right to condemn the use of amalgam.

He used that right, but unfortunately he did not stop there. After exposing its noxious properties and effects, he says: "The question is often and naturally asked why this amalgam is so generally used by a certain class of dentists." The answer can be found in one or all of the following explanations:

1st. The cheapness of the material.

2nd. The ease and facility with which it is used, for it can be put into the most difficult cavities with as much ease as so much putty or wax.

3rd. It makes up for the want of skill and ability to use something better.

4th. From ignorance or the want of honesty.

The Defendant replied to this article in the *Canada Journal of Dental Science* in the same temper. Not content with refuting that part about the amalgam in point of fact, he says: "Dr. Bow-"ker, you are an imposter; you yourself use this "very article which you condemn in others." Now this is a libel like the first; but the first was a libel on the profession, while the second is one on Dr. Bowker. If he had considered himself libelled as a member of the profession, Beers might have sued the author, but he did not do so, but he libels again. It is to be observed that he is charged witn a *wanton* and *malicious* libel. Now it cannot be considered such, but was written under provocation, and not wantonly or maliciously. This will go in mitigation of damages, which I have placed very low. Judgment for 50 shillings damages and costs of an action of the lowest class in the Superior Court. *A. & W. Robertson* for Plaintiff; *Carter & Keller* for Defendant.—Montreal *Herald.*

THE CANADA MEDICAL RECORD

A Monthly Journal of Medicine and Surgery.

EDITOR:

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

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MONTREAL, JULY, 1873.

NURSES.

Montreal is sadly in want of good nurses, and there is no good reason that such should be the case. Not only is there a want of trustworthy monthly nurses, but also of those who should attend the sick. A nurse that attends a fever case, or a patient suffering from a sharp attack of any disease, should not take charge of a child-bed patient; nevertheless, such is frequently done in this city, although both patient and medical attendant have been entirely ignorant of the fact. Not long ago, we were asked by a nurse already engaged for an accouchment case, to be allowed, in the meantime, to take charge of two children suffering from scarlet fever.

We do not wish to infer there are no good nurses in Montreal, but they are very few, and, as a consequence, are always engaged.

A nurse not only requires to have intelligence, kindness and firmness, but she should be a good cook as well, a good cook for the sick and to be able to attend to her own duties without setting all the servants of the house "up in arms" against her. Until lately we thought the race of Sairey Gamp and Betsey Prig were extinct, but it was our misfortune to engage one who was highly recommended, and we discovered, to our disgust, that a little flask she carried about her was better attended to than our patient. She was a generous nurse, however, and rather an improvement on Sairey and Betsy, inasmuch as often as she partook of the contents of the flask, our patient was invited to do the same, and when told it was contrary to the doctor's orders, her answer was, "drat the doctor, he is only a young man and has no experience. I am an old woman, and have seen more babies born than he ever will." It is needless to say, our nurse was relieved of her duties, and allowed the liberty of offering her hospitalities to others.

There are many poor respectable women in Montreal who are quite capable of becoming excellent nurses, if they only had the training, and there are institutions in the city quite capable of affording them that training, if it were only brought before the authorities in the proper manner, and their co-operation asked. If this were done, the profession would be supplied with trustworthy nurses, both for the sick and their lying-in cases, and a means of livelihood offered to many a deserving person.

Dr. Thynne remarked, "that nurses, like poets, were born, not made," but a woman, if not born a nurse, by education can always be made one.

Montreal is large enough to support a training institution, and all that is wanted is a commencement to be made. An association could be formed of ladies and medical gentlemen, under whose government the institution could be placed.

No better plan could be followed than to copy the St. John's House institution of London. It is now almost self-supporting, and in a very short time such would be the case here.

Probably the gentlemen who are interested in the Western hospital will see the propriety of having such an institution attached to it.

BRANT MEDICAL ASSOCIATION.

The usual quarterly meeting of the "County of Brant Medical Association," was held in the Kerby Hotel, Brantford, on Tuesday, June 3rd. There were present Dr. Henwood, President; Drs. Griffin, Bown, Marquis, Philip, Lawrence, Cooke, Hipkins, Clarke, Teghart, Cole and Burt. There were also present as visitors: Dr. Ker, Galt; Dr. Bingham, Ayr; Dr. Jones, Hagersville; and Dr. Turnbull. The minutes of last meeting were read, and on motion confirmed with the additional clause in the following words, which was moved by Dr. Griffin and seconded by Dr. Lawrence, and carried, "it being understood, however, that this association did not at its last meeting intend to oppose the whole medical bill, but *chiefly* that part referring to the mode of levying the assessment."

Dr. Kerr, of Galt, gave an interesting description of a remedy introduced by himself many years ago, and which he and many other medical men had used with great success in dysentery and other affections. The ingredients and its Physiological action were explained at length, and which may be fully seen in an article by him in one of the numbers of the Glasgow Medical Journal for 1864. On motion, the thanks of the association were tendered to Dr. Kerr for his communication.

Dr. Jones, of Hagersville, was balloted for and accepted as a member of the association.

Dr. Philip read a paper upon cerebro-spinal meningitis, detailing the principal features of the disease as it manifested itself in Brantford and neighborhood, where it has prevailed to a considerable extent during the past four months. An interesting discussion ensued in which Drs. Henwood, Griffin, Bown and others took part, and detailed the result of their observations and mode of treatment.

A morbid preparation on occlusion of the posterior cerebral artery was shown by Dr. Clarke of Paris, but from want of time he deferred giving the history of the case which occurred in his practice until the next meeting of the association. Dr. Griffin reported the success which had been obtained by the Committee in carrying out the project of establishing a public dispensary for the sick poor of the town of Brantford. The Town Council had been generous in appropriating the necessary funds, and it would be in full operation on the 1st of July. The Committee appointed at last meeting to draw up a tariff of fees to be submitted to the association for adoption, was requested to postpone reporting until next meeting. After the transaction of some routine business, the association adjourned to meet again on the first Tuesday in September.

CERBRO-SPINAL MENINGITIS.

Dr. Perrigo of Montreal, reports having successfully treated a case of cerebro-spinal fever with Quinine and Tincture of Sumbul, while at the same time the bowels were kept rather loose. He has noticed that all those cases, in the present epidemic, where the bowels were kept well open either by the attendant or by the peculiarity of the case, have made good recoveries. He considers Sumbul equally good as a nervine stimulant with Musk, while at the same time it is not so liable to irritate the stomach. Sumbul is also more likely to be had pure, while it is very questionable whether any unadulterated Musk is in the market on this continent.

Dr. Perrigo merely mentions the fact of his having used Sumbul in this case, with the hope that some of the older physicians may be persuaded to give it a trial in their more extensive practices, and, some day, give the profession the benefit of their experience. Thirty minims of the Tincture along with one grain of Quinine was given every three hours.

Dr. Perrigo had another case, an infant of seven months, that died, where the same treatment was tried, but it had no fair trial as the parents were wretchedly poor and perfectly indifferent whether the child lived or died.—*Com.*

PERSONAL.

We are informed that Dr. Henry Nelson (cousin of Dr. Wolfred Nelson), after seventeen years practice in California, intends returning to Montreal and continuing his professional duties here.

Dr. André Latour, assistant Demonstrator of Anatomy in Bishop's College, left in the steamship of the 21st of June for Europe.

TO OUR SUBSCRIBERS.

With this number of the *Record* its first volume is completed. The experiment which we have made was a bold one—involving pecuniary liability to a considerable amount—but we felt convinced that the profession would sustain a journal more after the style of those published in London and New York

than any hitherto issued in Canada, and the result has fully proved the correctness of our belief. Commencing with a comparatively small circulation, and without any effort on our part, for we have not obtained a single subscriber through a paid canvasser, we close the volume with a *bona fide* list of subscribers almost four times as large as had the *Canada Medical Journal* when it ceased to be published, one year ago. We circulate in every Province in the Dominion, also to a limited extent in the Western States (among Canadian graduates) and along the border States. We hope to make the next volume even more practical than the present one, and earnestly solicit contributions of any kind from our friends. The title page and index for the present volume will be sent with the next number.

A few of our subscribers have not yet paid their subscriptions. We enclose accounts in this number, and respectfully ask for a prompt reply.

TO CORRESPONDENTS.

With our next volume we will commence a column "Answers to Correspondents," in which we will be happy to answer any enquiries that may be put to us.

Reviews.

Clinical Lectures on various Important Diseases; being a collection of the Clinical Lectures delivered in the Medical Wards of the Mercy Hospital, Chicago. By Nathan S. Davis, A.M., M.D., Professor of Principles and Practice of Medicine, and Clinical Medicine, in Chicago Medical College. Edited by Frank Davis, M.D., Chicago: J. J. Spalding & Co., 158 Clark Street, 1873.

This little work is made up of Clinical reports which appeared in the columns of the *Chicago Medical Examiner*. We have read the book nearly through, and can recommend it to our readers as one in which they will find a number of useful and practical hints. It is by no means an exhaustive treatise on Clinical medicine, but consists of lectures on a few of the more important diseases met with in hospital practice. The lecture on cerebro-spinal fever is especially interesting in view of the present epidemic of the disease in this city, and from the fact of the author's having passed through an epidemic in Chicago, during the months of February, March and April, 1872, witnessing forty cases in his own practice, besides a number of others in consultation with other medical men. Four-fifths of the cases witnessed by Dr. Davis were among the poor and laboring classes of the city. Of the forty cases six were adults, between the ages of twenty and thirty years; ten between five and fifteen, and twenty-four between six months and five years. Like almost all observers Dr. Davis has been unable, in the course of his experience, to gather any evidence of the infectiousness or communicability of the disease. The lecturer ventures the following with regard to the pathology of the disease: "I have been led to regard the disease as consisting in an exaltation of the susceptibility or irratibility of the structure of the cerebro-spinal axis, including the whole base of the brain, with diminished tonicity or contractility of the blood-vessels. If the alteration of the property of susceptibility is intense, and extends directly to the centre of the excito-motory system, it cuts short life very speedily—sometimes in a few hours—without leaving visible alterations in the brain or its membranes. But if the morbid action be less intense, or involve less directly the chief excito-motary center, in the medulla oblongata, life may be prolonged until either recovery takes place or the vascular engorgement ends in effusion of serum, &c."

Dr. Davis' treatment of the first few cases which occurred to him consisted in the application of leeches to the temples and mastoid processes; cold to the head; mild cathartics; full doses of bromide of potassium, aided by chloral at night to procure sleep. His experience of these modes of treatment was decidedly unsatisfactory. He then bethought himself of the beneficial results obtained from the use of Calabar Bean in tetanus, and other forms of muscular rigidity from irritation of the mucous centres, and resolved to try it in this disease. The result, in a number of cases, was apparently quite favorable. If the author's views of the pathology of the disease be correct, we should expect that remedies which diminish nervous excitability and increase vascular tonicity, to exert the most favorable influence over the active stages of its progress. Such medicines are calabar bean, cannabis indica, gelsemium, ergot of rye, bromide of potassium, etc. Dr. Davis' experience is adverse to the use of opium and quinine in the active stages of the disease.

The two lectures on the summer complaints of children are specially worthy of being read by the medical men of this city at this season of the year, as the author's experience of the extraordinary prevalence of these complaints in Chicago during summer is similar to our own.

The following are a couple of Dr. Davis' precriptions for this complaint:—

℞	Acid Carbolic crept. .	grs. iii.
	Glycerin. pur. . .	℥ ss.
	Tinct. Camph. Co. .	℥ j.
	Aquæ . . .	℥ iss.
	Mix.	

Sig. Give twenty drops every half-hour until the vomiting ceases, then extend the time to every two hours.

R.	Hydr. Chlor. Mit .	grs. iv.
	Pulv. Opii . .	gr. i.
	Sacch. Alb. . .	grs. xxx.

Mix and divide into eight powders.

Sig. One every eight hours.

Dr. Davis frequently adopts the method in these cases of giving anti-emetic medicines immediately after each act of vomiting. He says: "The rule to give whatever medicine is designed to suppress the vomiting, in small doses, *immediately* after each act of vomiting, is one of much practical value. Vomiting is an act that cannot be perpetuated continuously, but must always occur in paroxysms, with an interval of greater or less length between them. Hence, if a dose of medicine is swallowed immediately after a paroxysm of vomiting, it will remain in contact with the mucous membrane of the stomach a few minutes, at least, before another effort at vomiting can be performed. During these few minutes, if the medicine is soluble, or already in solution, it will gain some effect, both on the nervous filaments and the capillaries of the mucous membrane; and a repetition of the dose immediately after each paroxysm of vomiting will soon accumulate an effect sufficient to destroy the morbid sensibility, and consequently stop the vomiting. But if we follow the wishes of the patients, and the inclinations of almost all nurses, by withholding the medicine after vomiting until the patient has rested a little," that little period of rest is just sufficient for the muscular coat to regain its contractility, and the mucous coat to pour out a new supply of serous fluid, and consequently the patient is all ready for another paroxysm of vomiting. Now, if the dose of medicine is administered, in nine cases out of ten it will be rejected almost as quick as swallowed, and the effect is lost." Dr. Davis advocates the same method in the use of enemata for the suppression of diarrhœa or dysentery. They should be administered as soon as possible after the bowels have been moved, while the rectum is empty. If we delay in giving the enema, more mucous or serous fluid will have accumulated in the bowel, and the more readily will its introduction be followed by immediate expulsion.

In cases of arrest of the secretion of urine as so often occurs in these cases of diarrhœa in children, the author recommends a combination of small doses of sweet spirits of nitre and the acetate of potash.

Dr. Davis' prescriptions in this book contain a number of medicines which are rarely, if at all, used by practitioners in Canada. Such are phloridgine (an astringent tonic derived from the bark of the apple-tree), cimcifuga rocemosa, gelsemium, sempervirens, etc. It is, perhaps, a matter for regret, that we are so conservative, and neglect to use medicines, the value of which, in proper cases, seems amply proved by the testimony of able observers. Having noticed some of the merits of this little book, it behoves us to speak of some grave defects.

A slovenly style is noticeable in many parts of the book, especially in the various formulas given, scarcely one of which is correctly written. There is hardly a prescription in the book in which the Latin names of some drugs, and the English names of others, are not jumbled together promiscuously. Thus, on page 163 will be found the following:—(we give the formula literally.)

R—Ol. Terebinth .		ʒ ii.
Ol. Wintergreen .		20gtts.
Tinct. Opii . .		ʒ ii
Pulv. Gum. Arabic White Sugar	} *aa*	ʒ iv.
Rub together and add water		℥ iii.
Mix.		

Again, on page 158, we find

R. Quinia taunate .		4 grs.
Pulv. Opii .		1 gr.
Saccharum *Alba* .		20 grs.

We had always thought that the Latin substantive *saccharum* was neuter and must have an adjective to agree with it in the same case. Not so, Dr. Davis, apparently, for the same error occurs throughout the book wherever the word is used. For these defects, of which he seems conscious, the editor tenders the very lame apology that the lectures were not given in one consecutive course, and reported by one amanuensis, but were delivered as parts of several annual courses in the hospital wards. We have, however, done with fault finding, and would only say to our readers, in conclusion, get the book by all means, it will repay a perusal.

A System of Oral Surgery, being a consideration of the Diseases and Surgery of the Mouth, Jaws and associated parts. By JAMES E. GARRETSON, M.D., D.D.S., Oral Surgeon to the Medical Department of the University of Pennsylvania. Illustrated with numerous steel engravings. Philadelphia: J. P. Lippincott & Co., 1873. Montreal: Dawson Brothers.

This volume has been on our table for several months,, and we have purposely delayed noticing it in our columns, for the reason that soon after its receipt we observed in a cotemporary, a somewhat severe criticism of it. We were desirous of having ample opportunity to examine the volume, and so ascertain whether the strictures we have referred to were correct. This we have now done, and while we cannot but say that the volume is not as original —especially in illustrations—as we would wish it to be, yet it is an exceedingly valuable contribution to a special and extremely interesting department of surgery, and is not, in our opinion, deserving of the remarks we have referred to. There is, on the part of many, strong objections to dividing the work of the profession into so many separate branches; still there is no question that the tendency of the age is to specialties, and, oppose it as we may, this tendency, in our opinion, will increase. Believing this, as we do, we feel that this book is calculated to give information on a class of surgical diseases, concerning which there is, among many, comparatively little known. Dr. Garretson thus explains the object he has in view: "The author has had continuously in his mind the recognition of the important fact that in no department of medical science has there existed a hiatus, such as that found to day, between general Surgery and Dentistry—a lacking span truly in the bridge of practice. A patient with an oral disease of any complexity, trusting himself to the average dentist, meets with disaster, because of the absence of surgical knowledge and skill. Approaching from the side of medicine, he suffers alike from the want here of a special character of information, which has hitherto been looked upon as having alone relation to a speciality. To bridge this gap, by supplying the lacking span, has been the life-long labor of the author. * * * * if the dental practitioner learn from it that an acquaintance with the principles of medicine is necessary to the comprehension of oral surgery; and, on the other hand, if the general practitioner be led to perceive the necessity for a familiarity with that which hitherto has been deemed to belong exclusively to the province of the dentist, that both may realize that oral surgery is a speciality, to which no man may bring learning and skill which shall not find abundant opportunity for their highest expression." Who will deny that this object is not a worthy one, and although, in some respects, there may be room for a hypercritical reviewer to pluck holes, we look upon the volume, taking it altogether, as one well calculated to help on the desire which is expressed in the quotation we have made. The book is elegantly got up, and would make a handsome and useful addition to the library of any physician or dentist.

Reports of Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

At a meeting of this Society held on the 13th June, Dr. Howard gave an interesting paper on a few cases of Uterine Fibroids, that had occurred in his practice.

The first case was that of a woman, aged 30 years, where the growth was accompanied by severe hemorrhage and prostration. Iron, ergot, and injections of iodine, (as recommended by Dr. Savage,) failed to arrest the bleeding. The removal of the tumor was effected by passing a tape over it, and snipping through the base with a scissors. No serious after results occurred, and the patient made a good recovery. The growth was found, upon examination, to be very dense.

Case No. 2.—Patient aged 49, and married twelve years. Had long suffered from profuse menstrual flow and metorrhagia. Of late the flow was more severe, and failed to be arrested by astringents.

On examination a pear-shaped tumor was easily detected, pressing on the internal os.

This tumor was removed by an ecraseur.

Considerable hemorrhage followed its removal, which was checked by cold water, solution of perchloride of iron, and finally arrested by tampon.

The woman made a good recovery, without any serious drawback.

No. 3.—This case was very similar to the last. The woman had borne six children, the youngest now six years of age. Ergot and aromatic sulphuric acid checked the flow of blood, and allowed time for the polypus to pass into the vagina, where it was easily removed by the ecraseur. The pedicle was the size of a finger. The fourth day after operation had rigors, which were followed by fetid discharge from uterus. Under tonics and disinfectant injections the patient soon made a good recovery.

Case 4.—Sterile and long suffering from menorrhagia. On examination found two small polypii of nabothian glands, a little larger than a grain of wheat. These growths were removed by the scissors without difficulty; but were followed by an attack of pelvic cellulitis. The woman, however, recovered, and subsequently was under Matthew Duncan's treatment for similar growths, and with similar untoward after results.

Case 5.—In this case the patient had enjoyed good health up to December, '72, when she fell down stairs. Had head-ache, pains in back, &c., when, after a few days began to bleed freely. Was pale and weak.

On examination found neck of uterus obliterated; the os thin and dilated, which allowed the finger to pass without difficulty and feel the polypus. About the middle of January, the os being well dilated by sponge tents, the ecraseur was applied and a sessile tumor was divided at its base, which, however, necessitated division of the cervis before it could be removed from the uterine cavity. An attack of erysipelas of right side of face followed, but without any uterine complications, and patient was soon well.

Case 6.—Aged 30 years. Sterile; os enlarged and patutous. Tents were introduced, and after dilitation had been effected, a fibroid was felt projecting into cavity of uterus. The tumor was enucleated by the finger and removed by the vulsillum without any bad after results. The growth was the size of an egg, and imbedded about three-fourths of its extent in walls of uterus.

Case 7. Patient aged 36, sterile, and subject to profuse flows of blood. On examinatiou several fibroids were felt, some outside and some inside of uterine walls.

Gave ergot and iron, and used injections of solution of iodine, as recommended by Dr. Savage of London. The strength of this solution is Iod. ʒ j., Pot. Iod. ʒ ij, Rect. Spirit ℥ ij, aq. ℥ vj.

Dr. CRAIK enquired whether or no any of the solution of iodine injected had penetrated into the peritoneal cavity.

Dr. FENWICK related a case in his practice (similar to No. 4 of Dr. H.) where he removed with the scissors fifteen or twenty small nabothian growths without any bad effects. Slight hemorrhage followed the operations, but the patient made a good recovery and subsequently bore two children, although previously sterile.

Dr. REDDY made some remarks about the symptoms of collapse which he has found to follow injections of iodine, although os had been thoroughly dilated.

Dr. TRENHOLME related the history of some five cases he had operated upon, which, in many respects, were similar to those brought forward in Dr. Howard's paper. All these cases made good recoveries, without any untoward after results. The value of the symptoms of pain and hemorrhage were dwelt upon as a means of diagnosing the position of the tumor. These symptoms are stated by Dr. Meadows to be correlative to each other. The hemorrhage being most severe in the sub-mucoid tumors, and most painful in the sub-peritoneal.

Dr. GRANT (of Ottawa) stated that uterine fibroids were very seldom met with in his city. He had seen but two cases in eighteen years' practice, and affected their removal without difficulty, after having well dilated the os by means of sea tangle.

Dr. HINGSTON related the history of two cases. In the first case the tumor was about six inches long and three inches in diameter, and attached by a broad pedicle to the fundus. It was removed by twisting it off with a cephalotribe, after being partially enucleated. The case terminated unfavorably. The second case was a small round tumor imbedded in the wall of the uterus. After dilating the os he applied the lithotrity forceps, and then enucleated it without difficulty. The case ended most satirfactory without any unfavorable symptoms.

In this connection Dr. H. strongly favored enucleation, in preference to the use of the ecraseur, as the latter method endangered the integrity of the uterine wall, especially when traction was made upon the tumor.

Dr. TRENHOLME remarked that traction upon the fibroid was both unsafe and unscientific. The proper way was to follow the now recognized method of bringing the uterus well down upon the perineum and thus render the cavity of the organ accessible for manipulating the instruments.

A vote of thanks was then given to Dr. Howard for his interesting paper. T.

BIRTH.

At 65½ St. Antoine Street, on Friday, the 13th June, the wife of Dr. Slack, of a daughter.

At Bermuda, on the 2d May, the wife of Dr. W. F. C. Bartlett, R.N., of a son.

At Franklin Centre, Q., on the 18th June, the wife of A. A. Fergusson, M.D., of a daughter.

MARRIED.

At Christ Church Cathedral, on the 4th June, by the Right Rev. the Metropolitan, assisted by the Rev. Canon Baldwin, Malcolm Roscoe Meigs, Esq., M.D., to Harriet Louisa, youngest daughter of the Rev. George Slack, M.A., of Bedford, P.Q.

DIED.

In Montreal on the 31st May, Dame Adeline Loranger, wife of Edmond Robillard, M.D., Treasurer of the Canadian Medical Association.

In Montreal, on the 18th June, Susanne Peltier, eldest daughter of Hector Peltier, Esq., M.D., Edin., Professor of Institute of Medicine, Victoria College (Montreal Branch).

At St. Mary's, Ont., on the 18th April, Maggie Notman, wife of D. H. Harrison, Esq., M.D.

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