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Original Communications.

CLINICAL LECTURE.

RETRO-DISPLACEMENTS WITH FIXATION.

By A. LAPHORN SMITH, B. A., M. D., M. R. C. S., England
Professor of Gynecology in Bishop's College, Gynecologist
to the Montreal Dispensary, Surgeon to the Women's
Hospital.

GENTLEMEN,—Those of you who have been attending my clinic here regularly must have been struck by the comparatively large number of patients who have passed through our hands suffering from retroversion of the uterus. I have therefore selected one of these numerous cases for the subject of a few practical remarks to-day. This patient is 32 years of age, mother of one child, five years old, and has had three miscarriages. She had a severe instrumental labor, and what was called a relapse after her first child, was very ill in bed six weeks after that, and has never been well since. Her periods come on every three weeks, are painful, and last eight days; locomotion, coitus and defecation are painful, and she has to force to pass water. She is nervous, despondent, swells after eating, and lumps gather in different parts of her abdomen which, after causing great pain seem to burst and disperse, giving her great relief. Her bowels are constipated, and her tongue is coated and pasty. She has a pain in her head, under her left breast and in

her back; she has a profuse leucorrhœa, and is also troubled with piles. Such are briefly the symptoms of which she complains; and at first sight they are so numerous and located so widely apart that you might think it difficult to interpret them; not so however to the gynecologist. When she first came here some weeks ago and recounted the above story of her sufferings I ventured to predict what we would find. I shall now ask one of the senior members of the class to step forward and examine her and with my assistance to explain the course her disease has taken. Now, we will bring the patient, who is on her back, well down over the edge of the table with her feet on these two sliding supports. I will require the gentleman who is to examine her to scrub his hands and nails with plenty of hot water and soap by the aid of the nail brush, and to then anoint the two fingers of the right hand with the mixture of soft soap, glycerine and carbolic acid provided for the purpose.

Now, sir, what do you notice about the perineum? Student—It is badly lacerated and there is a rectocele.

What do you notice about the anus? Student—It is surrounded with hemorrhoidal tumors, and by introducing my left finger into it and pressing it forward I can make the rectocele project through the vulva.

Why do you use your left finger for exploring the rectum? Student—Because I am keeping my right one for examining the vagina.

What do you notice on examining the vagina? Student—That the cervix is far forwards close behind the symphysis pubis instead of far back near the sacrum; 2nd. That it is lacerated bilaterally and covered with a velvety surface dotted over with cysts; 3rd. That I can run my finger along the whole posterior surface of the uterus until I reach the fundus which is lying in the hollow of the sacrum, and pressing on the rectum, and the organ is about twice its normal size.

Now, place your other hand on the abdomen, and as the patient is very thin you will probably be able to make out the tubes and ovaries; can you feel them? Student—I think I feel the left ones adherent to the side and slightly behind the uterus, and the right are rather more forward, but the examination causes her too much pain for me to make it thorough without an anæsthetic.

Can you by introducing your two first fingers behind the uterus lift it up into a position of anteversion? Student—No, the uterus seems fixed there hard and fast.

Now, gentlemen, let me give you the reasons for what we find. All this woman's troubles began with her first confinement, the first and second stages of which were either naturally or artificially passed through before the cervix and perineum had had time to dilate; the result was a laceration of both. The confinement unfortunately was an infected one, and the patient then had a metritis and salpingitis, the purulent discharge from which leaked out of the tubes by gravity and infected the ovaries, and dropping into the Douglas cul-de-sac, set up local pelvic peritonitis. During this time the patient had been kept rigorously on her back so that the heavy uterus fell backwards on to the sacrum where it was then firmly fixed by the pelvic exuda-

tion. At first this was only soft and flaky lymph thrown out as a guard wall by the peritoneum to save its whole extent from infection, but now that lymph has become firmly organized and will require considerable effort in order to tear through it. After this woman recovered from her pelvic peritonitis and began to go about, her intestines and in fact the whole intra-abdominal pressure had to be supported by the anterior surface of the uterus, instead of by the posterior surface, so that the tendency would be for the uterus to be forced more and more upon the rectum and sacrum. This pressure obstructs the return of the venous blood in the walls of the rectum, and hence the hemorrhoids. Then again the enlarged fundus uteri acts as a valve or stopper on the rectum, so that the more the patient forced or strained at stool the closer the rectum would be closed; defecation would be therefore so painful and difficult that it is not to be wondered at that she neglected her bowels for many days at a time. Her system is being poisoned by the gases coming from the decomposition of fæces. Moreover the sigmoid flexure has become loaded and is pressing so hard upon the left ovarian and left internal iliac vein that the uterus has become very congested, and the ovary so much so that it is exquisitely tender to the touch. When she walks the heavy uterus knocks against the sensitive ovary, so that she does not dare take exercise, while as for coitus she says she has to scream with pain when her husband attempts it. This has rendered her marital relations very strained. Now a word as to her miscarriages. The commonest cause of miscarriages is syphilis, but this disease she has never had. In her case they have been undoubtedly due to the retro-displacement; for when the uterus has reached the stage of three months of pregnancy it completely fills the pelvis, and if it cannot rise out of the pelvis it must burst the pelvis or expel its contents, which latter it of course does. This reminds me of a case which started one of my former students out into a fine

practice. He had begun without money or friends in a small town, and in the absence of the family physician was called in to attend the principal young married lady of the place. She was in frightful agony, and on making a digital examination he found the three months pregnant uterus retroverted and jammed under the hollow of the sacrum. Placing the patient in the knee-chest position he was able with some effort to disengage the organ, when in a moment her pain was relieved and she was subsequently delivered at full time. Such treatment would not avail in the case before us, simply because it would be impossible to lift this uterus out of the pelvis. The prolonged periods which have so much reduced her strength are due to the spongy congested condition of the endometrium. I could arrest both the bleeding and the pain by dilating the cervical canal, curetting away the whole lining membrane of the uterus and applying carbolic acid and tincture of iodine to the cavity. But this treatment would not give a permanent result, because the causes would still remain. With regard to the difficulty in passing water this may be due to one or all of three causes, first a lacerated cervix often leads to more or less reflex irritation of the other sphincters; secondly, the cellular tissue surrounding the bladder is frequently affected to such an extent after a laceration of the cervix as to cause cicatricial bands to be formed, and these latter are constantly dragging at the bladder; thirdly, the fundus uteri being in the hollow of the sacrum the cervix is displaced forwards behind the symphysis pubis, and as the enlarged uterus measures more in length than the distance between the sacrum and urethra, the latter is compressed by the cervix uteri. The laceration of the cervix explains of course the reflex disorders of the great sympathetic nerve which supplies the intestines and stomach, the heart, and in fact all the blood vessels.

Now what can I do for such a case as this? I will try during a month or two to

soften and stretch these adhesions by painting the vaginal roof with tincture of iodine, boroglyceride tampons and hot douches, and by frequent gentle manipulation of the uterus by means of two fingers in the vagina and my other hand on the abdomen. If I fail at the end of that time to get the uterus to stay out of the hollow of the sacrum, I will strongly urge the patient to submit to abdominal section and I will then tear the uterus away from its adhesions and after having roughened the anterior surface of it by scratching with a sharp needle, I will sew it to the abdominal incision with silk worm gut sutures which I will leave in for several weeks. If there is much oozing from the torn adhesions, I will leave in a glass drainage tube for a day or two until it has stopped. Such a laparotomy has almost no death rate and by no other means can we accomplish our purpose. Alexander's operation is out of the question because the uterus must be entirely free for it to be available. I shall invite you in the course of a few weeks to witness what little there is to be seen while I am performing the operation, which is done more by the sense of touch than by sight. The less the contents of the abdomen are exposed to view the better for the results of the operation.

Society Proceedings

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

THE LATE DR. MACDONNELL.

At a special meeting of the Medico-Chirurgical Society a resolution was moved by Dr. Hingston, and seconded by Dr. T. Wesley Mills, expressing their deep regret at the death of the late Dr. Richard L. MacDonnell. The resolution was as follows:

Resolved, that this society records, with the deepest regret, its sense of the loss which it has sustained in the death of Dr. Richard Lea MacDonnell, one of the most able and efficient members, who not only took part in its debates, but

by valuable papers, contributed from time to time, added not a little to the progress of medical science.

Resolved, that, in the opinion of this society, Dr. MacDonnell's death, at a time when his usefulness was greatest, is a loss to the medical profession of Canada, in which he took a high place as a teacher and writer, and earnest scientific investigator.

It was unanimously adopted.

THE LATE DR. RODGER.

The Medico-Chirurgical Society, being again called upon to mourn the loss of a valued member and ex-president, assembled in their room, 14 Phillips square, last evening, when it was moved by Dr. Geo. Ross, sub-dean of McGill, and seconded by Dr. T. G. Roddick, and resolved:—

That this society has learned with the most profound regret of the death of Doctor Thomas Anderson Rodger, one of the most active members, and a past president. Engaged in a wide and busy practice Dr. Rodger was ever ready to discuss from the advantageous stand point of a large experience the scientific points raised in the many papers brought before us. His hearty, genial personality made him the friend of every one, and his accustomed presence will long be missed among us

Resolved, that a copy of this resolution be sent to the family and to the press.

The mover and seconder having spoken of the high esteem in which the deceased was held, Drs. Proudfoot, Wesley Mills, J. A. Hutchison and T. D. Reed added words of regret for the loss of a confrère who had endeared himself to all who had the pleasure of his acquaintance.

RINGWORM.

Ringworm of the body is generally very amenable to treatment, judging from the numerous domestic remedies which act so successfully. Sometimes, however, an obstinate case is encountered and recourse is had to the physician. In such cases a rapid cure is desirable, and the application of the following, once daily, for two or three consecutive days, will generally prove successful:

R—Hydrarg. bichloridi, gr ii,
Tinct. benzoin co., ʒ i.—M

Paint over affected parts. Care should be exercised not to paint too large a surface, as the above mixture is toxic. If an excoriation exists it should not be applied, as it is irritating to the wounded integument.—*Med. Chaps.*

Progress of Science.

TREATMENT OF THE UTERINE CAVITY IN ABORTIONS.*

By H. C. Crowell, M. D., of Kansas City, Mo.

Though the treatment of abortion is quite familiar to most practitioners, viewing it from their individual standpoint, it has appeared to me that there is yet room for discussion of some of the indications in such cases. In view of such a conclusion, as a result of some personal observation, I have undertaken to consider, briefly, certain indications which seem to me to be of practical importance, looking toward the most perfect result.

We will note primarily the physiological state of an impregnated uterus, and then the pathological, as I am disposed to consider it, in case of abortion. Then let us follow with some observation on the treatment as usually practised, noting some of the common results. Thus, considering the subject together I think that we may hope for new ideas and suggestions which may be of assistance to us in like cases.

It is not my intention to consider in detail the management of cases of abortion, but only that stage which comprehends the management of the uterine cavity following abortions. I realize full well that many very excellent authorities will not agree with me on every point, but in principle or theory I think there can be no variance, with our present understanding of processes and sequences. Since there is a possibility of difference of opinion, the object of this paper will be attained if it serves to awaken local observation and investigation, which will be of use to us now or in the near future.

The significance of abortions consist in their immediate and, more or less, remote effect upon the subject aborting. The immediate dangers are traumatism and hæmorrhage, either of the cervix or endometrium. The remote danger lies in resulting *endometritis*, *salpingitis*, *oöphoritis*, *sepsis*, pelvic inflammation, and sometimes pelvic abscess.

Martin says, and this is also in accordance with my own observation: "Chronic metritis occurs extraordinarily often after abortions, not only because the women do not take suitable care of themselves, since they (and some doctors) think that a pregnancy which is interrupted too early does not require the same attention as one that ends normally, but especially because this premature interruption of pregnancy is very frequently associated with insufficient evacuation of the cavity of the uterus, and permanent disturbance of the functions of the mucous membrane." Now, realizing the possibilities in a given

* Read before the Kansas City Academy of Medicine.

case of abortion, it becomes evident that we should fully understand the process Nature requires to be fulfilled, and how the result is accomplished, and how we may best render assistance when it is required. We should also understand when Nature is able to effect the various steps necessary to a safe and perfect result.

By an abortion, then, we mean an expulsion of the contents of an impregnated uterus any time within the period of the first three or four months of impregnation. After this period, or during the fourth, fifth, sixth and seventh months, should such expulsion take place, we term it a miscarriage, and after the seventh month to full term it is called premature labor.

Now, in order that we may grasp the significance of abortion, as I have said, it will be necessary for us to familiarize ourselves with the physiological condition of the uterus after the ovum shall have entered its cavity, and, having done that, we can readily see the processes to be performed when, from any cause, the ovum shall be separated and expelled. It has been shown that the uterine mucosa, in way of preparation for the reception of the ovum, is thickened about ten-fold, becomes more vascular, and is thrown into numerous folds or convolutions, due to the increase of the cellular elements, this producing a soft, pulpy bed for the reception of the ovum. This soft, thick mucous membrane is known as the decidua vera. In this decidua vera lodges the ovum, and the surface under the ovum, made up of the decidua vera, is now known as the decidua serotina, and is the beginning of the *placenta*. Folds of the decidua vera grow up around the ovum, and finally meet and enclose it in a cavity of its own, shut off from the general cavity of the uterus. These folds of the decidua vera now become known as the decidua reflexa. During the first two months the fœtus is surrounded by a shaggy enveloping membrane, through which it draws its nourishment. At the end of this time this villous membrane becomes bald in its outer aspect down to the third of its surface, which lies most intimately attached to the uterine mucosa, and is now to be the placenta. Thus we see that a formed placenta does not exist until about the third month, or the termination of the period in which we may have an abortion.

The foetal membrane or chorion is intimately applied to the maternal or decidua membrane. The decidua vera is not shed and expelled naturally in every case, until the term of gestation shall have expired, at which time it is thrown off by a very moderate degree of contraction of the uterus, without much hæmorrhage (except when the placenta is attached) this constituting complete gestation and parturition. Now that the office of the decidua has been fulfilled, at full-term delivery, a new membrane is developed underneath, ready to supply the place

of the old to be exfoliated, and this protects the intra-uterine muscles.

With this brief physiological examination of the processes taking place in the uterine mucous membrane during gestation, and especially in the early stages, we must be impressed with the fact that Nature has placed in the uterus a thickened membrane with certain offices to perform, requiring for their perfection the period of nine months, or a normal gestation; hence, whenever we have an abortion, from any cause whatever, we have a pathological condition to treat, and in this no more than in any other pathological condition can we leave it to Nature in every case; nor, on the other hand, can we profitably do that which shall defeat a natural or philosophical process. We must be impressed, it seems to me, that the treatment should be almost unanimous, or having the same end in view, viz.: the removal of the decidua, maintenance of perfect asepsis, and drainage. Now, when we shall have so treated a case as to fulfil these indications, we shall have done all that can be done in averting conditions of sepsis which are attended with serious results to the patients, in the shape of septic endometritis, metritis, salpingitis, abscess, etc.

Let us examine now some of the more common methods of treatment employed, and note the result in not a few cases. Perhaps the most orthodox plan of treatment in the majority of instances is, if the fœtus is expelled, to give ergot and retire. If the cervix is partially dilated, with the membranes protruding, ergot is given to expel them. If the cervix is not dilated, and an abortion is imminent, a tampon is used, if anything is done. When the fœtus is expelled a finger is introduced, and the clots and some of the membranes which are loose are cleaned away. A possible vaginal douche completes the antiseptic of the case. The patient gets ergot, and possibly quinine, for a few days until she recovers or develops a septicæmia, which sometimes receives the proper care and saves the patient; or she may go on and die, as do not a few every year.

Now let us see if there are not certain indications to be met in every case of evacuation of the uterus before the fourth month. We have seen the uterine mucosa developed into a thickened protective or receptacle, so to speak, destined to do a certain work for a certain period, viz., for nine months time, then to be exfoliated, being supplanted by a submucous membrane destined to replace the decidua. Such, however, is not the case in these earlier months, and yet a process of disintegration and shedding must take place, and a new membrane follow. This disintegration consists of a fatty degeneration, a dissolution and discharge, called the lochia. If, then, the uterine cavity is to be freed of its membrane, which has by the separation of the ovum been in a greater or less degree

injured, we see as a first consideration the necessity of free drainage; hence we conclude that ergot, which causes uterine contractions and closure of the cervical canal, is contra-indicated. To me the rational plan would seem to consist in cleaning out the uterine cavity of all its contents at once—membranes of the embryo and decidua membrane of the uterus—thus removing the possible cause of sepsis, checking hæmorrhage, and facilitating early involution and a safe convalescence.

By the use of the dull curette, the os being freely dilated, the uterus should be cleaned perfectly, then swabbed out with pure carbolic acid or tincture of iodine, and ample drainage maintained by some means—my own preference being for iodoform gauze—leaving it in place for twenty-four or thirty-six hours, to be replaced after an intra-uterine douche of bichloride. Small doses of ergot and quinine, and possibly iron, may then be given to assist in the process of involution. I am convinced that when left to themselves these cases not infrequently, even when credited with making an unusually good recovery, go on to a state of ill health, though without symptoms which alarm or disturb the patient sufficiently to cause her to consult a physician. Perhaps the larger part of all cases of chronic tubal troubles date their bad feelings to the time of a previous abortion.

Miscarriage, or even parturition, may figure, as do these cases of abortion, in originating an endometritis, which travels up through the tubes to the ovaries, setting up a salpingitis, peri oöphoritis, or peritonitis, with all their attending ills. One of these cases may run an insidious course without developing any *well-marked* pelvic peritonitis, and present a history something like this: Trouble with lower bowel, rectum, bladder, menstrual disorders, soreness, with indefinite pains, tenderness on palpation, etc. Colicky pains are common if salpingitis is present. These pains are sudden and lancinating, in the region of the tubes, or possibly in the hypogastrium; sometimes suddenly ceasing, followed by a discharge of more or less bloody, serous, or purulent material from the uterus, often thought by the patient to be leucorrhœal. These pains are not infrequently thought to be colic of the uterus; but with this history, if a vaginal examination is made, a small tumor will frequently be found on one or both sides. This same process of inflammation continues, and finally glues the fimbriated extremities together, causing sterility. Again, no appreciable amount of fluid may be contained in the tubes, and yet the inflammation may have caused a thickening of the coats of the tube (interstitial salpingitis), which can be detected through the vagina as a sore cord. These conditions are amenable to no other treatment, in by far the majority of cases, save the removal of the uterine appendages, which renders the woman incapable of perform-

ing her mission in its fullest capacity as a child-bearing woman. Hence we see the very imperative demand for such prophylactic measures as shall forestall such disastrous results, which are obtained by antiseptic conditions of the uterine cavity at all times, and especially in cases of abortion, by rapid dilatation with steel dilators (not by tents), a thorough, carefully executed curetting, followed by systematic drainage until the uterine cavity shall have assumed a normal condition capable of taking care of itself.

Since writing this paper I have noticed a paper by Winter, of Berlin, in which, after analyzing 100 cases, he arrives at the conclusion that "the decidua vera can be left undisturbed—only loose shreds should be removed—as but nine patients completely shed the decidua; hence I feel warranted in assuming that safety to the patient demands the careful use of the curette to examine the uterine cavity, and if any decidua shreds remain (as I am confident they do in by far the greater percentage of cases) remove them. I consider the curette safer than the finger, and more effective. The results of retained decidua membranes may not be observed at once, but even at the end of one, two, or more years its effects will be noted upon the ovaries and tubes."

Finally, the conclusions at which I arrive may be summarized as follows, viz.:

1st. An abortion is a pathological process, involving the premature expulsion of the fetus and membranes from the uterine cavity, which, normally, have an existence of nine months before they shall have completed their physiological intention.

2nd. That such expulsion is generally incomplete when left to Nature, thus exposing the patient to subsequent pathological conditions or possibly death.

3rd. That every case should receive a careful examination by the use of the blunt curette in preference to the finger, as it is safe, easier of introduction, and more effective.

4th. Complete removal of all membranes, maternal and foetal, offers the greatest protection and safety to the patient.

5th. Perfect asepsis and drainage is a necessary supplement to the curette.

6th. Ergot has little or no effect in the treatment of cases of abortion. If used at all it should be in the late stages to assist involution.

—*Med. News.*

Bodet's Hair Tonic consists of the following:

R. Carbolic Acid,
Tincture of cantharides, each, 30 mins.
Tincture of nux vomica, fʒij.
Compound tinct. of chincona, fʒj.
Colonge water, fʒj.
Cocanut oil, enough to make, fʒiv.

This is to be applied to the scalp twice daily with a small sponge.—*American Druggist.*

WORMS IN CHILDREN.*

By Oliver P. Rex, M.D., of Philadelph. Physician to the Jefferson Medical College Hospital.

GENTLEMEN,—The first case that I shall show you has the following history:—

This child, aged four, healthy at birth, raised from the breast, was well until it reached the age of ten months. Since this time it has been troubled with cough. The cough is decidedly worse at night. It expectorates very little. Appetite sometimes very good, at others poor. Very restless in its sleep.

Notice, please, that the cough is worse at night; this is important from a diagnostic standpoint, for whenever you have cough which is more troublesome after the patient has retired, think of its being reflex in nature. By that I mean a cough which has as its cause not an irritation in the lungs, but at some distant point. As example, we have reflex coughs from ear disease, worms, indigestion, etc. The pupils are somewhat dilated in this case, and the pulse irregular. With such a history as this in a child, think of worms, but remember this, that there is no single symptom except the finding of worms in the stools, which is diagnostic of them. In this child one worm was passed after the administration of proper remedies, since the expulsion of which the child sleeps well at night, appetite is good, and the cough has disappeared.

Lumbricoid worms are found generally in the jejunum and ileum, but they wander wherever they can. Then they have been found in the stomach, œsophagus, larynx and trachea. One even travels into the right bronchus. The mouth, nose, biliary and pancreatic ducts, and gall-bladder have in different cases been occupied by these worms. A case is reported where a worm worked itself into the vermiform appendix, causing erosion and finally perforation with its consequent symptom.

If worms are present in the alimentary canal, there is always an abundance of mucus present. A gastro-intestinal catarrh also exists. This is due to the moving about of the worm. In fact, I doubt very much if the lumbricoid worm can live if these two conditions are not present.

Whenever you have in a child over two years a pallid face, unequal dilatation of pupils (which is said by one authority to be more common than equal), an appetite which varies,—one day good and the next poor,—restless at night, grinding its teeth in its sleep, etc., colicky pains, and a distended abdomen, think of worms.

Treatment.—In this case the following prescription was given, after which a dose of oleum ricini was exhibited:—

R Hydrargyri chloridi mitis,
Santonini, aa gr. iv. M.

Fiant chart v.

Sig.—One powder three times a day.

Since every female worm has the power to create sixty million worms, whenever only one or two worms are passed, we should always be suspicious that more are present, and I believe that in any case it is a good rule to continue the treatment for a short time after the expulsion of the worms.

A prescription which I like very much is this:—

R Santonini, gr. viij
Ext. spigelæ et sennæ fluid., f ʒj Mj

Sig.—One teaspoonful three times a day.

This should be followed by a dose of castor oil. The further treatment of lumbricoid worms is to correct the diseased state of the mucous membrane. The diet should be carefully regulated, only the most digestible and non-irritating food being taken, such as milk broths, etc. Of drugs, ten-drop doses of dilute hydrochloric acid with a little pepsin are generally sufficient to bring about the change.

Children become infected with lumbricoid worms by drinking water containing the eggs, or by eating food to which they are adherent. These eggs then develop in the system into the worms. In the case of the tapeworm, the life history is a little different. The eggs are passed in the stools of the patient. The development of these eggs takes place not in the human system, but in one of the lower animals—in the case of the *tænia solium* in the hog, and in that of the *tænia mediocanellata* in beef. In the muscles of these animals are developed cysts—the so-called *cysticerci cellulosa*—which contain the embryo of the tapeworm. Now, when a person eats raw or imperfectly cooked meats of animals which are infected, these cysts develop into the tapeworm.

When treating a patient with a tapeworm, unless you succeed in removing the head, a cure will not result, for the segments grow from the head. Now, there are two ways of looking for the head in the passage. One is to pour some carbolic acid (to destroy the odor) and water into the vessel; then do not stir with a stick, but merely shake; allow to settle, and pour off all but the sediment. Continue this until all faecal matter is removed, then examine the sediment for the head. Another way is to pour the passage into a piece of muslin. On this pour water, and continue doing so until all faecal matter is washed out, then examine residue for the head. If you do not find the head you cannot be safe that the worm will not return until three months have elapsed.

Treatment of Tapeworms.—The Germans have discovered three articles of diet which are obnoxious to worms, viz., onions, garlic and hering; of these they make a salad.

Before giving any medicine for a tapeworm the patient should fast for twenty-four hours, taking only a little milk and water or a little

* A Clinical Lecture, delivered at Jefferson Medical College Hospital (*Archives of Pediatrics*, January, 1891.)

broth, but just sufficient to sustain life. At the end of this period a mild laxative may be given, after which the vermifuge should be exhibited.

To a child give an ounce of pumpkin seeds (after the cortical portion has been removed), and to an adult two ounces. These should be finely powdered in a mortar, and then mixed with sugar and milk. Several hours afterward a dose of castor oil should be taken.

Two other remedies which act very nicely against the tapeworm are male fern and pelltierine.

In searching for the head of a tapeworm a piece of muslin should be tied securely around a bucket, and the diluted faecal evacuations poured upon it; this acting as a fine sieve, the liquid portion passes through, while the segments remain upon the muslin for closer scrutiny.—*Coll. and Clin. Record.*

ANTISEPTIC ACCOUCHEMENT.

In the *Journal de Médecine* for February 25, 1891, Lucas-Championnière furnishes a condensation of the various antiseptic precautions observed in the different French maternities. In the service of Professor Pinard in the Baudeleque clinic, care is taken to clean the waiting wards daily with pieces of linen cloth moistened in a solution of the biniodide of mercury of the strength of 1 to 2000. The labor wards are cleaned in the same way several times daily. When the patient enters the maternity ward, if the stage of the labor permits, she is given a bath, and the external genitalia are washed first with soap and then with the biniodide solution. The woman then receives a vaginal injection of the biniodide solution, 1 to 4000, and a square of tow soaked in the biniodide is placed over the vulva. Every three or four hours a new injection of the biniodide is given, especially if there have been frequent examinations made; other injections are given after the birth of the child, and two hours after delivery the woman is carried into the ward for puerperal women. The cord of the child receives a dressing of sublimated wadding, and the breasts of the mother are covered with boricized cotton. Immediately after birth the child receives an instillation of lemon-juice into the eyes. This prophylactic measure has given excellent results. The eclamptic or albuminuric women receive injections of a saturated solution of naphthol. During the puerperium, in case of fetid lochia, vaginal and intra-uterine injections are given, and should there be fever which persists, the woman is isolated and placed under continued irrigation with phenic water, 1 to 60. In case of an operation upon the vagina or perineum, a piece of iodoform gauze is placed in the vagina and upon the vulva. After each operation the metal instruments are heated in the alcohol flame—ex-

cept the cutting instruments—and then placed in a solution of phenic water, 1 to 20. Rubber instruments are kept in a glass containing the biniodide solution. The antiseptic substances employed are:

1. The solution of the biniodide of mercury, according to the following formula:

R. Biniodide of mercury, } of each $7\frac{1}{2}$ grains.
Iodide of potassium, }
Water, 9 ounces 4 drachms.—M.

This solution is employed pure for the toilet of the hands after careful brushing and washing with soap. It is diluted with one-half of its volume of warm water for injections and dressings.

2. The phenic water employed is the strong solution, according to the formula of Lister, 1 to 20.

3. The vaseline which is used for making examinations contains phenic acid, 1 to 50.

Professor Pinard has never had a local or general accident of mercurial origin since he has adopted the employment of the solution of the biniodide of mercury. The solution has no disastrous effects upon the hands of the operators.

Guéniot, surgeon of the maternity, employs as an antiseptic phenic acid, and has always obtained the best results. He uses the hundredth solution for the living tissues, and the twenty-fifth for the fumigations or the washing of the instruments. The concentrated solution may produce an erythema; the solution in use, the hundredth, is by no means dangerous, and has never produced poisoning, either as a vaginal or intra-uterine injection. When called to attend a patient in private practice, Guéniot employs a phenic solution of the following strength:

R. Distilled water, 9 ounces 4 drachms.
Phenic acid, 10 drachms.—M.

For living tissues this solution is diluted to about three times its volume with water, and is then used for washing the external genitals, for vaginal injections, and for the antiseptics of the hands of the accoucheur and his assistants. For disinfecting the beds, the soil, the walls, and wash-basins, sublimate solution is employed. This solution is of the strength of 1 to 4000. It is also occasionally used for washing the external genitals and for vaginal injections. A strong solution of phenic acid (10 drachms to 9 ounces 4 drachms of water) is used for the instruments. Examinations are made as rarely as possible, and the lubricating body is boricized vaseline. During labor, solutions of antiseptic materials of weak strength are injected into the vagina. Labor terminated, the eyes of the infant are washed with boiled water, or with a weak solution of sublimate, or one drop of a weak solution of silver nitrate, neutralized by salt, may be employed. The cord is dressed with a small piece of antiseptic wadding. The dressing of the mother consists of a tampon of iodoform gauze,

During the following days, and twice daily, an abundant vaginal injection is given. In case of an operation, the following antiseptic precautions are taken: 1. Phenic fumigation of the operating ward by permitting a four-per-cent. solution of phenic acid to boil in the free air; 2. The instruments are boiled in a strong solution of phenic acid (1 to 25); 3. The sponges are composed of pieces of tarlatan boiled in the same solution; 4. Disinfection of the hands; 5. Dressing of the iodoform gauze of commerce.

Porak, in the Hospital Lariboisière, observes antiseptis largely as above. When a woman enters the hospital she is placed in a bath and cleansed with soap. The genital organs are washed in soap, brushed, and bathed in a solution of sublimate, 1 to 1000. After this disinfection compresses soaked in antiseptic solutions are placed over the vulva to prevent later infection. During labor, injections of sublimate, 1 to 2000, are used. Examinations are made as seldom as possible, and then only with every antiseptic precaution. Phenic vaseline is employed as a lubricant. Porak prefers, however, the following preparation:

R. Vaseline, 3 ounces 5 scruples.
Corrosive sublimate, 7½ grains.

Alcohol (to dissolve sublimate) qt. suff.—M.

Intra-uterine injections are reserved for cases where a macerated foetus exists, in cases of obstetrical interference, or where vulvar lesions are suspected. In case of a tear of the perineum iodoform gauze is used. The eyes of the infant are bathed in a concentrated boric solution. If the mother has a vaginal discharge, a few drops of this solution of silver nitrate is employed instead.

R. Distilled water, 5 ounces.
Silver nitrate, 15 grains.—M.

In case of retention of the membrane, foetid lochia, or tear of the perineum after unsuccessful union by first intention, vaginal injections are used together with intra-uterine injections. The corrosive sublimate solution for instruments which do not amalgamate is as follows:

R. Distilled water, 9 ounces 4 drachms.
Tartaric acid, 4 scruples.
Corrosive sublimate, 15 grains.—M.

The solution of 1 to 2000 is reserved for the hands.—*Med. News.*

Professor Holland directs that, in making ferric hydrate, the *antidote for arsenic*, calcined magnesia or aqua ammoniæ in excess should be added to tincture of chloride of iron, both being well shaken up together. In this way, ℥iij of the tincture of chloride of iron yield enough of the ferric hydrate to be an antidote for ten grains of arsenious acid.

CLINICAL SUGGESTIONS FROM CASES OF "LA GRIPPE."

By Samuel S. Wallian A. M., M. D., of New York.

Ignoring the question of the nature and etiology of this prevalent and somewhat treacherous malady, whether of zymotic or telluric origin, a specific germ disease or an epidemic influenza, of an unusual and unaccountable type, the characteristic, persistent and decidedly serious complications and sequela of "la grippe" make its clinical study a matter of intense and immediate importance to every physician, as well as to every inhabitant of the country.

In most of the larger cities, as well as in the rural communities, it is at this moment epidemic, and is sending the death-rate to a figure which may well be a cause of alarm to the most conserving and indifferent of the profession.

It would be preposterous to assume that the rapidly increasing death-rate from pneumonia and other sudden and fatal forms of respiratory disease, from "heart failure"—which has become a popular as well as a professional fad—and from the various other manifestations of a condition of general vital prostration, which follows so closely in the wake of this prevailing malady, are attributable to an old-fashioned influenza, or periodical and rather eccentric "bad cold," which is to be annually expected and combated.

At the first announcement of the scourge it was greeted by the press and the public with a good deal of badinage and an effort at grim humor. It was presumed to be a rather disagreeable but comparatively harmless Russian joke, and the daily press found in it a stock source of humorous sarcasm. All this is changed. Funeral notices have crowded out the funny corner, and the question of how to cope with the new foe to life is now admitted to be of the most serious importance.

The vital point is not so much as to technical origin and microscopical curiosities of the disease, but *what shall we do for our patients?*

The nostrum venders are reaping a rich harvest, measured in dollars, by proclaiming loudly that each of their mixtures, from Ayer's Pectoral and Antipyrine to Scott's Emulsion, is a specific for the disease. No doubt, hundreds of cases have been aggravated, or made unnecessarily fatal, by indiscriminate drugging, under the direction of domestic advisers and reckless counter-prescriptions. Nor has this ill-advised drugging been limited to the laity and the unscrupulous pharmacist. Routinists in the profession have done their share, have relied on those fatal make-shifts, the anodynes and antipyretics, and as a result have inexcusably swelled the death-rate, while adding nothing to our knowledge of the pathology or therapeutics of the disease. For this reason many of those who have treated a large number of cases have nothing of value to offer as a result of their experience. As is true

in all new or uncommon manifestations of disease, better half a dozen cases in the hands of a thinker than a thousand under the monotonous régime of the mere routinist.

From the loaded condition of all the secretions it is evident in these cases that the blood is from some cause seriously poisoned. Whether that poison is produced by a microbe inhaled from the air—a mode of accounting for otherwise quite unaccountable diseases and infections now quite in vogue—or is absorbed from some other source, may some time be demonstrated. The first indication is prompt and efficient elimination by every available channel. Purgation is hardly allowable, in view of the extreme prostration which is so common a feature. Diuretics are both uncertain and inefficient, although they may sometimes be found auxiliary to other measures. The skin and lungs are unquestionably the most efficient organs through which to operate. In case of robust patients, an efficiently managed Turkish or Turko-Russian bath at the outset is one of the promptest measures at command. It relieves congestions, causes rapid elimination, and equalizes the circulation better than any measure I have tried. Few patients are too weak to bear this measure, if it be intelligently adapted to each individual case. When for any reason it is not available, I substitute the full hot bath, and direct that this shall be as hot as can well be borne for five or ten minutes, after which the temperature may be reduced, or the extra hot immersion may be followed by a momentary shower of quite cool water. To the hot bath, as a detergent, I add bicarbonate of potash or soda, or preferably, refined borax and aqua ammonia, or eau de Cologne, which makes it both stimulating and refreshing. If the shower be omitted it should be replaced by a rapid splash, or hand-douche of cool, but not shockingly cold, water—which latter is too often heroically advised.

This is to be followed by a thorough and free use of measures which directly facilitate oxidation of the morbid elements existing—whether absorbed or developed we need not stop to inquire—in the blood. First of all, place the patient in a large, airy, and well-ventilated room. See to it that the room is not crowded with upholstery—thick, fluffy curtains, plush furniture, and heavy, absorbent carpets. It would be well to observe all the precautions which are deemed desirable in case of the more decidedly infectious disease. The readiest method of disinfecting and rendering the sick-room aseptic is by means of peroxide of hydrogen, which is to be thoroughly sprayed about the room every two or three hours. Simple as the process is, it becomes a most valuable adjunct to other measures. It not only disinfects in a most natural and efficient manner, it also liberates free oxygen in an extremely active or ozonized condition, and thus directly contributes toward the main object.

Any good hand atomizer, which has either glass or hard-rubber tubes, will answer the purpose. Metal tubes are not allowable in connection with the peroxide. In extreme cases a constant spray of peroxide solution (10 to 15 vols.) may be kept up by means of any good nebulizer attached to an air-receiver, worked by a hand-pump.

Add to this free and frequent inhalations of pure oxygen, to the extent of from 15 to 25 gallons per diem. See to it that these inhalations are properly performed, and not left to the careless and inefficient manipulation of an inexperienced nurse or other attendant. To prevent sequelæ, these inhalations should be kept up for a week or two after convalescence has fairly set in. Oxygen will be found to do efficient service in restoring tone to the impoverished blood, and through this to the entire vital organization. It promotes digestion and assimilation, and has no possible drawbacks to its free and persistent use. Sometimes this method, the inhalation of this gas, proves ineffectual—as from the abnormal condition of the respiratory mucous membrane, coupled with imperfect inspiratory efforts on the part of the patient. In these cases it will be amply worth while to take the trouble to administer the gas *per rectum*, or, after Valenzuela, hypodermically. By either of these methods it is quite promptly absorbed, and soon shows its good effects.—*Medical News*.

PRESCRIPTIONS FOR FLATULENCE.

Journal de Médecine de Paris gives the following prescriptions for the relief of flatulence :

R. Naphthol,	1 drachm.
Carbonate of magnesium,	1 “
Powdered charcoal,	1 “
Essence of peppermint,	2 drops.

This is to be divided into 15 powders, and 1 taken at the beginning of each meal.

When the flatulency is accompanied by constipation the following may be used :

R. Magnesium,	1 drachm.
Flowers of sulphur,	1 “

To be made into 15 powders, 1 of which is to be taken at each meal.

When diarrhœa accompanies the flatulency :

R. Bicarbonate of sodium,	30 grains.
Prepared chalk,	15 “
Powdered nux vomica,	3 “

May be made into 10 powders, 1 of which is given with each meal.

In still other cases, where neuralgia of the stomach or true gastralgia accompanies the tympanites :

R. Hydrochlorate of cocaine,	4 grains.
Quinine sulphate,	6 drachms.
Cinnamon water,	8 ounces.

Dissolve, and order a tablespoonful every two or three hours.—*Med. News*.

TREATMENT OF JAUNDICE.

According to *La Semaine Médicale*, Carreau employs with great success the oil of turpentine in large doses in the treatment of severe jaundice. He believes that its value depends upon its diuretic and hæmostatic properties, and he uses it in all conditions of severe disease, such as in infectious jaundice, bilious fever with hæmoglobinuria, and yellow fever, particularly if anuria and hæmorrhages are present. In grave cases as many as sixty capsules, containing two or three drops, are given in thirty-six hours, the dose being given as frequently as every half hour. Where vomiting prevents their action he administers oil of turpentine hypodermically in the following formula:

R. Ozonized oil of turpentine, $2\frac{1}{2}$ drachms.
Liquid vaseline, 3 ounces.

The following cases are detailed by Carreau as instances in which this treatment was of service. The first of them was that of a woman suffering from severe icterus with profound coma and uræmic convulsions. Three drops of the turpentine were given every half hour for the first few hours, and after that two drops. Simultaneously with the appearance of the peculiar violet odor of the urine, produced by the turpentine, the albuminuria decreased, the coma became less, and soon passed into simple somnolence, so that convalescence was soon established.

The second case was suffering from yellow fever, accompanied by persistent vomiting, and in this instance twenty-three hypodermic injections of oil of turpentine were made in thirty-six hours. The symptoms rapidly ameliorated, and the patient recovered, although he afterward suffered from two abscesses as a result of the injections. In still another case which was suffering from bilious fever with hæmoglobinuria, the administration of the turpentine every hour or hour and a half was without effect, and it was only when three drops were used that the symptoms rapidly ameliorated.—*Med. News.*

TREATMENT OF CANCER OF THE STOMACH.

Journal de Médecine de Paris states that Dujardin-Beaumetz secures gastric antiseptics in cases of cancer of the stomach by the use of salicylate of bismuth, naphthol or salol, prescribed in the form of capsules, made as follows:

R. Salicylate of bismuth, } of each $2\frac{1}{2}$
Calcined magnesium, } drachms.
Bicarbonate of sodium, }

To be made into 30 capsules, or,

R. Salicylate of bismuth, } of each $2\frac{1}{2}$
Betanaphthol, } drachms.
Charcoal, }

To be made into 30 capsules, or, again,

R. Salicylate of bismuth, } of each $2\frac{1}{2}$
Salol, } drachms.
Bicarbonate of sodium, }

To be made into 30 capsules.

For the relief of the pain he uses laudanum, or opium pills, or hypodermic injections of morphine, associated with atropine, as, for example, in the following prescription:

R. Hydrochlorate of morphine, $1\frac{1}{2}$ grains.
Neutral sulphate of atropine, $\frac{1}{10}$ grain.
Sterilized water, 6 drachms.

Twenty or thirty minims of this may be given at a dose.

The objection to this treatment is that the constant use of morphine may produce the morphia habit, but in the majority of instances the disease progresses so rapidly that this danger is not of any importance. The diet should be absolutely vegetable in its character. The stomach should be allowed to rest as much as possible, and the physician endeavor to use such foods as will be digested by the intestine. This is particularly important in view of the fact that in the majority of cases of cancer there is a diminution in the digestive activity of the gastric juice. When the cancer is at the pylorus, lavage may be practiced, but if it be at the cardiac end of the stomach this measure is not to be resorted to. The solution employed in washing out the stomach should consist of naphthol in the proportion of 1 to 1000.—*Med. News.*

TREATMENT OF WHOOPING COUGH.

Loffler recommends the following solution to be used in the treatment of whooping cough:

R. Freshly prepared chloride of silver, $1\frac{1}{2}$ grains.
Water, 2 pints.
Hyphosulphite of sodium, a saturated solution.

Use by an atomiser, the liquid being directed into the pharynx. Repeat the application every two or three hours. This treatment is both prophylactic and curative.—*Med. News.*

OINTMENT FOR PHTHISIS.

L'Union Médicale states that the following ointment is useful in the treatment of pulmonary phthisis:

R. Creasote, $2\frac{1}{2}$ drachms.
Lanolin, }
Olive oil, } of each $1\frac{1}{2}$ ounces.
Lard, }

This ointment is to be applied with friction each night to the thorax, and the absorption of the creasote from the skin will be of value to the patient.—*Med. News.*

HOW SHALL WE CURE CROUP?

By E. F. Starr, M. D., Nacooche, Ga.

By this term I mean membranous croup, in contradistinction to the spasmodic form: and in what I shall say on this subject I shall not claim entire originality, but endeavor to bring forward and enforce upon the minds of practitioners some facts that if well observed and carried out will prove a source of utility and comfort to such as may have to treat this formidable disease. If I can present these facts and the method of treatment so as to make them as clear to the minds of those who read as they are to my own, and can enlist general belief in the statement, I shall have accomplished my object and shall have done a good work.

I will not discuss the question of the identity of membranous croup and diphtheria, or whether or not all cases of croup are diphtheritic in character. I do not believe they are, but be this as it may, I shall now use the same treatment in the main for both. During most of the past this disease has been an *opprobrium medicorum*, and that no one treatment is acknowledged and followed as effective and reliable is manifest in the fact that so many different and varying formulas are being successively and from time to time proposed. I am now glad to believe that this state of things need not be perpetuated. In former years I myself regarded an established case of croup as about equivalent to a death warrant, but now I would go about the treatment of a case, not too long delayed, with nearly as much confidence as I would a case of remitting fever with plenty of quinine in my possession.

The pathology and symptoms are too well known to require notice here, but in reference to the treatment let it first be stated what should not be done, for now I eschew almost entirely the practice I formerly most trusted, that is, the administration of emetics, especially that form of them composed of tartar emetic. Do not give them. Persistent emesis is distressing and prostrating to the child, and, except in very rare instances, is ineffectual and unsuccessful. Neither, as a general rule, or scarcely at all, should purgatives be administered in the beginning of the treatment with object of catharsis, for this would interfere with the proper administration and the desired action and effect of the main remedy, the remedy most to be relied on and persisted in.

The indication for the treatment, in my view of the case, is to so affect the blood and the diseased locality as, first, to arrest the continuance of the deposit in the larynx and trachea, and, second, to soften and dissolve or loosen that which has already been exuded, so that it may be expelled by an effort of coughing. Can this be done? My experience teaches me that it can. In past time some of the fathers were known to

proclaim that calomel was the sheet-anchor, and I have no doubt they sometime succeeded with it, but not often. How did they administer it? Usually in large doses, hence in purgative doses, and herein was the failure. It was too speedily expelled from the system. They did not, it seems, fully apprehend the philosophy of its effect, that is, of its curative effect. They desired its purgative effect, and it possessed in their eyes a sort of hidden magic. They gave it in purgative doses, but we may suppose in some cases it would remain long enough in the child's stomach to be absorbed and produce the necessary constitutional and salutary effect, and hence their occasional success, enough to make them believe it a useful remedy; but by want of proper manipulation, and by reason of other influences brought to bear against calomel fifty or sixty years ago by a set of arrant quacks and imposters (the Thompsonians), it fell into some little disrepute and failed to be graded into proper line and to be established as *the* remedy for membranous croup. In the hands of the profession it did not grow into the full stature of its inherent capacity, and it is safe to say it has not even done so yet. Let us hope this may not remain true indefinitely. How then shall we proceed to secure its curative effect, since calomel is the remedy?

In the first place, let it be remembered it is not to be given in purgative doses, for this would prevent its curative effect. It must be given in a way to secure its permeating and modifying effect upon the circulating fluids and the systemic condition; and to this end it should be given in small doses and frequently repeated. A child from one to three years old, after having a dose of two grains (or even three grains if there has been delay), should be given one grain every hour, promptly, persistently and without failure. If any of this one grain is wasted, let enough be added to make up for waste. If these doses incline to purge, add a little paregoric or a drop or two of laudanum to prevent. If a dose is thrown up or rejected, replace with another dose immediately. As auxiliary treatment I usually administer also a febrifuge like this:

R. Sweet nitre,
Antim. wine,
Syrup ipecac,
Paregoric, aa q. s.

M.—From half to a teaspoonful two to four hours apart.

If there is much febrile excitement, I generally use two or three drops *veratrum viride* three or four hours apart to restrain the circulation, and in addition to these I use and advise a small blistering plaster over the larynx or upper wind-pipe. These latter measures are resorted to as precautionary, but the chief reliance is placed in the calomel.

During the first hours of this treatment the

symptoms may seem to march steadily on towards suffocation, but if properly administered and persisted in, the physician or friends will usually, in the course of twelve or fifteen hours, have the pleasure of observing a marked change for the better in the progress of the symptoms, the sound of the breathing will indicate a growing looseness in the obstruction, and after this, by an effort of the child—a smart struggle, it may be—the accumulation will be forced up into the mouth and may be wiped out, or perhaps may be swallowed, but in either case greatly to the relief of the patient. It is gratifying, aye, it is simply beautiful, to witness the effect of the treatment, the manner in which the obstruction is broken up, and the change from the condition of impending suffocation to that of comparative freedom of respiration. When this occurs calomel should be discontinued and some action of the bowels procured. There is but little danger of salivation, but it would be preferable to suffocation. I have not known it to occur.—*Atlanta Med. and Surg. Journal.*

THE TREATMENT OF DIPHTHERIA.

Loffler recommends the following gargle in the treatment of diphtheria:—

R. Carbolic acid,	15 drops.
Alcohol,	2 ounces.
Distilled water,	5 “

This should be used as a gargle.

In other cases a solution of 1 to 2000 of corrosive sublimate can be used in the same manner, or the following antiseptic mixture, which is not poisonous, may be employed:

R. Thymol,	15 grains.
Alcohol,	3 ounces.
Water,	12 “

It is stated that the gargle of corrosive sublimate acts generally more favorably than does that containing carbolic acid.—*Med. News.*

POWDERS FOR INDIGESTION.

L'Union Médicale states that Dujardin-Beau-metz uses the following powder in the treatment of dyspepsia:

R. Subnitrate of bismuth,	} of each 2½
Carbonate of magnesiumum,	
Prepared chalk.	
Phosphate of sodium,	
	drachms.

This is to be divided into forty powders, and 1 powder taken after each meal.—*Med. News.*

Lice and other parasites are removed from the hair more quickly by a decoction of quassia, to which a little borax and glycerine have been added, than by almost any other known means. *Coll. and Clin. Record.*

TREATMENT OF SEBORRHOEA OF THE SCALP.

Leibreich employs the following prescription in the treatment of seborrhœa of the scalp:

R.—Spirits of ether,	1½ ounces.
Tincture of benzoin,	1 drachm.
Vanillin,	½ grain.
Heliotropin,	3 grains.
Oil of geranium,	2 drops.

Mark “For external use, combustible.”—*Wiener medicinische Presse.—Med. News.*

AN INJECTION FOR LEUCORRHOEA AND BLENNORRHOEA IN WOMEN.—(Lutaud.)

R—Creolin,	gtt. xxx
Ext. fluid hydr. canad.,	fl ʒijss.

Sig.—Two teaspoonfuls in a pint of warm water, to be used at one injection.

As urethral injection the following formula is used:

R—Ext. fluid hydrast. canad.,	gtt. xxx,
Creolin,	gtt. x,
Aquæ,	fl ʒviiij.

Sig.—Use pure as a urethral injection.—*Jour. de Med. de Paris.—Columbus Med. Jour.*

INFLUENZA.

During the present epidemic of influenza I find, as an antipyretic and analgesic, nothing better than phenacetine or phenacetine and salol in combination. With very few exceptions, the temperature has been lowered and the pain greatly relieved after the administration of ten grains of phenacetine, or five grains of phenacetine and five of salol, followed by five grains of phenacetine, or two and a half grains each of salol and phenacetine every three hours. I usually give this for twenty-four hours, rarely finding it necessary after that time.—*C. Emmerling, in Med. News.*

IPECACUANHA TO INCREASE LABOR PAINS.

Drapes (*Les Nouv. Remèd.*) affirms that ipecac, in the form of wine of ipecac, in the dose of ten to fifteen drops, repeated every ten minutes, constitutes a powerful remedy to provoke strong contractions of the uterus in a case of uterine inertia or rigidity of the cervix, which threatens to indefinitely prolong the labor. After the second or third dose strong uterine contractions will come on, will repeat themselves at regular intervals, and tend to rapidly bring the labor to an end. That which makes ipecac in this condition superior to ergot of rye is that it never provokes tetanic contraction of the uterus, so frequent after the administration of ergot.—*Med. News.*

THE TREATMENT OF PULMONARY TUBERCULOSIS BY HYPODERMIC INJECTIONS OF IODOFORM.

Gavoy, in the *Gazette Médicale de Paris*, details his method of treating pulmonary tuberculosis with iodoform. Morning and night, a hypodermic injection of 30 minims of the solution, of 1 part to 100 of iodoform in oil of sweet almonds, is given.

No febrile reaction occurs, and the results are very good. The cough diminishes rapidly, and the characteristic muco-purulent catarrh first becomes more liquid and then ceases. The character of the voice is also improved, and the lung becomes more permeable to the air. Inspiration is increased in depth, and the râles become more moist. Other symptoms showing the favorable influence of this treatment are a decrease in the night-sweats and a renewal of the appetite. The therapeutic influence of iodoform over carious bone and pus-corpuscles seems to point to the fact that it exercises an analogous action upon tubercular processes accompanied by resolution and necrosis of the lung.—*Med. News*.

TREATMENT OF ERYTHEMA OF THE EYELID.

Brocq, in the *Revue d'Ophthalmologie*, states that he employs the following ointment in the treatment of erythema and swelling of the eyelids:

R. Salicylic acid,	7 grains.
Lactic acid,	7 "
Resorcin,	10 "
Oxide of zinc,	30 "
Pure vaseline,	5 drachms.

Care should be taken that none of this ointment enters the eye.

In other cases the following ointment may be applied:

R. Salicylic acid,	15 grains.
Pyrogallic acid,	30 "
Vaseline,	15 drachms.

This treatment to be applied at night, and it may be alternated with that containing resorcin just given.—*L'Union Médicale—Med. News*.

INJECTION FOR TUBERCULAR DIARRHŒA.

R. Olive oil,	6 drachms.
Guaiacol,	10 drops.
Water,	8 ounces.
1 yelk of an egg.	

This injection is recommended for cases of tubercular diarrhœa.—*Journal de Médecine de Paris—Med. News*,

GARGLE FOR ACUTE TONSILLITIS.

R. Ammoniated tincture of guaiac,	} of each 6 drachms.
Compound tincture of cinchona,	
Chlorate of potassium,	2 "
Honey	6 "
Powdered gum arabic	a sufficient quantity.
Distilled water	enough to make 4 ounces.

From one-half to one teaspoonful of this should be used as a gargle in a little water every two or three hours.—*Journal de Médecine de Paris—Med. News*.

A GARGLE FOR THE RELIEF OF FETID BREATH.

The *Revue Général de Clinique et de Thérapeutique* gives the following prescription for the relief of this condition:

R. Saccharine,	} of each 15 grains.
Salicylic acid,	
Bicarbonate of sodium,	
Alcohol,	1 ounce.
Essence of peppermint,	10 drops.

A teaspoonful of this is to be placed in a wine-glassful of hot water, and used as a gargle once or twice daily.—*Med. News*.

PRESCRIPTION FOR RHACHITIS.

In the *Journal de Médecine de Paris* the following prescription is given for the treatment of rhachitis:

R. Phosphorus,	1 grain.
Absolute alcohol,	5 drachms.
Spirits of peppermint,	30 drops.
Glycerin,	2 ounces.

Six drops of this mixture may be given in water three times a day, and after the lapse of one week another drop may be added.—*Med. News*.

PARASITICIDE OINTMENT.

L'Union Médicale gives the following ointment for the removal of parasites:

R. Salicylic acid,	45 grains.
Borax,	15 "
Balsam of Peru,	30 "
Ethereal essence of anise,	5 drops.
Essence of bergamot,	20 "
Vaseline,	6 drachms.

Make into an ointment and apply to the part affected.—*Med. News*.

DISGUISE FOR COD LIVER OIL.—A mixture of equal parts of cod liver oil and lime water is said to be nearly tasteless, but may be made more palatable by the addition of an aromatic syrup.—*Med. and Surg. Reporter*,

PYOKTANIN.

Dr. O. Wanscher refers to Professor Stilling's paper, in which the latter called attention to the antiseptic properties of the aniline dyes and named them pyoktanin, from their pus-killing properties. Experiments with the aniline dyes are now justifiable, for Merck has produced a non-poisonous aniline which can be given in doses of 15 grains to dogs, with no result other than to stain their faeces blue.

Wanscher confirms Stilling's statements regarding the pus-destroying properties of pyoktanin, but he is not certain that the good result following its use in two cases each of iritis and of choroiditis are to be ascribed to the antiphlogistic power of the pyoktanin. On the other hand, Carl and Braunschweig have disputed its antiphlogistic power, and also claim that it caused severe pain, shooting into the brow and the temple, and that great irritation with croupous exudate occurred upon the ocular conjunctiva after its use. Wanscher thinks these statements unjustified. He has found in a one-per-cent. solution of blue pyoktanin (methyl violet) an agent which fulfils the desire expressed by Billroth for a stain which will find and destroy its own peculiar bacteria without injuring the tissues. The results of Carl and Braunschweig he attributes in part to improper use of the stain. The pyoktanin, to be effective, must seek out the bacteria in the tissues; hence, it must be dissolved, clear, and easily absorbed. The more granular it is the more difficult will absorption be. Moreover, the application must be so made that no danger is incurred of transferring any pyoktanin from one patient to another, which can easily happen if the same brush is used for several patients. Pyoktanin in a half-dried condition, destroys the bacteria of pus, but not those of croup and diphtheria. Possibly the semi-dried mass is irritating, just as powdered chlorate of potash acts as an escharotic, while a concentrated solution has no such action. Again, the pyoktanin must be employed repeatedly until the tissues are effectually stained. To this end ten or twenty drops at a sitting are often necessary, and they must be instilled every two or three hours, according to circumstances. Carl discards it as ineffective because he did not succeed in checking a serpiginous ulcer by using one drop a day.

For six weeks, Wanscher says, he instilled pyoktanin (blue and yellow) in nearly every case that applied. Fifty patients received upward of a thousand instillations. About twenty patients came daily to his clinic, instillations being employed generally four times a day; altogether there were three hundred instillations a day. He says in no case did he see irritation follow. None of his patients have complained of pain; and, on the other hand, he says he has undoubtedly rescued three eyes which would have been

lost through gonorrhœa, and two others have recovered from it with full vision. Braunschweig has treated seventy patients with pyoktanin in two months, but it was not employed in a case of gonorrhœa. Wanscher reports his four cases in detail.

Besides the cases of gonorrhœa, he has treated by instillation of a one-per-cent solution of pyoktanin two cases of cataract operation, four iridectomies, one squint operation, one case of gonorrhœa of the lachrymal sac, two cases of specific choroiditis, one of simple iritis, two of suppurative conjunctivitis, superficial keratitis, etc. The result in these and in other eyes and surgical cases in private practice has confirmed his good opinion of pyoktanin, especially of the blue pyoktanin.

In his private practice he says he has cured a gonorrhœa of the lachrymal sac which had persisted a year under other methods of treatment, even including galvanic stimulation of the mucous membrane of the canal. He has also employed it in the dressing after operation of a case of osteitis and necrosis of the tibia which had lasted twenty-five years. The result was favorable, and no irritation was produced. A walking case of gonorrhœa, associated with great dysuria, was abated with a one-per-cent. solution of pyoktanin. The same result was obtained in a case of balano-posthitis. A good result was also obtained in a case of ingrowing nail and inflamed corn. After operation a bandage soaked in a one-per-cent. solution was applied. The wound healed in a few days, notwithstanding the fact that the patient continued to go about.

Wanscher finds yellow pyoktanin less active than the blue. The color disappears quickly when used upon the eye, but more slowly when used upon the skin. Alcohol quickly dissolves the fresh stain.

In conclusion, he speaks of a one-per-cent. solution of blue pyoktanin as one of the most valuable of our therapeutic remedies for use in purulent ophthalmia.—*Therapeutische Monatshufte.—Medical News.*

A RELIABLE PURGATIVE ENEMA.

The following enema has proved so reliable and satisfactory in my hands, that I feel it is worthy of a brief note:

R. Sulphate of magnesia,	2 ounces.
Glycerin,	2 "
Oil of turpentine,	$\frac{1}{2}$ ounce.
Water,	2 ounces.—M.
Label, "To be used as an enema."	

To move the bowels after abdominal section or after plastic operations on the female pelvic organs, it has been in constant use for many months. When used alone it has moved the bowels, as a rule, promptly; and has been equally

effective when given as an adjuvant to some cathartic taken by the mouth.

Prior to the employment of this formula, I had used the simple enema of glycerin, and of glycerin and turpentine, which are distinctly inferior to the one above recommended.

The combined action of Epsom salts, turpentine, and glycerin is very effectual, not only in evacuating the rectum, but also in getting rid of flatus, the presence of which in the bowels is the cause of much of the pain present after abdominal section.

I have had the opportunity, upon two occasions, of testing the activity of this enema in cases of threatened obstruction of the bowels following operation. Other measures failing—including purgatives and large and small enemata—I have introduced a long, soft tube up the rectum, and given this enema into the descending colon, with the happiest results.

Now that the use of opium is banished from the after-treatment of cases of abdominal section, this enema has, in my hands, become the great anodyne—which fact is quickly realized by patients, who demand its frequent use.

When given through the rectal tube, its employment promises much in cases of partial obstruction of the bowels, and also in cases of obstruction due to paralysis of the bowel.

The enema is given best through a hard-rubber piston syringe.—*Charles P. Noble, M. D., in Med. News.*

ATROPINE FOR PARALYSIS AGITANS.

Moretti has treated three cases of paralysis agitans by hypodermic injections of atropine. The results obtained were very encouraging. He commenced the treatment by the injection of $\frac{1}{150}$ th of a grain, and progressively increased the dose until $\frac{1}{30}$ th of a grain was taken each day, divided into two injections.—*Med. News.*

ANTIPYRINE IN THE TREATMENT OF GONORRHOEA.

In the *Revue Générale de Clinique et de Thérapeutique* it is stated that Brindisi employs the following solution as an antiseptic lotion in the treatment of gonorrhoea:

R. Antipyrine, 45 grains.
Sulphate of zinc, 4 "
Rose water, } of each 2 ounces.
Cherry-laurel water, }

Label, "To be used as an injection."—*Med. News.*

Gunpowder stains of the face may be removed by painting with biniodide of ammonium and distilled water, equal parts; then with dilute hydrochloric acid, to reach the tissues more deeply affected.—*Coll. and Clin. Record.*

PRESCRIPTION FOR TETANUS.

La Semaine Médicale states that Mayer employs the following prescription in the treatment of tetanus:

R. Hydrochlorate of morphine, $\frac{1}{8}$ grain.
Chloral, 15 grains.
Bromide of sodium, 20 "

Make into one powder, which should be wrapped in waxed paper; give from three to six of these powders each day.—*Med. News.*

CHLOROFORM OINTMENT.

In a paper read at the recent meeting of German Physicists and Physicians, Mr. Kittl suggested that as such applications owe their efficacy to the slow evaporation of the chloroform, thicker media than the oil generally used should be employed, so as to prolong the action of the chloroform.

For three or four years he has made ointments according to the subjoined formula, and they have been used with good results by medical men.

Chloroform, 1 part (by weight).
Wax, 1 " "
Lard, $2\frac{1}{2}$ to 3 " " "

This is generally used for rheumatic affections. A harder salve is made with the same proportions of wax and chloroform, but with $1\frac{1}{2}$, $1\frac{1}{2}$ and 2 parts of lard. The way to make the ointment is to melt the lard and wax in a stoppered bottle, and when cold stir in the chloroform with a spatula. The ointment is applied to the affected part on lint.—*Coll. and Clin. Record.*

CHILBLAIN REMEDIES.—Liniment.

Camphor, 2 drachms.
Cantarides, 2 "
Table mustard, 4 "
Oil of cajuput, 1 "
Oil of rosemary, 3 "
Alkanet, 2 "
Oil of turpentine, 10 ounces.

Macerate for ten days with frequent agitation.

This liniment is to be applied to the skin by friction night and morning. It has the advantage over many liniments in being comparatively harmless, and it is at the same time efficacious.—*Chemist and Druggist.*

EARACHE DROPS.

Camphor-chloral, 5 minims.
Glycerin, 33 "
Almond oil, 20 "

Mix. Three drops of this mixture on absorbent cotton to be placed in the ear twice a day.—*Chemist and Druggist.*

GLYCERIN JELLY.

A favorite preparation for winter use, being a soothing and healing application for the chapped skin. There are numerous formulæ, but the following are among the best:

Plain.

Thin French gelatin,	$\frac{1}{2}$ ounce.
Water,	5 "
Glycerin of borax,	10 "
Triple rose water,	6 "

Soak the gelatin with the water all night in a gallipot, and next morning place the pot in a saucepan with water and heat until dissolved; then add the glycerin and the rose water. Mix. May be colored with cochineal or a little saffron.

Carbolated.

Isinglass,	1 ounce.
Glycerin,	16 "
Water,	3 "
Carbolic acid,	1 drachm.
Prepare as above.	

Solid.

French gelatin,	120 grains.
Glycerin,	$1\frac{1}{2}$ ounces.
Water,	$\frac{1}{2}$ "
Otto of rose,	1 drop.

Make in the usual way, adding the otto when the jelly is lukewarm, and pour into moulds, such as cosmetic cases. To be used in the same way as camphor ball, the skin being first moistened, or may be used before drying the hands after washing.—*Coll. and Clin. Record.*

SWEET OIL IN THE TREATMENT OF HEPATIC COLIC.

There is no doubt that the administration of sweet oil does give relief in cases of hepatic colic. Acute attacks of pain should be relieved by opiates, and large doses of oil should be given as soon as quiet is obtained. In many, if not all cases, the pain fails to recur after the oil has acted on the bowels. The masses (like bits of cucumber pickle covered with mucus), which are passed in nearly all cases are not all gall-stones, but soap formed by the action of the bile and pancreatic juice upon the oil: yet while fragments of gall-stones are sometimes passed along with these green masses, and sometimes whole gall-stones are found in the stools. Sweet oil will not remove gall-stones from the gall-bladder or bile ducts; it is not given until cessation of pain has shown that the stone has passed into the bowel. The presence of gall-stones in the bladder does not cause colic, nor does the passage of a small stone through the duct cause it necessarily. It is probable that the oil acts upon the duct and the adjacent bowel in such a way as to remove the conditions which are the immediate cause of the repeated attacks of hepatic colic.—*Coll. and Clin. Record.*

LOCATION OF THE FISSURE OF ROLANDO.

C. L. Dana, of New York, gives a new method of determining the position of the fissure of Rolando. It is this: Find and mark the stephanion, *i. e.*, the point where the temporal ridge crosses the coronal suture; find and mark the concave depression just above and behind the mastoid, and just below the asterion or junction of the lambdoid and temporo-parietal sutures; draw a line between these points; find the bregma, and draw a line from it to the posterior edge of the external auditory meatus. The point of crossing will be just over the lower end of the fissure of Rolando or within a centimetre ($\frac{1}{2}$ inch) of it.—*Post Graduate.—Satellite.*

For gout, *St. Louis Med. and Surg. Journal*, quotes the following application:—

R Flexible collodion,		
Ether,	āā	5 parts.
Salicylic acid,		4 "
Muriate of morphine,		1 part. M.

Apply to the affected toe.—*Coll. and Clin. Record.*

The following collyrium is recommended by Tenlon (*Med. News*, Jan. 3d, 1891), in cases of granular conjunctivitis of a persistent type, with much photophobia; one drop to be instilled into the eye morning and night:—

R Distilled water,	$\frac{1}{2}$ ounce.
Neutral sulphate of atropine,	$1\frac{1}{2}$ grains.

In the evening he introduces into the eye a very small piece of the following ointment:—

R Calomel, pure and thoroughly pulverized,	2 drachms.
Vaseline,	1 drachm.

He also finds it of service during the day to apply fomentations for as long periods as possible, consisting of the decoction of chamomile as hot as can be borne. At the same time it is well to administer internally cod liver oil, syrup of the iodide of iron, and general tonics.

An asthmatic neighbor of mine gets so much relief from inhaling the smoke of a teaspoonful of the following combination that he wants all other chronic asthmatics to know about it:

Stramonium leaves,	} āā	̄iv;
Green tea dust,		
Lobelia,		̄iss.

Mix together and wet up with a saturated solution of nitrate of potassium. Dry thoroughly and keep in a close can or well stoppered bottle.—*W. T. Plant, M. D., in Am. Practit.*

TREATMENT OF CONVULSIONS IN CHILDREN.

In a paper published in the *La Médecine Moderne*, December 18, 1890, the author calls attention briefly to the usual advice of at once removing the clothes of the child affected with convulsions before giving it a warm mustard bath, with cold applications to the head. The seizure is very apt to come from the digestive tube, and thus production of vomiting by tickling the soft palate, or the administration of an emetic may be of service, or a full dose of calomel or of castor oil may be administered. It should also be remembered that perhaps an intestinal parasite may be the starting-point of the convulsion, and that a vermifuge may be indicated. When there is a cerebral hyperemia the application of leeches behind the ears may arrest the convulsion, or in very vigorous children bleeding may even be practiced with success. Mustard plasters may be perhaps of value applied to the lower extremities, or even the compression of the carotids, as recommended by Trousseau. Inhalations of chloroform may produce relief, but it will be usually only transient, and a repetition of its employment is not without danger. Bromide of potassium combined with chloral is especially reliable when the convulsions are obstinate, $7\frac{1}{2}$ to 15 grains may be given to young children, 30 to 60 grains to children a little older, and 60 to 90 grains to children approaching adolescence. To new-born children the dose of chloral should be only $\frac{3}{4}$ of a grain; to nursing infants 2 grains; 3 to 5 grains to children of two years of age, and 6 to 13 grains to children between seven and twelve years of age. When the convulsion has been subdued it would be well to continue the use of the bromides, prescribing bathing the head with cold water, general friction, lukewarm baths, and strict regulation of diet. With this may also be combined small doses of calomel and the valerianate and oxide of zinc.—*Therapeutic Gazette*.—*Am. Practit. and News*.

HOW TO REMOVE SUTURES IN GYNÆCOLOGICAL AND OTHER OPERATIONS.

Dr. Howard Kelly lays great stress upon the minutest matters of detail in a paper entitled "Antisepsis and Asepsis Before and After Major Gynæcological Operations." His directions in respect to the removal of sutures apply to all operations where they are used, although Dr. Kelly specially refers to abdominal sections. Care must be taken, he says, in their removal, not to convert this simple step into a source of irritation or infection of the wound. There is usually a little cake of encrusted lymph and powder at the point where the suture emerges from the skin. In removing the suture the loop

must not be cut above that point on one side of the wound; for if that mistake be made, when the suture is extracted by traction on the opposite side of the wound, the crust of lymph will be dragged through the whole track of the suture, including, in the case of an abdominal section, the peritoneum. The suture must be cut below the crust, where it is moist and pliable. The free ends of the suture should, in the first place, be caught by a dressing forceps so that the loop may be raised; then the loop is carefully clipped in the moist part, below its point of exit. Lastly, the suture is extracted by pulling it toward the side on which it has been cut. If traction be made in the opposite direction, the freshly-united surfaces may be dragged apart.—*American Journal Medical Sciences*.—*Satellite*.

TREATMENT OF BED-SORES.

Billroth is stated to apply the following treatment for bed-sores: Upon the appearance of reddening of the skin he applies a lotion of vinegar or lemon juice. If excoriation is present, he applies nitrate of silver, and protects the part by zinc ointment or soap plasters. Where gangrene comes on, antiseptic compresses are to be applied, the wound being cleaned by the use of chlorine water, or carbolated oil may be used with care as the phenomena of intoxication may appear. Internally, he employs supportive treatment with wine, acids, quinine and musk.—*Med. News*.

PRESCRIPTION FOR WHOOPING COUGH.

Von Genser is said to use the following prescription in the treatment of whooping cough:

R. Carbolic acid,	1½ grains.
Rectified spirit,	2 drops.
Tincture of iodine,	5 "
Tinct. of belladonna,	10 "
Peppermint water,	2 ounces.
Simple Syrup,	1 drachm.

To a child of two years a teaspoonful of this mixture may be given every two hours.—*Med. News*.

ENDOMETRITIS.

Professor Parvin, in speaking of the treatment of endometritis, said the patient should be put to bed, given a saline purgative and antiseptic injections. This may abort an attack. Make use of warm baths; later, astringent injections. There is nothing better in this disease than the injection of a teaspoonful of creolin to a quart (litre) of boiling water or the application of Churchill's tincture of iodine.—*Times and Register*.

SPECIAL HYPNOTICS.

By Philip Zenner, A. M., M. D., of Cincinnati, Ohio.

Morphia is most indicated when the sleeplessness is the result of pain, fear or anxiety, or other bodily or mental discomfort. It is one of the surest of the hypnotics, and its sleep comes nearest to the natural one in its refreshing effects. It is specially indicated in anæmic subjects, and is, on the other hand, to be used cautiously in congestive conditions, or where there is cardiac weakness. It is to be avoided in children.

Chloral is perhaps the most powerful of the sleep-producing remedies. On account of its weakening influences on the heart it should not be used for very long periods, and should be used cautiously in cases of weak heart. In small doses it is a very favorite hypnotic, and deservedly so. Usually it is given in combination with the bromides, which increases its usefulness. A mixture of morphia and chloral has an unusually sedative effect.

Paraldehyde is a less powerful hypnotic than the preceding, but does not subject the patient to the danger of habit, nor does it threaten the heart. Its taste, occasional disturbance of the stomach and irritating effects on the bronchial tubes, in cases of bronchitis, are its chief objections. Its usual dose is one drachm, but it may safely be given in four times that quantity.

Amylene hydrate is said to be about equal to paraldehyde as a sleeping medicine, and to have none of the objectionable qualities of the latter; just mentioned. It is given in all forms of insomnia, the dose varying from ten to one hundred grains.

Urethan is a mild and agreeable, but less certain hypnotic, and is not used very extensively.

Sulphonal has, perhaps, become the most popular of the recent hypnotics. The average dose necessary to promote sleep is from twenty to thirty grains. It is slower in producing its effects than other hypnotics, usually a few hours intervening before drowsiness is felt. This is because the medicine is very slowly absorbed from the stomach. This can be remedied to some extent by having the medicine finely pulverized and administered in a large quantity of hot fluid, bouillon, milk or the like. It will generally fail to promote sleep when the latter is prevented by pain. On the other hand, it is of special value when there is a great motor restlessness, in chorea, maniacal conditions and the like. In large doses, when long continued, it is likely to cause a sense of vertigo.

A still newer remedy, and likely to receive equal favor with sulphonal, is *chloralamid*. This is a combination of chloral and formamid, but is said not to have the ill effect of the former, especially not to affect the heart or disturb digestion. Like sulphonal, it usually acts slowly, one to one hour and a half usually passing

before sleep is produced. But it seems to have a somewhat more favorable influence than sulphonal in promoting sleep when pain is a disturbing element. The dose varies from fifteen to sixty grains. It is soluble in one and one-half parts of alcohol, or twenty parts of cold water. It should not be given in hot solutions, as it is decomposed by heat.

I will only mention one other hypnotic, *hydrobromate of hyoscine*. This is of special value in motor restlessness and the like. It is most frequently used in cases of insanity, especially maniacal conditions. Ordinarily the dose mentioned is from $\frac{1}{150}$ to $\frac{1}{100}$ of a grain, but it is given in maniacal cases in much larger doses, even as much as one-tenth of a grain hypodermically.

Perhaps I should not close this paper without mentioning some simple suggestions often sufficient in lighter cases of insomnia, and important in all, such as sleeping in a cool room, seeing that the feet and extremities are not cold, having warm, but light covers, not eating heavy meals shortly before retiring (though a light repast is often an aid to sleep), darkening of room and removal of other possible external disturbances. If in addition to all this the patient retires with the determination and the belief that he will sleep (and the assurance of the physician is often of great aid in this particular), there is considerable prospect of his being successful.—*Col. and Clin. Record*.

TREATMENT OF BRONCHITIS.

A young man, say from twenty to twenty-five years of age, comes under our notice with a feverish cold; his temperature reaches 101°F. to 103°F., with dry chest notes; we order him straight to bed in a temperature of 65° to 70°F., covered with blankets, and straightway inject $\frac{1}{4}$ grain of nitrate of pilocarpine subcutaneously, encouraging the subsequent sweating with diaphoretics and warm drinks, to be mentioned later on; the mixture we prescribe is liq. ammoniac acet, ʒj, sp. eth. nit. ʒss, sweetened camphor water ʒj, and with each dose two minims of Fleming's tincture of aconite, to be taken every hour for the first three or four doses, subsequently every two hours, finishing up next day with two grain doses of quinia sulph. By this means, in the majority of cases, we avoid having to pay many visits and save his club many weeks of sick pay. In this case we do not reach the second or moist stage of the disease, the first being what we describe as the hot, dry stage.

But we do not always get at our cases in such an early stage; usually the first has passed off and the second stage is commencing. We still inject the pilocarpine and order the above mixture, but supplement the treatment now with steam from the bronchitis kettle, to which we

add twenty minims of the ol. menthæ pip. for each pint of water in the kettle. This steaming should be continued for twenty or thirty minutes every two hours, or perhaps continuously for the first six hours, should the case be severe. With children in the same condition we use bicarbonate of soda in the proportion of ℥iv to the kettle of water, poultices of linseed to the back and chest and a mixture proportionate to age, and for our little sufferers we manage to make a very nice bell tent with the mother's umbrella.

When the acute symptoms have passed off we rub the chest and back with a liniment composed of ol. camph. (essential) ℥j, tinct. opii ℥iss, lin. saponis ℥iss, to be well rubbed in with the hand two or three times a day. Now the rationale of this treatment consists in causing the removal of carbon from the blood by the skin instead of the lungs, by inducing sweating, and it is wonderful how such minute doses of the tincture of aconite helps us to accomplish this. With children we also have the back and chest well swathed in wadding after the poulticing, but for adults this is not necessary. For these we are also convinced that no inhalant gives such a soothing effect as the oil of peppermint, but children do not bear it at all well. With adults also we find that if a stimulant is required we cannot find anything better than one-sixteenth of a grain of the hydrochlorate of cocaine in a pill freshly prepared, repeated in two hours if necessary. *In no stage of the disease do we consider alcohol necessary; in fact, we look upon it as harmful.*

After the temperature has come down to nearly normal we reduce the temperature of our patient's room to 60°F., gradually getting it to 55°F., and there we endeavor to keep it as long as necessary. The tonic we have found most benefit from is quinine with, in some cases, three minim doses of Fowler's solution. In poulticing children we have found it of benefit to cover the poultices with a piece of oiled silk. Saline aperients, should anything of the sort be needed, are indicated, and for children nothing is better than phosphate of soda, which may be given dissolved in beef tea. To sum up, the points in treatment we lay most stress upon are the subcutaneous injection of pilocarpine when the patient is comfortably recumbent in a temperature of 65° to 70°F.; the exhibition hourly of tinct. aconite (Fleming's) until temperature is lowered; the keeping up of sweating until the breathing is easier, and the exhibition of hydrochlorate of cocaine if a stimulant is required.—*Col. and Clin. Record.*

In Cholera Infantum give teaspoonful doses of a half grain solution of nitrate of silver with a drop of tincture of opium, after having washed out the stomach. The silver may be repeated every hour, the opium as needed.

AN EFFICIENT METHOD OF REMOVING FOREIGN BODIES FROM THE NOSE.

Dr. S. Johnson Taylor (*Lancet*, November 8, 1890), describes the following method of removing foreign bodies from the nose, which was successful in the case of a child of three years with a large bead in the nostril. The procedure is simply Politzer's method of inflation through the unobstructed nostril.

The nozzle of the Politzer bag is introduced into the nostril which does not contain the foreign body, and if the patient is old enough he is requested to swallow a mouthful of water. During the act of swallowing, the bag is vigorously compressed, the escape of air from around the nozzle being prevented by grasping the nose with the thumb and forefinger. At the moment of compressing the bag the foreign body will probably be blown out. In the case of a young infant the compression should be made while the child is crying.—*St. Louis Clinique.—Pittsburgh Med. Review.*

BENEVOLENT SOCIETIES AND PHYSICIANS.

The imported custom of benevolent societies employing physicians to render medical attendance to all members at a nominal annual per capita fee, seems to be growing into an evil that threatens to reduce the income of physicians generally. Some associations appoint a physician for that purpose and pay him a reasonable compensation, others again pay only a small fee per capita. It is reported that a fraternal order having a number of lodges in Toledo, pay the physician of the lodge one dollar a year for each member. For this amount he must not only attend the member in every sickness, but also furnish the necessary drugs.

These offices are not always occupied by the young men in the profession, for physicians of fifteen and twenty years practice apply for and eagerly accept such positions.

Such customs, foreign to American institutions, should be condemned, and physicians willing to be benefitted by such means should be discountenanced. It does not seem that any one having any feeling of manhood would be willing to humiliate himself to become the tool, the slave of another man for such a paltry sum as one dollar, but it is true that physicians of considerable pretention and standing do accept these places, hoping thereby to be retained as the family attendant and consequently enlarge their income. Having once indulged in so degrading a practice, and having gained the confidence of the family the slave robs his master as was done in one instance at least. Being the dollar tool of a man, a physician is asked to prescribe for another member of the family, which he cheerfully does and extends the treat-

ment over a period of three months with charges to the tune of over four hundred dollars. The pluck of this physician is certainly to be admired, for after selling his manhood and independence for one dollar, he robs his kind master of four hundred.

Another outgrowth of foreign institutions and an evil that is on the increase, is the giving of free medical service to saloon and innkeepers so that they will be the agent of the physician. The physician and saloonkeeper being so dovetailed together that each becomes a steerer for the other. A noble profession and an ignoble occupation working hand in hand, can be for no other than selfish motives. A member of the most honorable profession playing second fiddle to the devil's emissary. The idea, that a physician is so degraded, so lost to self-respect, as to be guilty of such acts! It is not at all surprising that quackery will and does abound as long as men pretending for honors from the profession will prostitute themselves and the profession by deeds like these. These mawkish acts are deserving of notice, and the publicity given them by opposition, is only the duty of all honest men; the system is perverse of public morals, and a robbery of the profession; as such it must be combatted until it is abated.

WHAT IS A GOOD DOCTOR?

Under this heading the *Toledo Blade* published a number of interviews with regular and irregular physicians.

If any of the laity is asked, who is a good doctor? the family physician is usually held up as a model doctor, or the one being the happy possessor of an abundance of this world's good, whether inherited or acquired by marriage or by hard work and fortunate investments, is mentioned as a good doctor. While the public have their choice, they do not always select the one best qualified in every respect to minister to the diseased body.

In the following selections from different interviews as published in the *Blade* the character of different men may be read. One of the interviewed, among other things, said:

"The essentials of a good physician are knowledge, readiness, moral courage, gentleness and a good digestion.

These and twenty years of active professional ups and downs, and you have a good physician." In the main these summaries of the qualities of a good physician are true, for without knowledge and good health, no man is prepared to promptly relieve suffering. But to say no physician can be said to be a good one until he has been engaged in active practice for twenty years is a slur upon the many thousand young men doing yeoman service in behalf of mankind. Furthermore the old men and even men of twenty years

of professional life are frequently far behind the recent graduate in many of the qualifications mentioned in the interview.

Another physician, who had his say, spoiled an otherwise excellent description of the good physician by saying:

"A young man who is to succeed in the practice of the medicine to-day, must not only be industrious, talented and well indicated, but he must also possess the qualities that make the successful man of affairs, he must be alert to see and profit by anything that can be turned to his own advantage, and not be too tender of the sensibilities or the interests of his competitors; in other words, in the expressive language of the times he must be a "Hustler."

That a physician, and a regular at that, should give such wicked advice to a novice, is beyond our comprehension. To say that young physician must cease to be a gentleman, in that he shall turn every thing to his own advantage regardless of right and wrong, or the sensibilities and interests of others. To be a good doctor he should be an Ishmaelite with his hand against every other physician.

Such malicious advice does not tend to inspire respect for the profession, nor will it benefit the beginning physician, for if he starts his professional life with his hand raised against every one, every man's hand will be against him. It is to be hoped that no young man will see in this description, his ideal doctor, but rather in the following extract from another interview, which is marked contrast with the above:

"He ought to be, first of all, a gentleman; kind and considerate towards his patients, and mindful of the rights of his professional brethren."

This, with the necessary skill, love for work and for the practice of medicine, constitutes our beau ideal doctor; to this should be added another attribute as expressed in the views entertained by one of the interviewed:

"The good physician must be a good business man, if he desires to reap the just reward for labors performed. He should not be ashamed to send his bill for services and insist upon its liquidation as well as any merchant or banker."

FOR THE GRIPPE.

With the recurring prevalence of the so-called *grippe*, I beg leave to suggest the following as a specific for adults in such cases:

Salol,	℥iij;
Phenacetin,	℥ij;
Quiniae salicylat,	℥j.

M., ft. cap. xx. Sig: Two every three hours.
E. R. Palmer, M. D., in *Am. Practit.*

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EDITORS:

A. LAPHORN SMITH, B.A., M.D., M.R.C.S., Eng., F.O.S., London

F. WAYLAND CAMPBELL, M.A., M.D., L.R.C.P., London.

ASSISTANT EDITOR

ROLLO CAMPBELL, C.M., M.D.

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MONTREAL, AUGUST, 1891.

**THE 12TH INTERNATIONAL
CONGRESS.**

The arranging for the suitable reception of such a vast body of learned men as attends the holding of an International Congress requires a very long notice in advance. The eleventh Congress will be held in Florence, Italy, in 1893, and so far no place has been suggested for the meeting of 1896. Why not invite that Congress to meet in the great commercial metropolis of Canada? With lines of steamships running direct to Montreal from Great Britain and the north and south of Europe, no city in America is more suitably situated. It has the advantage that during August when these Congresses are held the heat is quite endurable, being less than at either Florence or Washington. The medical profession is largely represented at Ottawa, and no difficulty would be experienced in inducing the Federal Government to vote a grant of twenty thousand dollars to enable Canada to take a suitable position in the ranks of civilized countries and in the scientific world. As a business investment the stay of fifteen thousand doctors and doctors' wives, who would spend at least four dollars a day each in the city of Montreal would make it well worth the city's while to follow the example

of Berlin and vote ten thousand dollars. With a guarantee fund of thirty thousand dollars we would have no difficulty in inducing the Congress to accept our invitation. We would respectfully ask our editorial confreres to publish this article in all languages, so that at the Congress of Florence, which we hope to attend in person in order to extend this invitation, we may receive a favorable reception for our invitation. Montreal has a population of a quarter of a million, and is the seat of four universities, every facility is here offered for the holding of such a grand assembly, and of offering hospitality to such distinguished scientists. We think we can depend upon the hearty co-operation of the Canadian profession in our humble efforts to make our dear country better known.

THE CANADA MEDICAL ASSOCIATION.

We desire to call the especial attention of our readers to the notice to be found in the advertising pages of this issue of the twenty-fourth annual meeting of the Canadian Medical Association to be held in Montreal on the 16th, 17th and 18th of September. A number of interesting papers have been promised, and we can safely promise our brethren from a distance a right hearty welcome. It is the duty of every Canadian to do all that lies within his power to foster the healthy national spirit which is everywhere in Canada becoming more evident. We must forget as soon as we can and as much as possible that we are New Brunswickers, Nova Scotians and Quebecers and realize that it only requires a patriotic and Canadian spirit to make of Canada one of the finest nations on earth. If the three or four thousand medical men of Canada would give the meetings of the national association the preference over all others they would do much towards converting the medical profession of Canada into what it should be, a great national institution.

OBITUARY.

RICHARD LEA MACDONNELL.

Rarely has the profession of Canada suffered a more serious loss than by the death of Dr. MacDonnell, of McGill University, which took place in Montreal on the 31st ult. In him were possibilities of which the past had given full earnest, and the deepest sadness is in the thought of a life of so much promise thus prematurely removed. Although only thirty-five years old, he had reached a position which gave scope to abilities of first-class order and afforded opportunities of impressing upon a large class of students those qualities of mind so essential in the teacher, so priceless to the taught—honesty, system and painstaking care.

Upon the death of Dr. Palmer Howard, three years ago, Dr. MacDonnell followed Dr. George Ross in the chair of clinical medicine, a position which his father had occupied in 1845. He had previously been elected on the staff of the Montreal General Hospital. The pages of the *Montreal Medical Journal* for the past twelve years attest the diligence with which he worked at his profession. Of late he has been a valued contributor to our columns, and only three weeks ago we published an admirable lecture of his—probably his last communication.

Four years ago Dr. MacDonnell had a severe attack of inflammation of the lungs, which was thought possibly to be tuberculous, but after a winter abroad he returned in excellent health. During the past session of the school he was vigorous and well, and accomplished a large amount of literary work. Two months ago he began to fail in health, and went earlier than usual to his summer residence on the lower St. Lawrence; but pulmonary symptoms developed with great rapidity, and he died a few days after his removal to Montreal.

Very few men have entered upon the race with greater advantages than Dr. MacDonnell did. To a fine physique and presence, and a charm of manner which is so often continued in this country in the second generation of Irishmen of the Brahmin class—to use an expression of Oliver Wendell Holmes's—there were added those mental gifts which alone assure success—industry and perseverance. Very early in his

career circumstances in connection with the accidental death of his father altered his surroundings and threw upon him responsibilities that were faithfully and courageously met, and that gave an unmistakable stamp to a character naturally refined and noble. Success came, cares lightened, and with domestic, social, and professional relations of the happiest possible kind, the future could not have looked brighter, but—*es hat nicht sollen sein*, and a devoted wife, an aged mother, and a loving sister, with colleagues, students and friends, mourn his untimely union with

“The inheritors of unfulfilled renown.”

—*N. Y. Med. Jour.*

THOMAS ANDERSON RODGER.

In the death of Doctor Thomas Anderson Rodger, the profession of Canada has lost one of its members who had endeared himself to all with whom he had come into contact. The deceased was born in Scotland, and began his business life behind a pharmacist's counter. He was graduated at McGill in 1869, and was immediately afterwards appointed House Apothecary at the Montreal General Hospital. From the first he manifested those qualities of independence of thought and geniality of disposition which made him popular, both with the laity and the profession. To rise in a few years from the position of an apothecary's apprentice, to be a leading surgeon in our metropolitan city, the chief medical adviser of a great corporation, and the representative of the profession in the College of Physicians and Surgeons, without the favouring circumstances of family influence, or wealth, was alike creditable to his energy and self-reliance, and a testimony to his worth.

His official duties as chief surgeon to the Grand Trunk Railway Company of Canada, in succession to the late Dr. Scott, caused him to be widely known to the profession, and it can be safely said, that by his kindly bearing towards his professional brethren, his undoubted loyalty to the great corporation for which he acted, in no way diminished the high esteem in which he was held. He commenced practice in Point St. Charles, and became a busy man at once, afterwards he removed to the west end. His death was due to septic pneumonia, at the age of forty-four. He leaves a widow and one son. He had

been recently elected to the Montreal General Hospital.

It is a curious coincidence that the Grand Trunk Railway Company should lose its two chief medical officers, Dr. Rodger and Dr. MacDonnell, within a few days of one another.

BOOK NOTICES.

THE ORIGIN, PURPOSE AND DESTINY OF MAN, OR PHILOSOPHY OF THE THREE ETHERS. By William Thornton. Boston, Mass., 1891.

The nature of this little volume of one hundred pages is fully set forth in its attractive title. It is a continuation of the work "Rationalism in Medicine" by the same author, issued in 1885. As is stated in the preface, the work is purely speculative, and consequently of relatively minor importance to the seeker after well established data for the foundation of his abstractions. The writer divides all things, organic and inorganic, into three ethers. The first he calls "life," the second the "Potentialities of heat, light, electricity and magnetism," and the third "a material nucleus which permits of the action of the other two ethers." The work is rather mystifying, too much so for most readers, but it will undoubtedly suit some characters, and to these we recommend it.

DIABETES: ITS CAUSES, SYMPTOMS AND TREATMENT. By Charles W. Purdy, M.D., Queen's University, Honorary Fellow of the Royal College of Physicians and Surgeons, Kingston; Member of the College of Physicians and Surgeons of Ontario; Author of "Bright's Disease and Allied Affections of the Kidneys," etc. With clinical illustrations. Philadelphia and London: F. A. Davis. Price, \$1.50.

This little monograph forms part 8 of the Physicians' and Students' Ready Reference Series. The author informs us that his object in presenting this volume is to furnish the physician and student with the present status of our knowledge on the subject of diabetes in such practical and concise form as shall best meet the requirements of practice, as they seem to him from a careful study and recorded observation of the disease extending over a period of twenty-one years. He has entered somewhat minutely upon the treatment, more especially in matters of diet, well knowing that a disregard of these details constituted the most frequent cause of failure in controlling the disease. The contents are divided as follows:—Section I. Historical, Geographical and Climatological Consi-

derations of Diabetes Mellitus. Section II. Physiological and Pathological Considerations of Diabetes Mellitus. Section III. Etiology of Diabetes Mellitus. Section IV. Morbid Anatomy of Diabetes Mellitus. Section V. Symptomatology of Diabetes Mellitus. Section VI. Treatment of Diabetes Mellitus. Section VII. Clinical Illustrations of Diabetes Mellitus. Section VIII. Diabetes Insipidus.

PRACTICAL POINTS IN THE MANAGEMENT OF SOME OF THE DISEASES OF CHILDREN. By I. N. Love, M. D., Professor of Diseases of Children, Clinical Medicine and Hygiene, Marion-Sims College of Medicine, St. Louis, Mo.; President Pediatric Section of American Medical Association, 1890.

This little book forms one of the Physician's Leisure Library Series and deals with a subject the importance of which cannot be over estimated. It will be especially acceptable at this season of the year, when the younger portion of a city's population is suffering from effects of bad food and improper hygienic surroundings accompanied by the pre-eminant evil of excessive heat.

PERSONAL.

R. E. McKechine (McGill, 1890,) has removed to Vancouver B. C.

We understand that there are three vacancies shortly to be filled at the Montreal Dispensary.

Dr. Stewart has been elected in-door physician at the Montreal General Hospital in succession to the late Dr. MacDonnell.

Dr. J. A. Hutchison and Dr. F. G. Finley have been appointed to the out-door staff of the same institution, succeeding Drs. Stewart and Rodger.

Dr. Wm. B. Dewees of Salina, Kas., advocates as a most successful treatment in gonorrhœa:

R. Sodii biboratis.

Resorcini,	aa ʒss.
Glycerini,	ʒiijss.
Aquæ rosæ,	ʒviiij. M.

Sig. Use an olive pointed hard rubber syringe, and inject about two drachms every two hours the first day; afterwards lengthen the interval as the discharge lessens. After the third day, tincture of cannabis indica in five drop doses every three hours. Expose the glans penis and bathe in as hot water as can be borne, thrice daily. Good nutritious diet, and attention to bowels, avoiding undue exposure as to taking cold and abstain from sexual congress. Thus managed, few cases will remain uncured after eight days' treatment.—*Kansas Med. Jour.*