Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- ☐ Coloured covers / Couverture de couleur
- ☐ Covers damaged / Couverture endommagée
- ☐ Covers restored and/or laminated / Couverture restaurée et/ou pelliculée
- ☐ Cover title missing / Le titre de couverture manque
- ☐ Coloured maps / Cartes géographiques en couleur
- ☐ Coloured ink (i.e. other than blue or black) / Encre de couleur (i.e. autre que bleue ou noire)
- ☐ Coloured plates and/or illustrations / Planches et/ou illustrations en couleur
- ☐ Bound with other material / Relié avec d'autres documents
- ☐ Only edition available / Seule édition disponible
- ☐ Tight binding may cause shadows or distortion along interior margin / La reliure serrée peut causer de l'ombre ou de la distorsion le long de la marge intérieure.

- ☐ Coloured pages / Pages de couleur
- ☐ Pages damaged / Pages endommagées
- ☐ Pages restored and/or laminated / Pages restaurées et/ou pelliculées
- ☑ Pages discoloured, stained or foxed/ Pages décolorées, tachetées ou piquées
- ☐ Pages detached / Pages détachées
- ☑ Showthrough / Transparence
- ☑ Quality of print varies / Qualité inégale de l'impression
- ☐ Includes supplementary materials / Comprend du matériel supplémentaire
- ☐ Blank leaves added during restorations may appear within the text. Whenever possible, these have been omitted from scanning / Il se peut que certaines pages blanches ajoutées lors d'une restauration apparaissent dans le texte, mais, lorsque cela était possible, ces pages n'ont pas été numérisées.

☑ Additional comments / Commentaires supplémentaires: Continuous pagination.

THE CANADA MEDICAL RECORD.

VOL. XI. MONTREAL, APRIL, 1883. No. 7

CONTENTS.

Original Communications.

PUERPERAL ECLAMPSIA.

By GEORGE E. ARMSTRONG, C.M., M.D.

Professor of Anatomy, Medical Faculty University of Bishop's College.

(Read before the Medico-Chirurgical Society of Montreal, April 27, 1883.)

MR. PRESIDENT AND GENTLEMEN,

The following cases of puerperal eclampsia each have some points of interest, and I think relating them may give rise to an interesting discussion on the subject.

CASE I.—Mrs. P., æt. about 30 years, delivered of her second child 4th February, 1881. Had never miscarried. About a fortnight before her confinement she consulted me, when I found, on enquiry, that her feet and ankles, her hands and eyelids were œdematous, and that there were present the three symptoms which, according to Chaussier, are premonitory indications of puerperal eclampsia, viz., cephalalgia, derangement of vision and epigastric pain. I obtained some of her urine, and found it highly albuminous. Prescribed a mixture containing pot. acet. Decoct scopar and infus. digit. As she lived in St. Lambert's I did not see her again until the morning of the day of her confinement. When summoned to attend her, I went, prepared for a case of eclampsia. I found the pains were only beginning; the os the size of a five cent piece, the parts soft and well covered with the normal secretion; rectum and bladder empty. The swelling of extremities and face scarcely perceptible. I left her for a few hours, with orders to take ʒ of chloral hydrate every hour. On my return I found that during my absence she had had what was described as a very severe convulsion. The os was now nearly fully dilated, but while examining her she said she could not see, and at once became severely convulsed. The usual tonic and clonic contractions of the muscles of the face and neck, trunk and extremities. Respiration was much interfered with, the face becoming very livid. Chloroform was at once administered, the membranes ruptured, the child delivered with the forceps. The loss of blood immediately following the extraction of the child was considerable, so much so that considerable kneading of the uterus and the application of ice to the neck of the uterus was required to control it. The placenta was partially adherent, and before she was allowed to come out of the influence of the anæsthetic, I introduced my hand and removed it. The mother made a good recovery. The child was still-born. The chief points I would draw attention to are the typical course of the case—all the premonitory symptoms of puerperal nephritis being present—and the rapidly fatal influence of the convulsions on the child.

CASE II.—February 10th, 1882. At 6 a.m. I was called to attend Miss M., æt. 29 years. On arrival learned that she had already been in labour 12 hours. Upon examination I found the os fully dilated, and the head well down on the perinæum, and presenting in the second position. The membranes were ruptured. The pains occurring at intervals of two or three minutes were strong and spasmodic, each pain consisting of two strong and distinct contractions, with an intervening interval of a few seconds. The perinæum was rather rigid. She complained of a pain in the right shoulder, and of an inability to move the right arm. However, when asked to try, she moved the arm freely, and grasped my hand, though apparently with considerably diminished power. When asked if she had any pain in her head she replied that she had not. The nurse told me that the previous evening she had complained of pain and numbness in the right arm, but she had never complained of headache, dimness of vision or pain in the stomach. There was not present œdema of feet, Labia major, hands or eyelids. The perniæum dilated slowly, and the child was born at 8 a.m., the labour having lasted 14 hours. The perniæum was torn to the sphincter. The placenta was expressed 15 minutes after the birth of the child. While I was examining the placenta and the attached membranes, the patient was seized with a very severe convulsion; chloroform being at hand, its administration was at once begun. M. $\overline{xxx}$ of liq. opii Sed was injected beneath the skin, the inhalation of chloroform was then kept up, until I had sewed up the perineum. On examination I found that the cervix had been torn considerably. After the convulsion, and when the patient had partially recovered from the influence of the anæsthetic, the pulse was 68, soft and full. During the day the patient remained unconscious. She could not be roused by speaking or shaking or pinching. There was no apparent paralysis of features or extremities. The pupils were equal, and moderately well contracted. Has swallowed nothing during the day. At 9.20 p.m., and again at 9.35 p.m., she had mild convulsive seizures. At 9.45 p.m. I gave 3 j. of chloral per rectum. Her urine was drawn off with a catheter, and found to contain about 90 per cent of albumen. At 11.05 p.m. she had another mild convulsion, after which I gave her ¼ gr. of pilocarpin hypodermically. Most profuse ptyalism followed in about 5 minutes, but no sweating. Her pulse was now 70, and her temp. in the axilla normal.

11th February, 9 a.m. Has been no return of consciousness. Lies quietly, with eyes closed, breathing normal. Urine drawn off by a catheter. Will not swallow liquids poured into the mouth. Bowels have not moved since her confinement. The pulse is 110, and the temp. 101 1-5 F. I took a rough towel, and rubbed one arm and one-half of the chest pretty thoroughly, then administered hypodermically gr. ¼ of pilocarpin, which was followed by ptyalism and pretty free sweating over the parts which had been rubbed only. Also dry cupped the back over the kidneys. At Dr. Kennedy's suggestion mustard was applied to soles of feet, calves of legs. At 6 p.m. the condition remains much the same: pulse 124 temperature 101 3-5. Tested the urine, and found only a trace of albumen.

At 11 p.m.—The pulse is 124; temperature 102. Coma deepening. No paralysis of face, neck, limbs and trunk could be made out. Ordered mustard to be applied to nape of neck and behind ears.

12th February, 10 a.m.—Her condition is worse than last night. Coma more profound; pupils small. Pulse 132; temperature 102.5 F. Pulse very small and weak.

The nurse reports that she had fourteen fits during the night. Gave gr. ¼ digitaline, and the pulse fell in 5 minutes from 132 to 116, and improved in quality. Applied two leaches to each temple; the bites bled freely, but no improvement in the mental condition followed.

At 2 p.m. I rubbed the extremities and anterior surface of body with a coarse towel, and gave ½ gr. of pilocarpin hypodermically. The sweating was considerable, and but little ptyalism. Digitaline, gr. ¼, was then administered, which improved the character of the pulse.

Dr. Wilkins, who kindly saw her with me at this visit, thought there was slight right facial paralysis, but I did not feel sure that it was present. Her false teeth had been removed, which altered the appearance of her mouth, but I could not say that it was drawn to one side. Ordered 4 oz. of peptonized beef-tea, with 1 oz. of brandy, to be thrown into the rectum every four hours.

8 p.m.—The nutrient enemata have been retained fairly well, though the bowels have been moved twice since morning. Pulse now is very shabby—130 in the minute.

T. 104 F.—Patient is deeply comatose; breathing stertorous.

At midnight her pulse was 150, has had 2 fits since 8 p.m. A hypoderm of sulphuric Ether was given but she died half an hour afterwards.

The autopsy was performed 12 hours after the death of the patient.

The brain weighed 1152 grains. The dura-mater was non-adherent. Vessels over superior surface of the brain were distended. The superior surface of the frontal lobes in front of the fissure of Rolando, was covered with extravasated blood, which extended down into the Sulci. On the left side the extravasation extended back over the post lobes. On this side, immediately behind the as. par. convolution, a dark clot was seen which measured 6c. in a transverse direction by 1c. wide, and extending down to within 3c of the fissure of Sylvius. Dr. Wilkins, whom I have to thank for kindly preserving the specimens for me, made sections of the brain according to the method adopted by Pitres. The prae front section and the pediculo-front section were normal. The frontal section contains the ant. wall of the cavity made by the clot, which involves the corticle portion to the extent of 3c. The parietal section contains the whole of the clot, which is pretty firm, and measures 4c. x 4c. The walls of the cavity containing the clot are soft and easily broken down by a stream of water. No blood effused into the ventricles.

Pediculo-parietal section normal. The kidneys were a little enlarged and pale looking. Capsules both adherent. Section shows granular condition.

I did not see this patient until she had been for some time in labour, and she had no preparatory treatment. Though from all I could learn she never had had any swelling of feet or face, had never complained of headache or pain in stomach or disorders of vision. There seemed to have been nothing to arouse suspicion of a liability to eclampsia. How far appropriate treatment, had the condition of her kidneys been recognized, might have gone to prevent her convulsions and control hemorrhage I am not prepared to say.

The diagnosis was not very clear. That there was pressure of some kind was evident from the persistent and deepening coma, but there were no symptoms by which the exact lesion and its precise situation could have been definitely told. I am inclined to think that the hemorrhage had already begun when I first saw her and she complained of the numbness in the right shoulder with loss of power in right arm.

CASE No. III.—On the 15th September, 1882, I was called to see Mrs. S., æt. 35, who was in, she thought, the 8th month of her second pregnancy. Her first child was born six years ago. Has never had any miscarriages. Has enjoyed fair health, with the exception of pretty severe attacks of migraine, which occurred generally about every two or three weeks. I was told that a few hours before my arrival she had had a convulsion. During my visit I saw her have a second characteristic puerperal convulsion. There were no signs of labour coming on. The os not at all dilated. Fœtal heart distinctly heard.

The patient complains of severe headache, and is vomiting a green fluid which she says is bitter. Urine tested, and found to contain about 50 per cent of albumen. I at once gave chloral hyd. 3 i per rectum.

In this case I was fortunate in having a particularly intelligent nurse, whom I instructed to inject 3 j of chloral into the rectum immediately, whenever she noticed nervous twitchings of hands, or if the patient complained of headache, dimness of vision and epigastric pain. In this way the patient was kept for three weeks and then confined without a recurrence of the convulsions. The chloral was sometimes given two or three times in 24 hours, and sometimes two or three days would pass without any chloral.

Batley's Sed. Sol was once substituted for chloral, but the urine diminished in quantity during its use, and it was abandoned. Diuretics were given continuously, and occasionally a drastic purge, but the urine never contained less than 30 per cent albumen, until 48 hours after delivery when it did not contain a trace. It recurred, however, and did not finally disappear entirely for two or three weeks. The child was born alive, and both mother and child did well.

This case is of interest, as it bears on the question of the induction of labour with appearance of eclampsia. This woman went on for 22 days after she had had two pretty severe puerperal convulsions, and then gave birth to a living, healthy child. Again, in this case at least, the markedly uræmic slate of the mother during the last three weeks of gestation had no injurious influence on the child, as when it was born it was well nourished, and has done well since.

In the first case, after two long convulsions, the child was still-born, favoring the idea that the

death of the child is due to carbonic acid, poisoning, it in itst urn, caused by the interference in the respiration of the mother, rather than to uræmic poisoning.

Progress of Medical Science.

ON THE TREATMENT OF ENTERIC FEVER.

Although we know but little of the real nature of the poison that causes enteric fever, there can be no doubt that an organized particle is introduced into the system either by the air we breathe, or by the water we drink, perhaps in most cases water is the carrier. The infecting matter passes through the intestinal glands, and enters the blood. The poison differs from ordinary poison in the fact that it can multiply itself indefinitely. Some of the investigators in this interesting field have gone as far as to claim that they have found the germ or ferment that is the exciting cause, not only of enteric fever, but also of diphtheria, cholera and other contagious diseases. In a number of examinations microcosms were found in various organs, particularly in the intestinal glands and liver. These microscopic bodies were seen in the form of rods which are easily distinguished from the bacilli found in decomposition. The rods were not found in the organs of patients dying from other diseases. It is the opinion of recent observers that micro-organisms are the cause of enteric fever. As, however, nothing is yet certain, we must content ourselves to investigate the cause of this fever by what we can see of its effects, although our knowledge is thus limited, when we bear in mind the amazing strides that have been made by organic chemistry within the last 40 years. It would, perhaps, be within the bounds of reason to say that before the close of the 19th century the germs will be discovered causing not only enteric fever but also other infectious diseases. If the exact nature of the poison is doubtful, many of the laws governing its action outside the body are well established. We know that it does not originate spontaneously. The germ of enteric fever arises from another germ of like kind. Decomposing animal and vegetable matter in the ash-pit or water-closet may, and indeed very often does, become a nursery for it, but filth does not originate it. Epidemics of fever do not always arise in the overcrowded parts of a city; in fact, experience teaches that very often the reverse is true. When once introduced into a thickly-settled town, it generally becomes endemic in the poorer districts where poverty and dirt are inseparable. In the two epidemics where I first studied the fever it was introduced by visitors to the cleanest part of the city. Of the specific nature of the germ there can be but little doubt. That the poison is a specific matter is well demonstrated by the introduction of the fever into our district two years ago. Two Chinamen were admitted into the hospital suffering from mild typhoid; 18 days after I saw a case in a town 25 miles north of us. As the men came from a camp near this township I concluded that they had used some of the closets, thereby depositing the seed of the disease. As a number of cases followed, the camp was visited; it was found that a number of the men had been confined to their tents, sick with symptoms of fever. Most of them suffered from diarrhœa; a few passing blood. Those who were able to leave their beds walked a few yards from the tent and made a water-closet of the ground. This was in Mt. Arden Creek, which is dry in summer, but runs after heavy rain. Not far from the camp is a well which supplies the town of Quorn with water. A short time before we received the first cases there was running water in this creek, and of course all the filthy surface was washed into the well. The whole matter was reported to the proper authorities, who ordered the well to be closed and cleaned. Only five cases occurred afterwards in the town. We also know that the poison is eliminated with the fæcal discharges. This is shown by the above outbreak, for the camp was other wise clean; besides, as some of the Chinamen were sick in the steamer coming to Port Augusta, it is more than probable that the disease came from Adelaide. The poison is communicated by the fæcal discharges only. When the germ is deposited in decomposing animal matter it may multiply itself. It does not originate, however, in offensive odors. There is reason to believe that the intestinal discharges are not infectious until the process of fermentation has begun.

In sketching out our line of treatment for any disease, we should never forget that the patient is to be treated as well as the malady. A great deal may be done towards conducting the case safely through the different stages of the complaint by carefully watching the symptoms, anticipating accidents, and bringing the sufferer over critical periods. There are a number of important matters to be attended to before drug treatment is thought of, the administration of a sufficient quantity of easily digested food at regular intervals, a record of which should be kept by the nurse, economizing as much as possible the strength of the stomach and the heart. The patient should retire at once to bed and keep as quiet as possible. Failure of the pulse is to be guarded against by the timely use of stimulants. The patient is to be placed in a position favorable to recovery. The attendant should appear cheerful before the patient. I am sure that the success of the physician often depends upon the services of an intelligent nurse. We have to treat not only the symptoms seen at the usual daily visit, but often those observed by the nurse in our absence. Good nursing is attention to trifles, keeping the room clean and well ventilated, allowing the sunlight to enter, renewing soiled linen, the disinfecting and destruction of fœcal discharges by burial in the ground regularly, and order should be

observed in the sick room. The best-trained nurse is apt to prove a failure unless she is possessed of unlimited patience. Nourishment should be given every four hours or oftener. Milk and soda water when the stomach is irritable; well-beaten eggs and brandy may often be given from the beginning of the second week, the state of the pulse regulating the stimulant. At first enough is given to make the egg palatable, towards the end of the second week, if the first sound of the heart fails, the brandy is increased. Cold water should be given freely at all times, unless one hour before or after taking nourishment, as it might interfere with absorption. If sufficient nourishment is given delirium may be prevented.

But little need be said of the expectant method. It was adopted by most physicians in the American rebellion, small doses of quinine and the mineral acids being the practice. The percentage of deaths was very high, from memory, I think over twenty-five per cent. Long marches and scanty food had no doubt reduced the men, but I am persuaded that an energetic treatment would have saved many.

When the temperature does not exceed 102° in the evening, good nursing may carry the patient safely through the disease. Even at 103°, if the functions of the skin and kidneys are fairly performed, a good percentage may recover, but when the temperature rises above 104°, for a few nights in succession, death is to be feared, unless active treatment is adopted. When the glass stands at 104° for more than four or five nights, either death or long convalescence is the almost certain result. As there are many eminent medical men who still hold to the expectant treatment, it may be asked, is there a better one? Have we a more scientific method? I believe we have—in the anti-pyretic or anti-zymotic, for they are like in their action.

If a ferment in the blood depending upon an organized germ is the cause of fever, to destroy the germ would be to reduce the temperature.

Since the external use of disinfectants has become so popular, it naturally occurred to many physicians that if carbolic acid can check the process of decomposition and multiplication of disease germs on the surface of the body, why not introduce it into the blood, where we have reason to believe a specific poison is producing fever. We know that the diseased process in phthisis is often checked for a time by the inhalation of disinfectants. Why not then introduce anti-zymotics by the stomach and rectum as well as by the lungs.

A common sense view of the treatment of enteric fever, based upon our knowledge of its cause, would favor one of the following courses:

First. To destroy the poison in the blood, thereby gradually subduing the disease by removing its cause, or, second, To protect the vital organs from the injurious effects of high tempertaure, by the application of cold water to the skin. Of the latter method I have had no experience, but for the last two years I have had good opportunity of comparing the anti-pyretic method with the expectant treatment which I practiced for many years in the States.

Since the first case was admitted into the Port Augusta Hospital, about two years ago, 163 were treated. Many of anti-zymotics were faithfully tried. If one disagreed another was used. Some patients could not take quinine in large doses. In these cases salicylate of soda acted well in medium doses. Nearly all my early cases were treated with large doses of quinine. On one occasion with nine cases of fever in hospital my supply of quinine gave out. I then began to use salicylate of soda, giving 10 gr. every three hours, day and night, until the temperature fell to 100° or less at night. The drug was then stopped until the glass marked 102°, when three or four ten-grained doses were given from four to ten at night. The temperature was thus reduced again to 100°, from which it rarely rises, convalescence usually following in from seven to ten days.

In nine cases iodine and carbolic acid were used alone. Seven of them made good recoveries in the fourth week; in two I had to resort to large doses of quinine before the high temperature gave way. One dose of 35 grains was given every 48 hours. After three or four doses rapid recovery usually followed. Many of our cases suffered from severe diarrhœa, but were relieved by the carbolic and iodine treatment. In 34 cases quinine was used with the salicylate, for although the 10-grain doses of the soda reduced the temperature to 100°, it rose rapidly when the remedy was stopped. I found it better then to administer two or three large doses of quinine on alternate nights, then increase the doses of soda after the second dose of quinine. A fall of the glass to 98 may be expected in the morning, this is soon followed by recovery. No unpleasant symptoms are caused by these large doses, save the usual deafness when the drug is not retained by the stomach. It proves just as effectual given by the bowels. This is preferable for children. In using the salicylate of soda in the above doses, no injurious effects were observed on the kidneys. When the temperature on admission is under 104°, carbolic acid and iodine are often all the treatment required. But if the glass marks over 103° after five days' treatment, one dose of quinine of 40 grains will not only reduce the heat to 100° at night, but also ensure a distinct intermission in the morning for one or two days after. Meanwhile the acid and iodine may be continued. To secure an intermission in the morning is of great importance in the treatment of enteric fever. By this a continued fever, or more correctly a remittent fever, is converted into an intermittent. The reduction of heat in the intermission may save the patient by allowing nature to repair the destruction caused by a continual high temperature. If the patient has been intemperate I prefer the carbolic acid treatment with an occasional dose of quinine. When the patient is young and has enjoyed good health, the salicylate of soda always does well in my hands. From my experience in the anti-pyretic treatment for the last two years, I am satisfied that if the patient is seen early enough the disease may be

shortened, and when it is not shortened a long convalescence is avoided. A long convalescence is caused by the destructive effects of continual high temperature on the body, but particularly on the heart. If the glass marks 104° for more than five nights there is danger of the disease running into the fifth week, if not of death, unless there is a marked remission in the morning. It is the continual heat that destroys. But the certainty of a rapid convalescence is the least that can be claimed for the anti-pyretic treatment. The death rate is diminished very much. Of the 163 cases treated here there were 12 deaths. Of the 12, four died 48 hours after admission, two of them suffered from pneumonia. All of them traveled by rail over 150 miles. I have found that those who were sent by buggy are not so prostrated as the former. Most of my cases entered hospital in the second week of the disease.

What I claim for the anti-pyretic treatment is: 1st. That the poison is destroyed in the blood. 2d. That an early intermission is ensured. 3d. Tissue death therefore is diminished, and paralysis of the heart is avoided. 4th. The disease may be shortened. 5th. If not shortened, a long convalescence is prevented.—Wm. Markham, M.D., in the *Australian Medical Gazette.*

THE TREATMENT OF ACUTE RHEUMATISM.

Dr. Robert Bartholow (*Medical Record*): No one can give anything like attentive consideration to the types of rheumatic cases without perceiving that they may be resolved into three groups, as regards the characteristics of the individuals composing them:

1. Spare persons of considerable bodily vigor, good muscular development, and having a distinct family history of neurotic or rheumatismal disorders.

2 Obese subjects, addicted to malt liquors and good living, sometimes with—more often without—an inherited predisposition to rheumatic diseases the gelatinous descendants of albuminous parents, as they have been entitled.

3. The feeble, pale, anæmic subject, depressed by poor diet and evil hygienic surroundings, including dampness and bad air.

No one can treat cases of rheumatism successfully unless he recognizes the type before him and adapts his remedies accordingly.

The first type is comparatively frequent, and found amongst the best elements of our mongrel population. Besides the inherited tendency, such subjects are prone to indulge in a rich diet of animal food, sauces and wines, and to pursue rather sedentary occupations, or an indoor life. In these cases, salicylic acid, or the salicylate of soda, renders an incontestible service. There are, however, some practical details regarding its administration of great moment in respect to the permanency of the results. It is quite certain that in this group of rheumatic cases full medicinal doses of salicylic acid, or of the salicylates, will speedily arrest the pain and diminish the fever.

The lowering of the temperature seems to bear a constant ratio to the diminution of the pain. It is not possible to express in figures with exactitude the doses necessary: the curative effect is attained by that quantity which reduces the pain and the temperature. In suitable cases, the administration of this remedy removes all of the more prominent symptoms and establishes convalescence in three or four days. Unfortunately, in a considerable proportion of cases, the disease manifests a strong tendency to relapse, after a marked subsidence of the acute symptoms which apparently indicates the beginning of convalescence. A rule of practice has been distinctly formulated since this tendency to relapses has become well known. It is this: Give the remedy for several days after the acute symptoms have ceased. I have attempted, from my own experience, to give numerical expression to this rule, with the following result:

Salicylic acid, or the salicylates, should be given after the subsidence of the acute symptoms, and the cessation of the fever and pain, for the same number of days as the acute attack lasted. Thus, if the decline of fever and pain occurred on the fourth day, the remedy should be continued as many days thereafter, or for four days subsequent to the apparent cessation of the acute symptoms.

The second class of rheumatic subjects contains the obese, or those of full habit, the rotund addicted to malt liquors and to good living, all of whom are apt to suffer from a form of acid indigestion. The cases of rheumatism occurring in such subjects are, as a rule, much benefited by the alkaline treatment. This method is an empirical attempt to cure a disease characterized by an excess of acid in the various secretions. Dr. Fuller, the author of an excellent work on rheumatism, has been the most prominent advocate of the alkaline method.

"By the 'alkaline treatment,'" says Dr. Fuller, "I mean a plan of treatment in which alkalies play an important part, but which consists not only in the adminstration of alkalies, but in the careful regulation of the secretions, the strictest attention to diet, and the administration of tonics, such as quinine and bark, as soon as the patient can bear them. * * * My practice is to give not less than an ounce and a half of the alkaline carbonates, either alone or in combination with a vegetable acid, during the first twenty-four hours of treatment * * * More commonly two drachms are ordered to be taken in effervesence every three or four hours, in combination with an ounce of lemon-juice, or with half a drachm of citric acid dissolved in four ounces of water. At the same time, if the bowels are torpid, ten grains of colocynth and calomel pill [British Pharm.] are prescribed at bedtime. As soon as the urine, when freshly voided, ceases to show an acid reaction—which is usually the case after twenty-four hours—the quantity of

the alkali is diminished by one-half, six drachms only being administered during the succeeding twenty-four hours. At the expiration of that time, if the urine remains alkaline, three drachms only are given in the next twenty-four hours; and on the fourth day, if the urine still shows an alkaline reaction, the form of the medicine is altogether changed. The treatment ceases to be essentially alkaline; either a cinchona draught is ordered to be taken three times a day containing a scruple or a half drachm of bicarbonate of potash—a little more or a little less according to the condition of the urine, which should be kept nearly neutral—or three grains of quinine dissolved in lemon-juice is given three times a day in effervescence, with half a drachm of bicarbonate of potash or soda * * * The diet is restricted to beef-tea or broth, with soda-water and milk and barley-water as a drink, as the smallest quantity of solid food, given a day before the tongue has thoroughly cleaned, is apt to induce a recrudescence of the disease. Wine and spirits are strictly forbidden, though experience has convinced me that wine and spirits prove less hurtful than the smallest quantity of solid food." If the relation between the action of alkalies and the neurotic disturbance called rheumatism, be demanded, we are not without resources for an explanation. Pflüger's phenomena of electrotonus were long ago explained by Matteucci, and the explanation confirmed by Becquerel on the ground of the chemical action developed by the passage of the current. Humboldt was the first to show that the excitability of a nerve is increased by contact with an alkaline solution, and diminished by contact with an acid solution. Now, as the condition called rheumatism may signify a depressed state of the trophic functions, the good effects of alkalies are at once apparent—that is, the increase of the functional activity—and thus counteract the depression. The third type of rheumatic cases, and numerically the most important—probably, also, pathologically, the most serious, is the feeble and anæmic subject. A rheumatic of this kind is pale, rather thin, the muscles weak and wanting in firmness, the chest narrow and somewhat flat, the joints prominent and lax. In such persons an extension of the rheumatic inflammation from joint to joint, until almost all the joints of the body are involved, is to be feared, as it is of frequent occurrence. Cardiac complications are relatively frequent. It need hardly be observed that in such subjects the depressing effects of salicylic acid and of the alkalies are to be dreaded. Here clinical experience is in entire accord with theory. We owe to Dr. Russell Reynolds, of London, the introduction of a remedy for acute rheumatism, which is especially suited to this group of cases. I refer to the *tincture of the chloride of iron*. To be effective it must be given in full doses—from 3 ss. to 3 j. in sufficient water every four to eight hours. It lessens the swelling and pain of the joints, lowers the fever, diminishes the tendency to heart complication, and, above all, sustains the vital powers in their struggle againts the encroachments of the rheumatic disease. I am far from denying that cases of rheumatic fever in these anæmic subjects would not be relieved by salicylic acid, but I do affirm that so much depression would result that relapses would occur, and the convalescence would be prolonged owing to the remarkable depression of the nutritive functions. The same state of things results from the administration of alkalies. The blood is despoiled, the heart enfeebled, and complications of various kinds invited. On the other hand, very conspicuous benefit results from the vigorous administration of the tincture of iron. Besides its influence over the course of the disease—shortening its duration by checking waste, and preventing complications by maintaining the vital resources—the tincture of iron, as shown by the late Dr. Anstie, has a distinct prophylactic effect, so that, when an attack is threatened, it will, by timely administration, prevent it. During the period of convalescence from acute rheumatism, after the treatment by salicylic acid and by alkalies, the tincture of iron in the full doses already advised renders an important service. The tenderness and effusion about the affected joints, the subfebrile temperature, and the condition of anæmia, are alike greatly improved by its administration in efficient doses. I have repeatedly observed that cases which lingered long on the hands of the physician after the acute symptoms had subsided, quickly improved and recovered when efficient doses of the tincture of iron were administered, and, at the same time, suitable blisters were applied to, or about, the affected joints.

Independently of the considerations above expressed regarding the utility of blisters, the "blister treatment" of acute rheumatism is deserving of careful consideration. Blisters in various ways, and applied in accordance with various notions, have long been used in the treatment; but the "blister treatment," properly speaking, of acute rheumatism has been systematized by Dr. Davies, of the London Hospital, and Dr. Dechilly, of France. The latter, however, applied a large blister to cover the joint, and permitted it to remain on until sufficient inflammation occurred to produce abundant serosity. Dr. Davies, on the other hand, was content to apply the blisters around rather than on the joint itself. It is a remarkable fact that blistering brings about a neutral or alkaline condition of the urine, how acid so ever it may have been before the blisters were applied. More or less strangury occurs in some instances. So remarkable is the relief to pain produced by the blisters that patients petition for their renewal from time to time. Cardiac complications are comparatively infrequent, and the duration of the disease is reduced to the limits of the favorable cases. Indeed, I may sum up the testimony as to the efficiency of this method in the words of Dr. Greenhow, who affirms that the treatment of rheumatism by blisters is quite as successful and less objectionable than by salicylates.

The good effects of the blister treatment afford a strong justification of the neurotic theory. When

first ascertained, the result was ascribed to the withdrawal of a quantity of acid serum from the neighborhood of the affected joints. The change in the character of the urine, induced by successive blisters, rendered further explanation necessary. The increase of our knowledge respecting the influence of peripheral irritation on the state of the nerve-centres, and especially on the trophic system, has paved the way to a better appreciation of the facts; nevertheless the final explanation remains to be made.

A combination of the blister treatment with salicylic acid, with alkalies, or with the tincture of iron, may often be made with signal advantage.

The importance of a proper diet is not less than is stated by Dr. Fuller in the quotation made from his paper. Solid food should not be allowed in any case. Liquids composed of starchy and saccharine matters are only less hurtful. Milk and animal broths are the articles to be depended on chiefly until the cessation of all joint troubles will permit the gradual restoration of a solid dietary. Lemonade and carbonic acid water are allowable, unless they produce flatulence, when they will excite fresh joint mischief. Anodynes are to be avoided if possible; when necessary, atropine is preferable to morphine, if adequate to relieve the pain, which it usually succeeds in doing. The complications which may arise in the course of rheumatic fever demand more careful treatment than I can give them at the conclusion of this article.

CASE OF ECZEMA OF NIPPLE AND AREOLA: WITH DIAGNOSIS.

By Alexander Napier, M.D.

In dealing with skin affections of the nipple and its immediate vicinity, it becomes one's duty, in view of the investigations of Paget, Butlin, Thin, and others, to distinguish at as early a period as possible between simple benign disorders and those which are either of cancerous nature from the outset, or likely to lead to the development of cancerous disease in the breast. But this is not always easy, the appearances noted in the recorded cases of "Paget's Disease" being extremely variable, offering no sign or group of signs pathognomonic of the affection. The details of the following case, one of simple mammary eczema of old standing, cannot be without interest, as showing that long duration is not of itself to be taken as an indication of malignancy of character in such cases.

Mrs. D., healthy looking, Feb. 15, 1882, obstinate eczema of 2½ years', affecting the right nipple and a portion of the areola. Disease began just a month before the birth of last child, the first step being the occurrence of suppuration above and to the inside of right nipple. This abscess was allowed to break of itself. When her child was born no milk appeared in the affected breast, but a week after confinement the breast suppurated again, the swelling breaking and discharging a little. By this time the eczematous condition now to be described had established itself. The eczematous patch was found to be nearly circular, about two inches in diameter, and so placed that its lower border passed just under the nipple, from which the disease extended upward and toward the middle line. The surface was covered with light scabs or crusts, underneath which was found a reddish excoriated surface with a thin serous discharge. Round the base of the nipple, on its outer and upper aspects, ran a deep crack or fissure. The patch was pale purplish red in colour, slightly thickened and infiltrated, decidedly itchy, but almost painless, and with no feeling of burning. It had a well marked, raised edge. There was no hardness of the neighboring parts of the breast, no retraction or diminution in size of nipple, and no enlarged or indurated glands could be detected in the axilla. The scars of the abscesses which were said to have formed and burst on the site of the eczema could not be found. Patient had no record of treatment, but stated that many applications, chiefly ointments of various kinds, had been tried, but with no good result, the eczema having remained in practically the same condition during nearly the whole period of 2½ years. Feeling uncertain whether this was a case of simple chronic eczema or of disease of a graver character, I determined to treat it for a short time on the former assumption, and ordered the frequent application of zinc ointment, vaseline, and pitch. March 1, it is noted that the crack was healed, and that the patch looked much better, was softer, and more nearly of its natural color. March 18, patient returned showing the nipple and areola in a perfectly healthy condition, the skin being sound and supple, though slightly darker in color than the areola of the other breast. She departed promising to come back if the disease reappeared. I have not seen her since.

Bearing in mind the result of treatment, there can be little doubt that this case was one of simple chronic eczema of the areola and nipple, a disease which, occurring apart from the period of lactation, is of itself sufficiently rare to be interesting, as, out of 704 cases of eczema which have come under my notice during the last three years and a quarter, this case and another are the only instances in which the region named was affected. Mr. H. Morris states that of 305 cases of cancer of the breast he had seen, from 1872-77, only one was preceded by eczema; and that of eight cases of eczema of nipple, not one was followed by cancer.

The question of diagnosis forced itself on the attention here at the very outset. It is quite possible that the long continued irritation of an eczema of the nipple may occasionally give rise to cancer of the breast, just as a persistent irritation is known to cause malignant disease in certain

subjects: the occurrence of cancer after ichthyosis or syphilitic disease of the tongue furnishes a parallel instance. Mr. Henry Morris also, has recently put on record a case in which a small patch of eczema of the skin of the neck, remaining unchanged in character for five years, led in the course of four more years to the development of cancerous disease in the subjacent tissues on being irritated mechanically and by the application of caustics. But even such facts make it not the less a matter of urgency that the benign or malignant nature of any skin affection in the neighborhood of the nipple should be promptly recognized, particularly if Thin's view is correct, and I believe it is, that "Paget's disease" is no eczema, but malignant from the first.

In looking through the literature of the subject, not even now very voluminous, little aid is obtained towards the formation of a diagnosis. Much stress is usually laid on the *duration* of the disease, but this will be found to vary within strikingly wide limits. Thus, in Paget's original 15 cases, "cancer of the mammary gland followed within one year." In Butlin's first case the disease is said to have been simply "of long duration;" in the second it had lasted three years; and in his other two cases, examples of undoubted hard carcinoma, the eczema had preceded the appearance of breast tumor by about *two weeks* and three years respectively. In other recorded cases (Thin, M'Naughton Jones, Heywood Smith, C. B. Porter, Morris, Munro, and others) the period which had elapsed from the appearance of the "eczema" till the development of mammary cancer varied from about one year to six. Dr. C. B. Porter said: "The only guide for interference when the cancerous degeneration is not manifest is the duration. An eczema of the breast of long standing should be removed. He would consider it chronic after a year's duration, and advise excision." It seems quite clear, then, that if eczema of the nipple may precede the appearance of cancer of the gland by only a fortnight in some cases, and by a period as long as six years in others, duration *per se* cannot be depended on in making a diagnosis. In the case here related the disease had lasted 2½ years, and turned out to be simple eczema after all.

The descriptions given of the *appearance* of the parts affected are not less variable. In some cases the diseased surface was "intensely red, raw, finely granular," this being limited to the areola; in others it presented the characters of an ordinary chronic eczema, with minute vesication, succeeded by soft, moist, yellowish scabs;" occasionally it has been "like psoriasis, dry, with a few white scales slowly desquamating," this spreading far beyond the areola. In one instance "the nipple had melted away, leaving a hole, the part presenting "a foul depressed ulceration," and this lasted for four years before the appearance of any breast tumor; in another the nipple disappeared, leaving a circular superficial ulceration, surrounded by eczema, having a sharply defined border; in others, the patches were hard, raised, uneven, scabbed, and showed simply "a very chronic eczema, apparently of ordinary nature." The nipple is spoken of as being sometimes "slightly retracted," depressed, or absent, while its site is occasionally occupied by a depressed ulceration. Pain is generally slight, though in one instance it became severe and stabbing as the breast tumor was forming. In short, a perusal of the literature of the subject has convinced me that at least two conditions have been included under the term "Paget's disease," the one a true cancerous condition, the other a simple chronic eczema. A part which is raw, granular, ulcerating, leading to the melting down and disappearance of tissue, cannot be said to be simply in an eczematous state; while, on the other hand, a superficial skin affection, with all the appearance of eczema in various stages of chronicity, lasting without appreciable change for many years, and often curable, cannot be set down as cancerous, though such conditions may be followed by malignant disease in a longer or shorter period, varying with the constitutional predisposition of the subject.

Regarding the curability of superficial skin diseases, which if left alone would infallibly develop into true cancer, Prof. W. Busch, of Bonn, records some most interesting experiences which have a direct bearing on the point. He first gives his views as to the manner in which epithelial cancer of the face and lips develops. The first step in the process he states to be a simple hypertrophy of the corneous epidermis on the very surface of the apparently healthy skin. Then a thick scurfy crust forms, falls, or is picked off, re-forms, is again removed, and so on till ulceration takes place. The epithelial elements pass downwards through the connective tissue, infecting the bones, glands, and other parts, and constituting true cancer. But this process often remains stationary for many years in its first stage, that of epithelial hypertrophy: in this stage it is not true cancer, and is curable by suitable treatment. He suggests that the hypertrophied epidermis offers simply *a mechanical* obstacle to the shedding of the rapidly formed corneous epithelium, preventing its progress outwards, and forcing it to grow inwards through the connective tissue; at any rate, he finds that when this mechanical obstacle—the scurfy crust—is removed, and is not permitted to re-accumulate, the process stops short of the inward growth of epithelial structures, and the cancer is held in check. This he accomplishes by the systematic use of alkaline solutions. To soften off the crusts he applies a 1 per cent. watery solution of soda, or, if the crust be very thick, a 1 to 40 solution: then the skin has afterwards to be washed daily several times with a 1 to 200 solution, to prevent the reformation of crusts. This has to be kept up during the rest of the patient's life, as if it be interrupted the epidermis begins at once to gather

again. After operations for cancer he causes the patient to wash the scar with this lotion, and finds that this makes relapses very much rarer, though of course, in case of very extensive malignant disease, if cancerous tissue be left behind it will grow towards the surface, and here such a lotion is of no use. Some cases are then given bearing out these views. In one instance in particular the patient had been operated on 15 years before for cancer of the face; for years he used the alkaline lotion, and remained free of disease; then he stopped using the lotion, when the disease in its original form began to appear; on resuming the application this gradually passed off, and the part remained well. Dr. Busch then asserts that this mode of treatment cures epithelioma of the lip, so long as this is simply in the stage of crusting, of epithelial hypertrophy; but it has no effect after ulceration has occurred in this situation. On other parts of the face it will sometimes effect a cure even after ulceration has taken place, and the author gives two cases illustrative of this event. Prof. Busch then refers to Paget's well-known paper in the tenth vol of *St. Bartholomew's Hospital Reports*, and in this connection the interest of the paper lies chiefly in the relation of four cases of breast tumor, in which the nipple was effected. cured by means of his alkaline treatment. In case 1 there was a painful mammary tumor, but no enlargement of the axillary glands. On the nipple was a thick layer of warty-looking epidermis, and on the nipple of the sound side a little of the same was noticed. On softening and raising the crust there issued from the nipple a thick, yellowish-white plug, like a comedo, or such as may often be expressed from epithelial cancer, this plug consisting of epithelial cells which had undergone fatty degeneration. The washing was continued, the tumor disappeared, and in two months the patient was well. In two other similar cases the same treatment gave equally favorable results. In the fourth case the tumor was an inch and a half in diameter and of extreme hardness; here also the epidermis of the nipple was much thickened. The soda treatment caused the complete disappearance of the tumor, the first application being followed by what the patient described as "a discharge of thickened milk." Another smaller tumor formed at another part of the breast, and this was still under treatment. The author concludes by stating that he had seen many cases of mammary cancer in which the nipple was unchanged, except that it showed the usual retraction. In many other instances, however, the nipple was found more or less crusted with thick epidermis. In these more recent cases he had not had the same success in arresting the growth of the tumor by the alkaline treatment, even in cases in which epithelial plugs were expressed.

The author, writing in 1877, mentions incidentally that some years previously, and apparently before Paget, the first of these four cases suggested to him the idea that the growth of the breast tumor may have resulted from closure of the milk ducts by cellular masses, though in 1864 he had described the process as following the reverse course, supposing that the carcinoma, starting from the point primarily affected, spread along the epithelium of the ducts to other parts of the gland.

I have quoted Busch's paper at some length on account of the important bearing it has on the discussion of the probable origin of mammary cancer after disease of the nipple. The method of treatment described is also well worth bearing in mind in dealing with cases such as he refers to; and as this epidermic crusting of the nipples is common enough in the old, and even among the middle-aged, the possibility of its leading to cancer should never be forgotten. Volkmann recommends the alkaline treatment in hyperplastic conditions, the result of simple chemical irritation, especially such as are chronic and associated with general thickening of the epidermis. Dr. S. W. Gross also, besides referring to two cases of "Paget's disease" he had seen, mentions one in which Busch's treament was successful. Further, Dr. T. Chambers records two cases in which eczema of the nipple had lasted 9 and 18 months respectively, the nipple being retracted, flattened, fissured, and the breast enlarged, nodular, and painful; "the neighboring lymphatic glands were similarly affected." In these cases attention to uterine disease, which was present in both, and the local application of tincture of opium and glycerine, promptly effected a cure, the breasts assuming quite their normal appearance. And Dr. R. Munro has reported a case of true eczema of the nipple and areola, which became perfectly well under ordinary treatment.

Such cases, then, as show open foul ulceration, are unquestionably already cancerous, and the surgeon's duty in regard to them is plain. There seems also to be no necessity for applying the name "Paget's disease" to such cases. Of the other cases which have been recorded, many of them were obviously, for a period of years at least, simple eczema, and nothing else; and to these also, especially in their early stages, the name "Paget's disease" appears to be equally inapplicable. There remain other cases, however, separate from these, and to such the new term proposed is appropriate; cases simulating eczema, but associated with or closely followed by true malignant disease of the breast. If tumor of the breast be present, the diagnosis is plain, and the surgeon's course equally so. But how is the really malignant character of such cases to be recognized while there is yet no tumor? Duration simply is no very reliable guide. And in regard to appearance, the only diagnostic sign which has so far been suggested is the presence of a well-defined, overlapping margin, "forming a veritable ridge with a sulcus behind it." This, when it is present, is doubtless a valuable indication, and if it were associated with a red, raw surface, which was obstinately rebellious to ordinary treatment, then the interference that Thin's "malignant papillary

dermatitis" existed would be warranted. Such a ridge is not common in simple eczema, the infiltration which accompanies that disease shading off gradually into the sound tissues, as a rule: in the case I have described, however, there was a well marked and distinctly elevated margin, and one occasionally notices the development of a firm base and well defined edge in patches of chronic eczema, when treated by strongly stimulating applications. Even cases in which this ridge is wanting should be closely watched; and if they resisted vigorous treatment, removal of the affected part and the gland tissue immediately subjacent would be indicated, more especially if tendency to cancer were known to exist in patient's family. —*Glasgow Medical Journal.*

A NEW DEPARTURE IN THE TREATMENT OF RHEUMATISM AND GOUT.

In the *British Med. Jour.*, Dr. Alexander Harkin presents an article in which he first points out the unsatisfactory state of our knowledge concerning the etiology and therapeutics of these two diseases, and afterwards condemns the now recommended salicylate treatment, and then goes on to recommend an entirely new treatment of his own. He says:—

"My object is not so much to call attention to the epidemic of salicism, from which, apparently, the medical mind is at present suffering, as to proprose a new and effective remedy for acute rheumatism, which, in my practice and in that of other professional friends, has afforded results as yet unequaled in the treatment of that disease."

The following case will give a good idea of his method of treatment:—

On October 24th, 1879, I visited sub-constable H., aged 30, married. He had a rigor on the 21st, followed by pain in the left knee and thigh, which were now red and swollen. On the 25th pain had extended to the right knee, both ankles and shoulders. On the 26th the left elbow was also affected; perspiration was acid and profuse; his urine scanty and loaded with urates. On the 27th his state was unchanged. I ordered an opiate at bedtime. He had been previously laid between blankets, and his joints enveloped in cotton-wool. On the 28th he was no better; he had not slept for a week. At 1 P.M. his temperature was 102°, pulse 108. No cardiac affection was perceptible. I then applied a blister, four inches by three, over the region of the heart, to be replaced with cotton-wool at the end of eight hours. On the 29th I found the patient completely relieved. His countenance was cheerful, his tongue clean, thirst diminished, perspiration gone, urine copious and clear, temperature 98°, pulse 90. He told me that he began to feel relief at 6 P.M., just five hours after the application of the blister; that soon afterwards he fell asleep for the first time for many days; and that, having had occasion to rise in the night, he walked unaided across the floor, and only remembered his pains after getting into bed. And thus, although on the previous day paralyzed in every joint, he was now able, without pain, to flex and extend them all, and to sit up in bed with ease. On looking at the joints, every trace of redness had departed, and the swelling was very much diminished, and they could be grasped firmly without pain. On the 29th and 30th he was still improving. Pulse 90, temperature normal. The swelling and pain were absolutely gone from every joint. On November 1st the pulse was 84, temperature normal. Convalescence was complete, and my visits terminated. A week later he walked to my house, a distance of half a mile, and he soon afterwards returned to duty.

He then goes on to say that it is now generally admitted that the exciting cause of acute rheumatism, as of pleuritis or pneumonia, is a chill; and that the effect is produced through the medium of the nervous system; and that, although the integument alone may be directly chilled, the deeply seated internal organs also suffer. The immediate effect of cold upon the nerves of the surface is to lower their functional activity, and to increase the action of the nerves of the internal organ in relation with that part; endocarditis thus becoming the first step in the development of acute rheumatism after exposure to cold. If it be physiologically true that, when two parts of the same body are nervously in sympathy with each other, if we produce a powerful action in the nerves of one, we may withdraw vital energy from the nerves of the other; then it follows that, when a derivative in the form of a blister is applied in the nearest vicinity to the endocardial lining when in an inflamed state, it is but carrying into effect the principle that counter-irritation is the most effective plan available to alter the excited condition of nerve-centres, and so to influence motor, sensory, and trophic nerves. Further, if experience tell me that counter-irritation over the heart is a potent remedy for the cure of acute rheumatism in all its phases, this fact will surely throw light on the nature of that disease. According to Dr. Peter Latham, "the treatment of diseases is in fact a part of their pathology. What they need and what they can bear, the kind and strength of the remedy, and the changes which follow its application, are among the surest tests of their nature and tendency." And Cullen, in the preface to his *Nosology*, page 16, says that "remedies cure diseases only in so far as they remove their proximate causes." When, therefore, a blister over the region of the heart cures endocarditis and its articular complications, it would surely not be unsafe to infer that the proximate cause is located in the heart itself. If, then, it can be satisfactorily established that acute rheumatism may be cured by a topical remedy alone, what becomes of all the theories based on the idea of its zymotic, its con-

stitutional, or autogenetic origin, and the sundry modes of treatment, and the antidotal remedies devised for the removal of the hypothetical condition of the vital fluid—eliminative, antacid, or otherwise? That it may be done—that it has been done in a number of cases—I have satisfied myself, and knowing how prone human nature is to self-deception, I have guarded against the personal element by inviting the presence and co-operation of several medical men of the highest ability and scientific acquirements as witnesses.

My chief desire is, that my simple plan for the cure of rheumarthritis shall be thoroughly tested by the profession at large; of its efficacy, my own experience, and that of a number of my professional brethren, assures me. I cannot expect, however, that every one who may be equally convinced by personal trial and experience, shall also accept my explanation of its *rationale*. The pathology and physiology of the nervous system are not yet established on sure grounds; its supposed laws are subject to many contradictions, which only a more extensive knowledge of its principles, and their application, can elucidate. Nor would I wish to appear as proclaiming its efficacy in every case. I am satisfied, indeed, that endocarditis will still claim a place in the sad category of fatal diseases; but I also feel that, in cases possible of cure, the abortive plan proposed must claim precedence as the most rapid, safe, and permanent; from its very nature, the most potent to anticipate or remedy functional or organic disorder in the heart and its appendages. One other important result is likely to flow from its general adoption, viz., the reduction to very moderate dimensions of that class of applicants to whom the physician has so often reluctantly to refuse the benefits of life insurance, on account of the existence of permanent cardiac injury, caused by undetected lesion in cases of ordinary acute rheumatism.

A NEW TEST FOR ALBUMEN IN URINE.

Dr. Wm. Roberts thus writes in the *Lancet*: When an albuminous urine is treated with a saturated solution of common salt, not the slightest reaction takes place; but if the brine be slightly acidulated with hydrochloric acid, the albumen is thrown down as a dense white cloud. This reaction constitutes a most delicate test for albumen in the urine. The best degree of acidulation for this purpose is obtained with about 5 per cent. of the dilute hydrochloric acid of the Pharmacopœia. A little more or a little less acid makes no appreciable difference in the sensitiveness of the test. Common salt dissolves in about two and a half times its weight of water at 60° F., and increase of temperature does not sensibly increase its solubility. The salt of commerce is always more or less dirty, and the solution requires filtration to fit it for use as a test. The salt solution should be fully saturated, otherwise the observer is apt to be led into error. In preparing the test with our common English measures the readiest plan is to mix a fluid ounce of dilute hydrochloric acid with a pint of water, and to saturate this with common salt, and filter. Dilute hydrochloric acid may be replaced by dilute sulphuric, dilute nitric, or dilute phosphoric acid. All these acids are of the same saturating strength in the British Pharmacopœia, and all of them yield, with saturated salt solution, an equally sensitive reagent for albumen. Even acetic acid may be used, but the delicacy of the test in that case is not quite so great as when it is prepared with one of the mineral acids. The method of applying the brine test is similar to that followed with nitric acid. A portion of the suspected urine is placed in a test-tube, the test-tube is then held very much aslant, and the salt solution is allowed to trickle along the sides of the tube to the bottom, so that it may form a distinct layer below the urine. If albumen be present, a white-cloudy zone appears at the junction of the two fluids. Or the proceeding may be reversed. The salt solution may be first introduced into the test, tube, and then the urine added, with the same precautions as before, so as to obtain two distinct layers, one above the other, in the test-tube. It is important to be aware that the precipitation of albumen by acidulated brine is not due to a true coagulation. In this respect the brine test differs from nitric acid and boiling. In the two latter cases the albumen is transformed into the insoluble modification, which is known as "coagulated albumen." But when albumen is thrown down from urine by acidulated brine the precipitate is not insoluble; on the contrary, it is redissolved by free addition of water, or even by free addition of the albuminous urine itself. It is therefore essential to the efficient application of the test that the salt solution should be in excess at the point of expected reaction. This end is obviously secured in the above-described methods of testing. It may also be secured by adding to the suspected urine a volume of the salt solution at least equal to that of the urine in the test tube. If this point be not attended to the test is unreliable. For instance, if acidulated brine be added, drop by drop, to an albuminous urine, and the mixture shaken up after each addition, the first few drops either occasion no turbidity whatsoever or the turbidity produced disappears on shaking. But when by successive additions the quantity of brine approaches to or surpasses the volume of urine operated on, the turbidity remains permanent. In point of delicacy the salt test stands on a par with nitric acid. The minutest trace of albumen detectable in the urine by nitric acid is also detectable with equal ease by acidulated brine. In high-colored urines the brine test is distinctly superior. In this class of urine nitric acid produces a deepening of the tint, with, often, a disengagement of gas, which interferes with the sensitiveness of the reaction, but the brine test neither alters the tint nor causes disengagement of gas. On the other hand, I think that nitric acid gives a better idea of the quantity of

albumen present by the density of the white cloud produced than does the brine test. In addition to albumen, acidulated brine precipitates peptones, which are sometimes present in urine; so that occasionally a slight cloudiness is produced by the salt solution where nitric acid and boiling (which do not precipitates peptones) produce no reaction. This distinction in the action of the brine test may hereafter lead to interesting information. In dense urines, highly charged with urates (but not containing albumen), the addition of nitric acid sometimes throw down the amorphous urates in the form of thick white clouds, and it is necessary to apply heat to distinguish with certainty the cloudiness so produced from cloudiness due to albumen. The salt test does not throw down the urates in this way. It is well known that the urines of patients who are taking large doses of resinosn substances (such as the resin of copaiba), although free from albumen, yield a cloudiness with nitric acid in the cold, but if the urine be previously made hot, nitric acid produces no such reaction. This difference serves to distinguish cloudiness due to resin from cloudiness due to albumen. The brine test also produces a cloudiness in resinous urines, and the reaction occurs whether the urine be hot or cold. To avoid the fallacy thereby arising, all that is necessary is to add an excess of the urine which is being tested. If the cloudiness be due to albumen it disappears on such addition, but if it be due to resin the cloudiness does not disappear on the addition of more urine. One of the chief advantages of the salt test is its incorrosive character. It does not stain nor burn holes in garments and carpets, nor fleck the hands with yellow spots. The use of it makes it possible to arrange a pocket-case for urine testing that shall not be a terror to the wearer. From this point of view the substitution of the salt solution for nitric acid will be a real boon to practitioners. * The salt test has this additional convenience, that it enables us to test successively for albumen and sugar on one and the same sample of urine. The suspected urine is first tested for albumen with the salt solution, and then Fehling's solution, or, still better, a pellet of the solid Fehling's test sent out by Cooper, is added, and heat applied. After boiling a few seconds the absence or presence of sugar is ascertained. The admixture of the brine in no way interferes with the copper reaction, in case sugar should exist in the urine.

* I have carried about with me for some months past a little pocket-case (which is only a stiff-back cigar-case) which I have found a useful and safe clinical companion. It contains a book of litmus papers; a narrow corked phial filled with acidulated brine; a test tube charged with Cooper's pellets of the solid Fehling's test, guarded with an india-rubber stopper; and, lastly, an empty test-tube, also provided with a cork. This compact arrangement furnishes the means of ascertaining the reaction of the urine, and of testing it in the most delicate manner for albumen and sugar. The empty test tube also serves to carry home a specimen of the urine for further and more minute examination. The "pellets" (made after a suggestion of Dr. Pavy) are sent out by W. T. Cooper, chemist, 26 Oxford street, London.

CEREBRAL DYSPEPSIA.

By JOHN S. MAIN, M.D.

The author strongly insists on the purely cerebral origin of many forms of dyspepsia, where the patient is neither over-indulgent, nor intemperate, nor addicted to hurrying over meals, nor accustomed to eat coarse or unwholesome food. The cerebral form of dyspepsia is well seen, in many cases, were a healthy man, with a good appetite suddenly receives bad news when sitting down to a meal. "But, perhaps, of all conditions acting on the brain in this manner, and through the brain on the stomach, no one is more injurious, or more jarring to the cerebral elements, than uncertainty, and the worry caused by the same, more particularly in preternaturally irritable subjects. In fact, it is in connection with this same worry that the form of dyspepsia I have at present under consideration most frequently occurs. The mind, in such cases, preys upon itself; the cerebral elements seem to get jarred and out of gear: and with this condition the stomach sympathises. But in addition to worry the habitual practice of calling into action the 'reserve fund' of the cerebrum, as already mentioned, will bring about the same consequences—namely, cerebral fatigue and exhaustion, indicated chiefly by preternatural irritability; this condition, sooner or later, telling upon the digestive organs. Having said this, it is almost unnecessary to add that such cases are most commonly met with amongst those who are engaged in the hottest part of the 'battle of life,' or 'struggle for existence'; and, again, amongst these, chiefly those whose business or profession leads to much anxiety, uncertainty, or overstretching of the mental powers. In over-aspiring, over-ambitious natures 'hope deferred' may bring about the same results; as, according to the biblical expression 'it maketh the heart sick.' My attention was drawn to several cases of dyspepsia, connected with one or other of these conditions, some time ago; and what made me more strong in my view of these cases being cerebral, and not stomachic at all in their origin, was their obstinacy under all forms of natural treatment. Latterly I have found that the only treatment capable of doing these cases any permanent good is a change, in the wide sense of the term—a relaxation from business or study; and, as regards medicines, not such as are meant to act on the stomach directly, but those meant to act on the cerebrum. Amongst these I have found the most useful to be the bromide of ammonium, or bromide of potassium —preferably the former—given in a sufficient dose at bed-time, to secure a good night's sleep, this being often very indifferent, and so tending to complicate the case; and, combined with this, to be taken three or four times during the day, such medicines as are known to have a building up effect on the nervous system. Amongst these, the most useful being phosphorus, or the hypophosphites, and cod-liver oil. Arsenic and quinine

are often also useful, and a generous diet is always indicated. Unless the stomach has passed into a state of disease (which it may do, if overtasked when in this weakened state), any of these medicines are generally well borne. It will be well to bear in mind, however, that if the mucous membrane of the stomach be in a state of irritation, quinine, arsenic, phosphorus, the hypophosphites, and sometimes even cod-liver oil, are generally inadmissible."—*British Medical Journal.*

ON THE THERAPEUTIC VALUE OF SULPHUROUS ACID IN SCARLATINA MALIGNA.

Dr. Keith Norman Macdonald, after denying the prevalent opinion that no reliance can be placed on any drug in cases of scarlatina, does not hesitate in affirming that, when properly applied, both locally and internally, sulphurous acid is by far the most efficacious remedy we possess. He continues: "I have had several opportunities of testing its efficacy in some of the worst cases I have ever seen, during the epidemic which has been rife in this town (Cupar Fife) for the last two months, and I am bound to say that, of all remedial measures in this disease, it is, in my opinion, the most reliable. My treatment is as follows. The moment the throat begins to become affected, I administer to a child, say of about six years of age, ten minims of the sulphurous acid, with a small quantity of glycerine in water, every two hours, and I direct the sulphurous acid spray to be applied every three hours to the fauces for a few minutes at a time, by using the pure acid, in severe cases, or equal parts of the acid and water, according to the severity of the case. Sulphur should also be burned in the sick chamber half a dozen times a day, by placing flour of sulphur upon a red hot cinder, and diffusing the sulphurous acid vapour through the room, until the atmosphere begins to become unpleasant to breathe.

"In the worst cases, where medicine cannot be swallowed, this and the spray must be entirely relied upon; and the dark shades which collect upon the teeth and lips should be frequently laved with a solution of the liquor potass permanganatis, of the strength of about one drachm to six ounces of water, some of which should be swallowed, if possible.

"In cases presenting a diphtheritic character, the tincture of perchloride of iron should be administered in rather large doses in a separate mixture with chlorate of potash, and equal parts of the same with glycerine should be applied locally, with a camel's-hair brush several times in the day; but, as in the majority of cases among children, it is next to impossible to use a local application more than once; the spray and permanganate solution will then prove of great service.

"As to other remedies recommended by various authors, ammonia is nasty, and cannot be taken well by children; carbolic acid has the same fault, and cannot be applied properly. Gargles are also useless in children, because they seldom reach the diseased surfaces, and warm baths and wet sheet packing are dangerous, because they are never carried out properly in private practice. The hypodermic injection of pilocarpine is a remedy that may give good results hereafter, but I have had no experience of its use."—*British Medical Journal.*

DISLOCATIONS OF THE THIGH REDUCED BY NEW METHODS OF MANIPULATION.

In cases where reduction of the femur by manipulation, in the usual way, with the aid of anæsthetics, has failed, or is inapplicable, and as a substitute, in many cases, for anæsthesia, assistants, and mechanical power, Mr. Kely (*Dublin Journal of Medical Science*, October) proposes the following methods:

For posterior dislocations.—The patient is laid prostrate upon the floor. Three strong screw-hooks are inserted into the flooring close to the perineum and each ilium of the patient, and to these hooks he is secured by strong bandages or rope. The injured thigh is flexed at right angles to the patient's body: the foot and lower extremity of the tibia are placed against the perineum of the surgeon who, bending forward, with the knees slightly flexed passes his forearms behind the patient's knee and grasps his own elbows. Reduction is now accomplished by drawing the femur upwards; but circumduction may also be practised; the surgeon, stepping backward, then extends the limb, and lays it by the side of its fellow. In sciatic dislocations, in order to liberate the head of the bone from the foramen, a bandage may be passed around the thigh, close to the trochanter, by which an assistant may make traction.

For anterior dislocations.—The patient is placed upon a table of such elevation as to have his pelvis nearly as high as the trochanter of the surgeon. A bandage around the pelvis, and secured to the side of the table farthest from the dislocation, affords counter-extension. The surgeon, with his face directed towards the dislocated joint, and standing on its inner side, with his trochanter pressed against the femur, now bends the leg behind his back, and grasps the ankle with the corresponding hand. Reduction is effected by rotating or turning his body partially away from the patient, thus making traction on the femur in the most favorable direction, and at the same time pressing its head towards the acetabulum with the disengaged hand

DIALYSED IRON.

Many have been the discussions relative tc Dialysed Iron; the matter has come under repeated investigation at pharmaceutical meetings; and, as far as mode of manufacture is concerned, little, perhaps, remains to be learnt. But two different theories have been maintained: one, that Dialysed Iron possesses merits which set it above all other liquid forms of iron; the other, founded probably on its want of astringency and slightly perceptible taste, that its claims as a therapeutic agent are questionable in the extreme.

Dr. Proster James, in a late original communication in the *Medical Times*, appears to have given an impartial summary of the position which Dialysed Iron is entitled to hold in medicine. He remarks, that the persalts of iron are frequently employed solely on account of their astringent property, while the protosalts are occasionally considered as destitute of this quality. Yet this variation of itself is an indication of their distinctive use. The freshly-prepared carbonate is an excellent mild chalybeate, but difficult to keep in an unaltered state, so that preference is given to the ferrum redactum. The scale preparations of iron are held in repute, both from the extreme facility of their exhibition, and their grateful taste. When these three forms of iron are inadmissible, Dialysed Iron may be resorted to with admirable effect: it is a milder chalybeate than the preceding three, and does not produce the slightest irritation.

When other iron preparations are not tolerated Dialysed Iron is indicated. It would be wiser, in the opinion of Dr. Prosser James, where a chalybeate is needed, to commence with the most easily tolerated form, which does not interfere with the digestive organs, and need not be preceded by the time-honored aperient.

It remains, however, for consideration whether Dialysed Iron has more to recommend it than the ingenuity of its production, and the pleasantness of its taste. There have not been wanting, those who have pronounced decidedly against its efficacy. In the present instance, a most favorable opinion is expressed: "That the metal is readily taken into the blood is not to be doubted, although some have supposed that there would be a difficulty in the absorption of particles which do not pass the dialysing membrane. But this suggestion can have no weight, considering the numerous insoluble substances which are at once so changed in the stomach as to become easily assimilated." By the modern method of counting blood corpuscles, Dialysed Iron was found both to increase the number, and to have improved their condition. Dr. James gives, for an average dose, 20 to 50 drops daily, in three doses. Dr. Weir Mitchell gives a drachm of the solution at a time. Usually, the dose is from 10 to 20 drops after each meal in a little water, or on sugar.

Another and obvious use of Dialysed Iron is *as an antidote for arsenic*—preferable, certainly, in point of convenience, to the moist peroxide, which must be prepared at the time, involving the danger of delay.

It appears that specimens have made their way into the market, which are not only innocent of any acquaintance with the dialysing membrane, but seem little else than diluted solution of perchloride. The fraud is easily detected. The product of dialysis is neutral, and is non-astringent. Its purity can be ascertained by any of the tests mentioned above; and, finally, it is a preparation which can only be prepared with advantage on a large scale. Abridged from the *London Chemist and Druggist*, Dec. 15, 1882.

CLIMATIC TREATMENT OF PHTHISIS.

In a communication to *The Record*, Dr. R. B. Haywood of Raleigh, N. C., states his doubts as to the propriety of sending consumptive patients to Florida and other debilitating climates. He expresses himself as being a convert to the views of those who, adopting a tonic plan of treatment, have with benefit turned the invalid current to the sea-shores of New Jersey. During his thirty-eight years of practice he has never sent a patient to Florida *with any satisfactory result*. On the contrary, he is convinced that the breaking down of the tubercle is hastened by such procedure. The climate of Florida, according to our correspondent, is exceedingly debilitating, miasmatic, and productive of complicating pneumonia. The country is subject to "northeasters," the temperature varies greatly from day to day, and insect life is particularly obtrusive and harassing. Experience, he claims, has taught him that the humidity, particularly where the air is free from impurities, exercises no baneful effect. Sea air is tonic, pure and medicinal. If there is any virtue in inhalations, he argues, the sea air breathed should also be of efficacy, in view of the various ingredients of the sea water, which it carries with it—compounds of chlorine, sulphuric acid, lime, magnesia, phosphoric acid, etc. The effect of sea air is quickly manifested in elevating the tone of the system, increasing strength, and exercising a marked action in anæmia and general debility. For the last three years Dr. Haywood has been in the habit of directing his patients to go to Morehead City or to the town of Beaufort, latitude 34° 41', situated in the "bight" of Cape Lookout, N. C., and thirty miles from the hundred fathom line of the Gulf Stream. The sea breeze, we are told, is constant, and delightfully tempered by the Gulf Stream. The mean annual temperature is identical with that of the city of Rome, in Italy, *i. e.*, 61°. Raleigh, almost on the same parallel, shows a mean of 57°, and Asheville, still farther west, one of 54°. Havanese invalids often suffer from the cold as late as March 10th, and "northers" frequently blow during half the winter.

Two of the writer's patients who had sojourned at Morehead last summer express themselves as feeling almost entirely well, while a third was greatly benefited. After discoursing upon the facilities of this place, Dr. Haywood concludes by recommending it not only to consumptives, but also to the anæmic, uterine cases and to persons suffering from general debility.

WRITER'S CRAMP.

M. Wolf (*Le Progrès Medical*, 1882, No. 3) has earned a considerable reputation by his success in the treatment of this class of affections. His system consists in a combination of gymnastics and massage. He makes his patients execute movements in all directions with the affected hand for a half an hour to an hour and a half at a time, three or four times a day; and, in addition, the muscles involved are stretched more or less forcibly three or four hundred times daily. He also uses massage and friction, and attaches considerable importance to percussing the affected muscles. The most essential part is the extension of the spasmodic muscles.—*Alienist and Neurologist.*

LOSS OF HAIR.

In case of general thinning and loss of hair when the exciting cause has been largely due to dandruff of the scalp:

℞. Tinct. of saponin..... ℥ iss.
Fluid petroleum. ..... ℥ j.
Hydrarg. oleate..... ℥ iss.

Sig. Shake well, after which pour a small quantity in the palm of the hand, rub between the hands and then apply with friction to the scalp.—*Medical Times.*

LEFT SIDE PAIN.

We frequently have patients come to us complaining of pain in the left side, who are otherwise apparently healthy, and we are at a loss to account or the pain. At a recent meeting of the Academy of Medicine, in Ireland, Dr. Wallace Beatty read a paper on this subject, which we read in the *Medical Press and Circular*, January 3, 1883. He considers the pain, in many instances, due to fecal accumulation, and it can be removed by getting rid of the accumulation. The pain is felt over the lower few ribs on the left side, associated with great pain on upward pressure of these ribs, but no pain on downward pressure. He ascribes the pain to the dragging of a loaded colon on the pleuro-colic ligament, setting up extreme irritability of the nerves.—*Phil. Med. Reporter.*

TREATMENT OF VULVAR PRURITUS.

M. Bernier (*Journal Med. et de Chir. Pratiques*) after trying all forms of application in a case, found that most benefit was obtained from the following unguent:

℞. Ung. diachylon simpl. (Fr. cod.), ol. olivæ, aa equal parts. M.

On the other hand, M. Delaporte recommends, in the same pruriginous affections, the following lotion:—℞. Sodæ carbolat., 3 ss.; aquæ colon., iiss.; glycerinæ, ℥ iiiss.; aquæ, ℥ x. M.

Lotions with this wash should be made whenever irritation is intense, and particularly at bedtime. The liquid should be applied cold, with a fine sponge.

AN ELECTRIC LAMP.

The *Boston Traveller* of January 2nd says:—Of all the attempts which have been made of late to utilize the wonderful resources of electricity for domestic purposes none have been more strikingly successful, and few are so interesting to a wide range of readers, as the new invention of the Portable Electric Light Company, whose manufactory, at 79 Water Street, is now a scene of the greatest activity, both day and night. The instrument from which this Company takes its name is a small and compact piece of mechanism, occupying a space only five inches square, and it can be readily carried from room to room as it weighs but five pounds. It is so constructed as to furnish electricity whenever desired for a large number of important and constantly recurring domestic uses. When provided with simple window, safe or door attachments, it serves as an unfailing and startling burglar alarm, the trespasser being confronted with light and bell instantly; and is equally adapted for the ordinary uses of a call bell. As a lighter, it is perfect, being capable of producing instantaneous light in any part of the house, by adjustments furnished by the company. It can also be attached to a medical galvanic coil by which a powerful current of electricity can be conveyed. Many prominent business men are interested in the Company, which was incorporated under the laws of Massachusetts, and is enjoying already a most gratifying success. Orders or inquiries should be addressed to the business office of the Company, No. 27 Water Street, Boston. We understand that this instrument is sold at the low price of five dollars: ten dollars complete with attachments.

BEEF TEA.

Dr. Ridges gives the following directions for preparing an article, which really is what it purports to be, and far superior to any of the so-called extracts of meat:

1. Take 1 pound of lean gravy beef, and cut it into pieces as small as possible. A sausage-machine will accomplish this most thoroughly, and thus save half the time of step No. 5, while it will enable you to extract all the goodness of the meat more thoroughly.

2. Place the meat in a preserve jar with one salt-spoonful of salt, and put the jar in a saucepan sufficiently large to allow the lid to be placed on when the jar is in it.

3. Mix in a large jug equal quantities (carefully measured) of boiling water and cold water.

4. Put a half a pint of this mixed water into the jar which contains the meat, and pour sufficient of the remainder into the saucepan outside the jar to reach as high as the water inside the jar, then put the lid on the saucepan, and place it on the hearth, not on the fire or on the hob. It will do no harm to cover the saucepan with a cloth or anything which will keep in the heat.

5. The meat must remain in the jar from three-quarters of an hour to two hours, according to the fineness to which it has been chopped, being stirred every quarter of an hour. If cut into pieces a little smaller than dice, one hour and a half will be sufficient. At the end of this time take out of the jar and strain through a hair sieve, or through muslin, with gentle pressure.

6. Place the red meat juice thus obtained in a small saucepan, and heat it to boiling while you stir. It will turn brown, and curdle. Strain off the solid flakes, and rub these thoroughly with a small teaspoonfnl of arrowroot or corn flour, then boil these again five minutes with the liquor which was strained off, and set it on oneside for the present.

7. Now take the meat which was left in the sieve at the end of step No. 5, and put it into a saucepan with a quart of boiling water, cover, and let it simmer over a slow fire for three hours; then allow it to boil and strain immediately.

8. Now boil this strained liquor down to half a pint

9. Then mix this half pint with the half pint left at the end of step No. 6, and you will have one pint of strong beef tea containing all the soluble portion of the meat.—*Druggist.*

THE USE OF IODINE AS A STOMACHIC SEDATIVE.

The employment of iodine for the relief of the vomiting of pregnancy has been somewhat in vogue for a number of years. And while the success attending its use has been pointed out with more or less enthusiasm its exact value has never been established.

Dr. T. T. Gaunt (*American Journal of the Medical Sciences* for April, 1883) has for a number of years been employing the compound tincture of iodine in drop doses in nearly all forms of emesis, and reports thirteen cases of the most varied character in all of which vomiting was promptly arrested by the use of this drug.—*American Journal of the Medical Sciences.*

ACTIVE LOCAL TREATMENT IN GLEET.

Dr. J. S. Main writes as follows to the *British Medical Journal:* G. B., aged nineteen, intelligent, of strumous temperament, came under my care over twelve months ago, suffering from gleet of five weeks' duration, following upon a sharp attack of gonorrhœa. The discharge was abundant and purulent; the patient himself in a weak condition, and suffering considerably from moral depression. Exploration with a bulbous-pointed catheter enabled me to detect that the raw surface lay just behind the fossa navicularis, and so I thought it a good case for local treatment. Accordingly, having kept the patient in bed, and prepared him by giving, a few hours previously, thirty minims of laudanum, I inserted a medicated urethral bougie, containing half a grain of nitrate of silver (the patient having previously emptied his bladder), the orifice of the urethra being kept closed by lateral pressure with the fingers. This "bit" rather severely, and was followed by the symptoms of acute urethritis. After these had passed off, however, I found that the treatment had been effectual, as no symptoms of gleet returned.

I have just lately seen this patient, and he informs me that the cure has been permanent. He mentions, however, that for some months afterwards, when he thought "his stomach was out of order," he felt a hot sensation at the part when making water, followed by a sensation of itching. The only other treatment in this case was a tonic of steel and quinine to relieve the depression.

I would remark that, in such cases, unless the patient can be kept in bed for a few days afterward, active local treatment can not be entertained. I have known a case in which acute epididymitis with orchitis (testitis of Bryant) followed the use of a strong injection of sulphate of zinc, the patient being allowed to go about as usual. Supporting the testicles with a suspensory bandage is not sufficient in such cases. In all cases, however, where active local treatment is employed, it is useful, and should not be omitted.—*N. Y. Med. Jour.*

IS CONSUMPTION A SPECIFIC AND CONTAGIOUS MALADY, OR IS IT NOT?

Dr. Formad, the pathologist of Philadelphia, in a paper read before the Philadelphia County Medical Society, claims to have proven the fallacy of Koch's theory as to the specific nature of tuberculosis; and he denies the existence of the tubercle bacillus, except as an accidental and secondary circumstance. Tuberculosis is, therefore, not contagious.

Prof. H. C. Wood, his co-laborer in the same field of study, holds the same opinions. Dr. H. D. Schmidt, of New Orleans, believes that he has made it certain that Koch's tubercle bacillus is only a fat crystal. A number of foreign experimenters are equally unable to find the tubercle bacillus; but very recently, Dr. Hirshfelder, of San Francisco, has found it again, and has shown,

as he thinks, that Dr. Schmidt had deceived himself, by washing out the coloring matter with ether, and thus rendering the bacillus invisible.

Prof. Wood also declares that the specific and contagious nature of tubercle is opposed to clinical experience, while Prof. Janeway reports a group of cases which tend to support the doctrine of Koch. A man, suffering from tuberculosis, communicated the disease to a pet dog who habitually slept with him, and the dog died. A second dog, which he substituted for the first, shared the same fate, and a third bid fair to succumb in like manner, but fortunately saved by the timely death of his master. It is not said that in the case of the dogs the existence of tuberculosis was verified by the medical attendant or by an autopsy, but no doubt Prof. Janeway is well assured of the correctness of the report as made by him.

Meanwhile, the disciples of the two schools are arranging themselves under their appropriate banners. In most cases the younger members of the profession, who never miss a chance for a seat in the car of progress, arrange themselves as disciples of the German school. They hold to the bacillus. While the older and more conservative members, as a rule, are to be classed among the doubters, if, indeed, they be not properly classed sometimes as open scoffers.—*We will see.—Med. Gazette.*

THE TREATMENT OF PRURITUS VULVÆ.

Professor N. F. Tolochinoff describes (*Vracheb. Vedom.*, No. 18, 1882.) the treatment he successfully adopts in endlessly varying cases of pruritus of the female external genitals. In all cases he recommends washing of the latter two or three times daily with a weak solution of bicarbonate of soda (half a tablespoonful in a basin of water with a tablespoonful of eau de cologne). When irritation, redness, and tumefaction are only moderate, powdering with oxide of zinc and starch (1 to 6), or smearing with zinc ointment (3 ij to ℥j of spermaceti ointment) are sufficient. When irritation is more considerable, and erosions and exulcerations are present, he applies in addition 2 per cent. carbolic solution, or ½ per cent. (℞ Plumbi acetatis, 3 j; tincture opii., 3 iij; aquæ destill. lb.j). In cases of simple eczema there are indicated Hebra's diachylon ointment, green soap, and other similar remedies. Pubic lice are best killed by the gray mercurial ointment. When pruritus is very severe, but the changes on the external genital parts are only slight, the best results are obtained from ice-dressing, smearing with carbolized oil (1 to 1), hypodermic injections of morphine, and the internal use of bromide of sodium (3 j) daily. In cases of diabetic pruritus, the best means is the administration of alkaline mineral waters and salicylate of soda; the latter being useful, too, in pruritus accompanying chronic cystitis. In itching from gonorr hœal urethritis, the author cauterises the urethral walls with 10 per cent. of silver solution (by means of a silver or platine probe). In cases of pruritus from colpitis, the latter is treated by the introduction every third day, through a speculum, into the vagina of a teaspoonful of silver solution (1 to 30), with subsequent plugging; the tampons (and solution) being left for twenty-four hours. Their removal is followed by an injection of tepid weak solutions of lead or borax. Very useful, too, is the introduction of a powder consisting of crude alum and starch (1 to 5), the powder being retained in the vagina by cotton-wool tampons. In cases of cervicitis and endometritis, itching disappears on dilatation of the cervix and an intra-uterine injection of tincture of iodine or solution of nitrate of silver. A good palliative means, in cases of pruritus from uterine and vaginal catarrh, is plugging of the vagina with hygroscopic cotton-wool (changed twice in a day), as first recommended by Dr. Gaillard Thomas.—*London Med. Record.*

TREATMENT OF PUERPERAL MASTITIS BY IODIDE OF LEAD OINTMENT.

In the *American Journal of Obstetrics*, Dr. Thomas T. Gaunt expresses his disappointment at the ill success of belladonna in checking the secretion of milk, but reports good effects from iodide of lead. He says: "The breast being dried and carefully cleansed, we smear its surface with the officinal ointment of the iodide of lead, and then gently rub it in until a considerable quantity is absorbed. Soak a piece of sheet-lint, of a size sufficient to cover the breast, in the following solution: Acetate of lead, from 3 ij to ℥ss to the pint, of one to four solution of alcohol. If we desire a more elegant preparation, eau de cologne may be substituted. If there be much pain it is often well apply an ice-bladder upon the sheet-lint covering the breast. The lint should be frequently dipped in the lead lotion. The following phenomena will present themselves: First, a cessation of pain, fullness and uneasy feeling of distention, which is so annoying. It is common for the patient, who has been exhausted by pain and consequent loss of sleep, to fall into a refreshing slumber even after the application is made. In the course of three or four hours the breast may be completely emptied by an experienced hand. The ointment should be used as a lubricant during the manipulation. By applying the iodide freely twice or thrice daily, the secretion will be gone in less than one week, as a rule. The pivotal point in the treatment is the use of this ointment, the evaporating lotion and cold being only adjuncts. I have proved by repeated trials that, when applied alone, it is capable of exerting an absolute control over the secretion. I believe we here invoke a specific action from the lead iodide. A point of considerable moment is the partial anæsthesia it is capable of inducing, which thus enables us to empty the glands, where before, even slight pressure was badly borne. Its action, without doubt, extends to the epithelial cells and inhibits their secretory activity, as is seen in its action, in cases like the above, in causing the drying up of the secretion."—*Boston Med. and Surg. Journal.*

THE CANADA MEDICAL RECORD,

A Monthly Journal of Medicine and Surgery.

EDITORS:

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

R. A. KENNEDY, M.A., M.D.

JAMES C. CAMERON, M.D., M.R.C.P.I.

SUBSCRIPTION TWO DOLLARS PER ANNUM.

All communications and Exchanges must be addressed to the Editors, Drawer 356, Post Office, Montreal.

MONTREAL, APRIL, 1883.

MONTREAL GENERAL HOSPITAL.

The vacancy created by Dr. Wright's resignation from the Attending Staff of the Hospital, will be filled, it is believed, at the annual meeting of the Governors on the 17th of May. Dr. Shepherd and Dr. F. W. Campbell are the Candidates. With a view of being prepared for possible vacancy on the outdoor staff, which will occur in the event of Dr. Shepherd's election to the attending staff, there are several candidates in the field, viz., Drs. Burland, MacDonnell, and Blackader. As elections are now by ballot, no one can foretell even the probable result. There is the usual irritation felt at two of the candidates getting ahead of all others by an early intimation of the vacancy. It is just possible, however, that the coming election may shew that the Governors now understand this matter, and are prepared to judge of candidates upon other grounds, than priority in the field.

TORONTO GENERAL HOSPITAL.

There were 283 registered Students in attendance in the Toronto General Hospital during the past winter session.

MEETINGS OF CONVOCATION.

McGILL UNIVERSITY.

The annual meeting for conferring of degrees in the Faculty of Medicine was held in the William Molson Hall, on Saturday, 31st March, the room being crowded with students and friends of the University.

Professor Howard, Dean of the Faculty, read the following list in the Faculty of Medicine:

The total number of students enregistered in this Faculty during the past year was 188, of whom there were from Ontario, 93; Quebec, 44; Nova Scotia, 7; Manitoba, 3; New Brunswick, 15; Prince Edward Island, 9; Newfoundland, 2; West Indies, 2; United States, 13.

The following gentlemen, 30 in number, have fulfilled all the requirements to entitle them to the degree of M.D., C.M., from the University:

Allan, Clarence E.
Bowser, James C.
Cameron, Chas. E.
Carruthers, George.
Dearden, George A.
Gardner, John J.
Gray, James.
Hanvey, Chas. B. H.
Harrison Henry J.
Henry, Wm. G.
Hopkins, Alf. J.
Johnson, Jonathan R.
Lathern J. Simpson.
Loring, J. Brown.
Maher, J. J. E.
Martel, Ovide.
McLeod Arch., B.A. (McGill).
MacNeil, Alex.
MacLean, John W.
McDonald, Alexander.
Muckey, F. S.
Phippen, Samuel S. C.
Ross, Wm. K.
Rutledge, And. J.
Scott, Walter McE.
Shaver, Wm. H.
Sibler, George A.
Stewart, Andrew.
Struthers, Robt. B.
Wood, Edward S.

MEDALS, PRIZES AND HONORS.

The Holmes Gold Medal for the best examination and final branches was awarded to C. E. Cameron, of Montreal.

The Prize for the best Final Examination was awarded to J. Brown Loring, of Sherbrooke, Q.

The Prize for the best Primary Examination was awarded to Edwin G. Wood, Londesboro, O.

The Sutherland Gold Medal was awarded to R. F. Ruttan, B.A., Napanee, O.

The following gentlemen, arranged in the order of merit, deserve honorable mention:

In the Primary Examination Messrs. R. F. Ruttan, B.A., W. A. Ferguson, B.A., J. H. Darey, B.A., F. G. Finley, H. E. Trapnell, H. T. Hurdman, T. A. D. Baird, F. N. Burrows, M. C. McGannon, and Fred. M. Harkin.

In the Final Examination Messrs. Struthers, Lathern, Bowser, Gray, Carruthers, Gardner, Henry, Scott and J. R. Johnson.

PROFESSORS' PRIZES.

Botany.—Prize: Chas. W. Wilson, Cumberland, O., and J. A. Kinloch, Montreal.

For the best Collection of Plants.—H. E. Trapnell, Harbor Grace, Nfld.

Practical Anatomy.—Demonstrator's Prize: 2nd year, F. G. Finley, of Montreal; 1st year, A. L. Howey, Eden, O.

Morbid Anatomy.—James Gray, of Brucefield, Ont., and C. E. Gooding of Barbadoes, W. I.

Dr. J. Brown Loring then delivered a very suitable valedictory on the part of the class, and Prof. Girdwood addressed the graduates on behalf of the Faculty.

BISHOP'S COLLEGE.

Twelfth Annual Convocation of the Medical Faculty.

A large number of friends of the College gathered in Synod Hall on the afternoon of the 5th of April, and among them a goodly representation of the fair sex in spite of the very disagreeable weather. The chair was occupied by Dr. Heneker, of Lennoxville, Chancellor of the University of Bishop's College, and on the platform were Dr. F. W. Campbell, Dean of the Faculty of Medicine, and Dr. Kennedy, Registrar, while the members of convocation in their robes occupied seats on the floor on either side.

Dr. Heneker, in the course of his introductory remarks, alluded to the growth and importance of Bishop's College, of the good and substantial work being done by the Medical Faculty here, as well as by the parent institution at Lennoxville. He discussed at some length the propriety of making the degree of B.A. a qualification for entrance into any of the learned professions, as it is the world over except in this province. The College School at Lennoxville was also doing good work, and much might be expected from it in the future, from the fact of the influence of the professors of the College over it, among whom the name of Rev. Principal Lobley was mentioned and a high tribute paid to his learning and merits.

Dr. F. W. Campbell, Dean of the Faculty, then read the

Annual Report,

in which he stated that the session just closed had been very trying, but that in spite of difficulties the work had been well and successfully accomplished. At the opening of the year they had been called upon to mourn the loss of the late Dean, Dr. David, and shortly after the opening of the session, the late Dr. Kollmyer had been taken down, and, after a prolonged and painful illness, passed to his long home on the 13th of March. He had been connected with the Faculty from its very foundation, and was, without doubt, one of the ablest lecturers on Materia Medica in the Dominion. This course of lectures had been delivered during the winter by one of the graduates of the College, Dr. Young. Dr. Kennedy, Professor of Midwifery, had also been prevented by serious illness from performing his duties, and the work had been done by Dr. McConnell, Professor of Botany. The Dean then read the pass and prize lists as follows :—

Botany—A. F. Longeway, prize; R. C. Blackmer and A. P. Scott, honorable mention; H. P. Wilkins, D. McNamara, J. P. Charest, P. E. Minckler, M. Tremblay, B. J. Ambrosse.

Practical Chemistry—C. E. Parent, F. R. England, E. Bronstorph, C. B. Ball, W. D. Nutter, C. Lafontaine, D. McNamara, W. G. Nichol, A. P. Scott, C. Ulrich, E. Laferriere, W. Patterson, J. P. Charest, E. M. Pinckney.

Anatomy—F. R. England, C. Lafontaine, W. H. Drummond.

Physiology—C. Lafontaine, C. E. Parent, W. G. Nichol, E. O'B. Freleigh, E. Laferriere, W. D. Nutter.

Materia Medica—J. B. Saunders, A. P Scott, W. E. Nichol, E. M. Pinckney, C. Lafontaine, D. McNamara, W. D. Nutter, C. E. Parent, E. Laferriere, C. Ulrich, J. P. Charest.

Chemistry—A. P. Scott, W. G. Nichol, E. M. Pinckney, D. McNamara, C. E. Parent, C. Ulrich, W. D. Nutter, C. Lafontaine, E. Laferriere.

Hygiene—J. A. Casswell, E. Sirois, F. R. England, W. G. Nichol, C. E. Parent, E. M. Pinckney.

The following candidates successfully completed and passed their primary examinations, consisting of Anatomy, Physiology, Materia Medica and Hygiene:—Ernest E. Bronstorph, winner of the David Scholarship; R. C. Blackmer and C. B. Ball, first-class honors; E. O'B. Freligh, second class honors; P. E. Minckler, W. Patterson

Passed in Medical Jurisprudence, F. B. Saunders, W. A. Mackay.

Passed the final examinations, consisting of Practice of Medicine, Surgery, Obstetrics, Pathology, Medical Jurisprudence, Clinical Medicine and Clinical Surgery—J. A. Casswell, Wood gold medal; E. Sirois, Chancellor's prize; P. E. Minckler.

Dr. Campbell having resumed his seat, the oath of allegiance to Her Majesty was administered to the graduating class by the Chancellor, and the whole assembly united in singing "God Save the Queen."

Dr. Kennedy then administered the medical oath, after which the

DEGREE OF C.M., M.D.,

or Master of Surgery and Doctor of Medicine, was conferred on Dr. W. R. Bell, of New Edinburgh, Ont., *ad eundem gradum*, that gentleman being a graduate of Erlangen, in Bavaria, the birthplace of the celebrated Pereira. The degree in course was then conferred on the graduating class, viz., Drs. J. A. Casswell, E. Sirois and P. E. Minckler.

The gold medal was then presented to Dr. J. A. Casswell, the Chancellor's prize to Dr. E. Sirois, senior prize for practical anatomy to Ernest Bronstorph, and the junior prize to H. P. Wilkins.

The Dean, Dr. F. W. Campbell, then delivered the valedictory address to the graduating class. He spoke feelingly of the duties and responsibilities before them in the noble art which they had adopted; gave wise counsel for their behaviour in professional life, urging them to be guided by the example and follow in the footsteps of the many noble men who had sacrificed their lives in battling with epidemics of disease. Their profession could claim to be the oldest of all professions, dating from 500 B.C., when Hippocrates, that mighty intellect, first laid the foundation of it; though not yet an exact science, the great progress made during the present century pointed hopefully to a time when many diseases now pronounced incurable would be amenable to the skill of the physician. Their life would be one of danger and diffiulty, but they must not shrink; nor, on the other hand, must they look for success too rapidly; the surest success was that which came slowly, and earnest, faithful work with enduring patience would more surely bring good results and well merited approval than any clap-trap devices for getting into practice. He concluded by wishing them God-speed, after which the meeting adjourned.

COLLEGE OF PHYSICIANS AND SURGEONS, P.Q.

The Preliminary Examination for admission to the study of Medicine will be held in Montreal on the 4th and 5th of May. There are about eighty candidates.

The Semi-annual meeting of the Board of Governors of the College will be held in Montreal on the 9th of May.

The College has obtained judgment, and a fine of $50 and costs, against Ferdinand Rousseau, of Arthabaskaville, for illegal practice of Medicine.

In referring to the recent movement in England, having for its object the collective investigation of disease, Sir James Paget said: "If I may impute a fault to those [physicians] who are admirable in all the ordinary work of life, I would suggest how large a quantity of knowledge lies scattered and lost to the scientific world in charge of those who are in large practice and who record nothing."

The National Health Society, London, has introduced a form of garment, made of mackintosh, to be worn by those people who are compelled to enter the apartments of persons suffering from contagious diseases. Used in conjunction with a medicated cotton respirator, it is said to be a protection against contagion.

Dr. Reklam, in a recent number of the *Gesundheit*, says that the headache, restlessness, etc., which are sometimes caused by keeping flowers in bed-rooms, do not result from any special properties of the flowers themselves, but from the continued strain brought to bear upon the olfactory nerves.

PHARMACEUTICAL ASSOCIATION PROVINCE OF QUEBEC.

The examination for certificates was held on the 25th April, when the following gentlemen were successful:

Major Examination.—Chas. E. Scarff, Alph. Davidson, Ed. Leonard, Alexis Robert, Ernest G. Swift, Adhelm Dugal. *Minor Examination.*—A. E. Holden, L. Flanagan, Joseph H. Nault, R. A. Kerry, A. R. Reid, F. Baker, J. L. Beaudry, W. Purchard, M. B. Rice, E. F. G. Daniel. In the minor list the first two tied.

The Board of Examines, is constituted as follows:—A Manson, Esq., Chairman; Mssrs. H. R. Gray, J. D. L. Ambrose, H. F. Jackson, R. McLoad (Quebec), F. E. Gauvreau (Quebec), and William Anern, Secretarp and Registrar.

Mr. Ambrosse having accepted position of Drug appraiser at the Custom House will retise from the Council, but will retain his position on the Board of Examiners.

DR. W. E. SCOTT.

We are sure the numerous friends of Dr. W. E. Scott, Professor of Anatomy in McGill University and Surgeon of the Grand Trunk Railroad, will learn with deep regret of his serious illness. He suffered much during the winter from asthmatic attacks, but his hale and hearty appearance gave hope that their presence did not indicate serious organic disease. Within the last few weeks, however, evidence of renal and cardiac trouble became too evident to be thrust aside. He has been confined to the house for some weeks, and at the time of writing there are some signs of amelioration. We know that all his friends will join us in hoping that his vigorous constitution may be able, for a while at least, to hold in check his serious disease.

THE NEW ANATOMICAL ACT.

Public opinion has been fairly aroused on this subject, and the result has been that a new Anatomical Act has been passed by the Quebec Parliament. This Act, so far as we can gather, seems well calculated to do away with body snatching. It must, however, be enforced, or the result sought for will not be obtained. To have it enforced we must have in Montreal a thoroughly competent inspector, and this, we believe, we are likely to have. Mr. Lamirande, for the past three years the prosecuting officer of the College of Physicians and Surgeons, is a candidate for the office, and we hope will receive it. In our opinion he is peculiarly well qualified for such a position, and we are glad to know that his prospects are good. During the discussion in the House we regret to say that several members seemed woefully ignorant on the subject, and expressed themselves in a manner quite uncalled for. It was also opposed where we would have thought support was certain. Thanks, however to the Ministry, it was passed, and we hope in our next to give its text in full.

The Committee of the American Medical Association appointed to consider the advisability of issuing an Association journal, and to take steps to accomplish that object, has received such encouragement from the members of the Association that they feel warranted in beginning its publication. It is to be a weekly, and it has been determined to publish it in Chicago. Dr. N. S. Davis, of that place, has been selected as the editor.

WINNIPEG MEDICO-CHIRURGICAL SOCIETY.

The Medical men in Winnipeg have formed a Medico-Chirurgical Society, and elected the following officers:

President—Dr. Lynch.

1st Vice-President—Dr. Whitefield.

2nd Vice-President—Dr. Codd.

Secretary-Treasurer—Dr. Covernton.

Council—Drs. O'Donnell, Patterson, Jackes, Brett, Phillips and Kerr.

THE CENTURY MAGAZINE.

This magazine still maintains its hold on the public as one of the very best of our monthlies. Subscriptions can commence at any time. We give the *Century* and the RECORD for $5.00 a year.

COPPER AMMONIA-SULPHATE IN NEURALGIA.

Dr. Féréol some time ago recommended ammonia-sulphate of copper in trigeminal neuralgia. Dr. Vaudenabeele (*Bulletin-Générale de Thérapeutique*, October 25th, 1882) has recently found this drug of marked benefit in certain cases of facial *tic douloureux*. In almost all it relieved the pain, sometimes immediately, and restored sleep to patients deprived of it for weeks. The dose was from one and a half grains to two and a quarter, increased, according to the sensibility of the patient, to three and five grains. The digestion was somewhat disturbed.

GALL STONES IN AN INFANT.

Dr. A. Dunbar Walker contributes the following interesting case to the *British Medical Journal*. He saw a male child, three months old, who had been brought up entirely at the breast, and had always been healthy, excepting a slight attack of jaundice, a few days after birth. In the evening it commenced to cry, and continued to do so almost uninterruptedly for six hours, when a sedative mixture afforded a little restless sleep. The next morning a dose of caster oil was given, which soon caused an evacuation. The passage was healthy in appearance, but upon close inspection, three small ovoid bodies, dark green in color, and as hard as wax, were found. The larger one weighed two grains, the other two were much smaller. These substances seemed to consist of

cholesterine; minute particles of the coloring matter of the bile could be detected here and there. This occurrence might account for the crying in many cases, and it would suggest the advisability of looking for these gall stones in the case of fretful children.

NITRATE OF LEAD IN CANCER OF THE CERVIX UTERI.

M. Cheron, in the *Revue des Maladies es Femmes*, says that he has had very good results from the direct application of the nitrate, powdered, to the ulcerated cervix. After touching the ulcerated surface with glycerine, he injects about a quart of cold water, containing about a drachm and a half of tr. ferri perchlorid., and then dries the surface with absorbent cotton. Finally, the following powder is introduced, by means of a syringe made for injecting powders:—

℞. Plumbi nitrat., pulv., ℥ ss.
Lycopod., pulv., ℥ j. M.

The powder is retained in place by a tampon of cotton. Through this means suppuration diminishes considerably, as also the bad odor. Even hemorrhage is not so profuse, and in some cases it is entirely suppressed.

NEW REMEDY FOR SYPHILIS.

The *Medical Times and Gazette*, January 6, 1883, says that Prof. Liebreich brought forward, at the last meeting but one of the Berlin Medical Society, a new drug for the treatment of syphilis by the subcutaneous method. This drug rejoices in the name of hydrargyrum formidatum, and is, therefore, merely a different form of the old cure for syphilis. The mode of its preparation was not stated: chemically, it belongs to the amide group, in whose structure the monovalent amidogen (NH_2) plays an important part. Liebreich was led to think of this new preparation from the notion that the ordinary amides of the body, of which urea may be regarded as the principal one, pass out of the organism in an undecomposed state; when, however, an amide is in combination with a metal, decomposition readily occurs, and the metal is reduced and deposited. Liebreich repeated his experiments before the Society, and showed that these conjectures were quite true for the metal mercury. It is supposed, therefore, that the formamide of mercury, after the hypodermic injection, undergoes disintegration; and so the mercury is set free, and is able to exert its well-known power over the lesions of syphilis. The preparation is easily soluble in water, is of neutral reaction, does not coagulate albumen, is not precipitated by caustic soda, and the presence of mercury can be demonstrated by means of sulphide of potassium. The drug, when injected under the skin, produces its effects very surely and rapidly. This is not regarded as a disadvantage, for the medicine is said to be easily borne, and has never produced salivation in Liebreich's hands. There is very little pain attendant on the injection, which has never excited any inflammation. From a half to a whole of a Pravaz syringeful (a one per cent. watery solution) may be injected twice or thrice daily. Liebreich looks on the preparation as the best we yet have for subcutaneous injection.

THE LIVERMORE STYLOGRAPHIC PEN.

A fountain pen that always writes and never "leaks," that makes a fair, plain line and never blackens the fingers, and that, once filled, can be used for days without change, avoiding all the bother and interruption of reaching over to the inkstand for a fresh dip every two minutes, that can be carried in the pocket, and is as handy for use, and as neat as a lead pencil, and that writes on any paper, however thin or soft: such a pen is worth having. And such a pen is the "Livermore Stylographic Pen." This we know from personal use, and from having seen many of them in use among Medical Students in Montreal. They may be ordered by mail by addressing Stylographic Pen Co., 290 Washington Street, Boston, Mass.

PERSONAL.

Dr. Henry Harkin of Montreal is on a visit to England.

Dr. Canniff has been named Health Officer for Toronto. It is a good appointment.

Dr. William Wright, after a tenure of office of about thirty years as Attending Physician to the Montreal General Hospital, has resigned. He has also tendered his resignation as Professor of Materia Medica and Therapeutics in the Medical Faculty of McGill College.

Dr. E. S. Wood (M.D., McGill 1883) has been appointed a Surgeon on one of the Western Sections of the Canadian Pacific Railroad.

Dr. Field, of Barbadoes, who has been spending some time among his friends in Montreal, has left for home.

Dr. C. E. Cameron (M.D., McGill, 1883) has sailed for Europe, where he intends remaining two years.

Dr. W. R. Sutherland (M.D., McGill, 1878) has been appointed an Assistant Demonstrator of Anatomy in McGill College. He has sailed for Europe, and intends spending six months between Paris and Berlin.

Dr. William Gardner, Professor of Hygiene and Medical Jurisprudence and Lecturer on Gynecology in McGill Medical Faculty, has given up general practice, and intends devoting himself entirely to Diseases of Women.

Dr. Sirois (C.M., M.D., Bishops, 1883) has commenced practice in Three Rivers, Mass., U.S.

Dr. Casswell (C.M., M.D., Bishops, 1883) has left for the North West, where he intends to locate.

Dr. MacCallum has resigned the Chair of Midwifery and Diseases of Women and Children in McGill College. The chair has been divided, and Dr. Arthur A. Browne (M.D. McGill, 1872) has been appointed Professor of Midwifery, and Dr. William Gardner (M.D. McGill, 1867) has been appointed Professor of Gynæcology.

Dr. Stewart of Brucefield, Ont., (M.D. McGill, 1872) has been appointed Professor of Materia Medica in McGill Faculty of Medicine *vice* Dr. Wright resigned. Dr. Stewart has for some time been in Vienna. This appointment has rather surprised Montreal Medical men, but it is believed that for some time the Faculty have looked upon Dr. Stewart as Dr. Wright's successor.

Dr. C. A. Wood, (M.D. Bishop's, 1876) has resigned the Chair of Chemistry in Bishop's Medical Faculty. It is believed Dr. Wood will be elected to another Chair in the Faculty.

Dr. William Young (M.D. Bishop's, 1877) has been elected Professor of Chemistry in Bishop's Medical Faculty, *vice* Dr. Wood resigned.

Dr. W. D. Ross, of Pembina, U. S., who graduated at McGill in 1875, and who is a son of Judge Ross of Ottawa, died last month from diphtheria. He had been settled at Pembina for some time, and was much beloved.

REVIEWS.

A Practical Laboratory Course in Practical Chemistry. By JOHN C. DRAPER, M.D., LL.D. Wm. Wood & Co., New York.

The object of this little work is to give the medical student a course in chemical manipulation and in the use of symbols and equations sufficient for his requirements as a practising physician.

After a few pages devoted to general manipulation and definitions, wherein under Valence the element nitrogen is given as N''' the course proper commences. This is divided into four sections. Section 1, on Poison, includes, amongst the inorganic, As, Sb, Hg, Pb, Cu, P, the mineral acids, oxalic and hydrocyanic acids, and the alkalies. The student is here informed that Marsh's test consists in the conversion of arsenic into arsenite of hydrogen, while for the description of the test he is referred to larger works; with this exception the reagents in use for the detection of the above poisons are given in full, and the following errata only require correction: —

The formulæ for copper carbonate $Cu\,CO_3$, and lead carbonate $Pb\,CO_3$; the action of ammonia upon calomel and upon corrosive sublimate; the statement that liquor potas. arsenitis contains per oz. 4 grs. of arsenic; and a printer's error which makes ferrocyanide of potassium the precipitate obtained from copper salts by ferrocyanide of potassium. The organic poisons noticed are strychnia and morphia with the preparations of opium; the easy detection of meconic acid in the latter is here omitted.

Section 2 gives simple tests for the detection of impurities in water, with estimation of hardness by means of Clark's soap test.

Under sections 3 and 4 prominence is given to the examination of urine, normal and abnormal, and to urinary sediments and calculi. The examination of the animal fluids, being of special importance to the practising physician, the space taken up by these two sections very properly comprises nearly half the work; methods for the quantitative estimation of phosphates, chlorides and sugar in urine are given—the only noticable omission being that of urea by the nitroso-nitric and hypobromite processes.

Conveniently every other page is left blank, in order that the student may make notes of his experiments and of facts obtained from oral instruction.