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Original Communications.

AUTHOR'S ABSTRACT.—INSANITY IN WOMEN BY THE GYNECOLOGICAL AND OBSETRICAL POINT OF VIEW.

By A. LAPTHORN SMITH, M.D., M.R.C.S., Eng.

Fellow of the American and British Gynecological Societies, Professor of Clinical Gynecology in Bishop's University, Montreal, and Professor of Gynecology in the University of Vermont, Surgeon-in-Chief of the Samaritan Hospital for Women, and Surgeon of the Western Hospital, and Gynecologist to the Montreal Dispensary, Consulting Gynecologist to the Women's Hospital.

From the careful consideration of a large number of recent articles by writers of great knowledge of this subject added to the writer's own somewhat limited experience, he feels justified in coming to the following conclusions.

1st. Insanity is not hereditary as is generally supposed, but it is sometimes contagious.

2nd. Insanity in the majority of cases is not due to organic disease of the brain, but to functional disorders of its circulation and of its circulating fluid.

3rd. In many cases in women the disorder of the brain's circulation is caused by reflex irritation carried by the sympathetic from the pelvic organs and caused by retroversion of the uterus, cirrhotic ovaries, fibroid tumor, etc.

4th. In other cases it is the fluid circulating in the brain which is at fault; in some it is too poor in quality, because

the digestive apparatus is interfered with by reflex irritation of the sympathetic, due to lacerated cervix, endometritis, etc.

5th. In a lesser number of cases the brain is prevented from working because the blood is badly oxygenated or loaded with uric acid, urea or other poison.

6th. Hundreds of cases are now on record of insanity being cured by removal of the cause, the greatest number of mental cures having followed ventro-fixation and shortening of the round ligaments for the removal of retro-displacements, while many others have followed the ablation of fibroids, cirrhotic ovaries, the repair of lacerated cervices and even curetting.

7th. Such being the case, it is the duty of the family physician to examine carefully every woman in his practice who becomes insane, or to have her examined by a gynecologist, and, if any pelvic disease is discovered, it should be remedied.

8th. It is the duty of every medical superintendent of an insane asylum to have a systematic examination made, preferably under anæsthesia, so that unsuspected sources of irritation of the sympathetic situated in the pelvis may be removed. In one asylum alone this course has resulted in improvement in 60 per cent., and recovery, mentally, of 42 per cent. of those operated upon, although the pelvic troubles had existed for from six to sixteen years.

9th. If anything is done, it must be done thoroughly, as several cases have been reported where no benefit resulted until a second and more complete operation was performed.

10th. In view of the number of women who become insane from uraemia, more care should be exercised by practitioners in preventing this condition. All Protestant physicians should, with the advice and approval of one or two colleagues, empty the uterus before the kidneys become permanently damaged. (Catholic physicians are not allowed by their church to sacrifice the ovum in order to save the mother).

DEPARTMENT OF DISEASES OF THROAT AND NOSE.

Under charge of G. T. ROSS, M.D., D.C L.,

Lecturer on Laryngology and Rhinology, Faculty of Medicine, University of Bishop's College, Laryngologist to the Western Hospital.

Botey, of Barcelona, read before the Medical Congress at Paris a paper on the importance of the superior portion of the faucial tonsil and supra-tonsillar fossa as factors in producing peri-tonsillar phlegmonous inflammation, and the necessity for complete extirpation of the superior half of the organ as curative and preventive treatment. He pointed out that, after complete extirpation, as close as it can be done with a tonsillotome, there may be a recurrence of acute inflammation, in the face of the fact that we have assured our patients to the contrary. He advises the complete enucleation of the gland to its base, detaching it entirely, excepting the inferior portion of the tonsil, and he claims to do this without danger. The inferior portion of the gland cannot do any harm when left, but the upper part is liable to do so. He lays special stress upon opening the peri-tonsillar fossæ. The undersigned can bear testimony to the utility of this treatment, for, in opening up this cavity, he has frequently been surprised at the nidus of inspissated cheesy secretion which would act as a fine breeding ground for leptothrix, and which gives no external evidence of its presence when acute inflammation is absent.

Botey also calls attention to the fact that a pseudo-hemoptysis may originate from the nasopharynx. The varicose veins, which one often sees at the base of tongue, may rupture by effort or cough, or in vomiting, and cause sharp bleeding, which, if the patient is a tuberculous subject, might easily be regarded as of pulmonary origin.

Professor Ferreri (Rome) narrates a case of acute leucemia of tonsillar origin. Examination of oropharynx showed so much tumefaction of the two tonsils as to block it up. An extravasation of blood the size of a cent was noticed in centre of each tonsil, where they were in contact with each other. The organ was elastic to touch. Little

spots of hemorrhage was noticed on the palatine arch, the mucous membrane inside mouth and lips, the gums being boggy and bleeding. Later ecchymosis appeared on abdomen, and gradually patient died, due to loss of blood from every mucous membrane.

From close investigation the professor concluded that the case quoted was *lymphadenitis tonsillaire leucemique*, owing to entire absence of splenic tumor, and absence of pain in bones.

Murray (Scranton) says lactic acid forming germs are the most destructive organisms found in the mouth. He sums up by stating that :

1 The teeth should receive attention from infancy ;

2. The mouth is often primary source of throat trouble ;

3. Bad taste in mouth suggests infection of tonsils or oropharynx ;

4. Diseased tonsils act as germ incubators, and should be removed.

Snow, of Syracuse, in an article read before the American Medical Association, spoke of the systemic factors which obtain in catarrhal conditions, and placed much stress upon sluggish skin reaction, as a cause why a good result would not follow the best nasal surgery and the most careful after-treatment. He advises cold baths and friction as the best means of producing prompt skin reaction. In patients of low vitality, some slight exercise or brisk rubbing may precede. A torpid liver or lack of exercise with attending digestive disorders may also create or make obstinate an inflammation in the Eustachian tubes, effectually blocking anything like a regular course of vapours to the middle ear. Even gastric, uterine or renal troubles have their bad influence on the thickness of the membranes and many other constitutional diseases which require attention beyond what the specialist is expected or justified in giving. In other words, catarrhal deafness is often

dependent on so many combinations of causes that it calls into play, not only the qualifications of a throat and nose specialist, but it makes the training of a general practitioner a necessity before specialism is adopted.

Lleonard says that by far the larger number of cases of nasal suppuration are confined to the antrum of Highmore. General purulent rhinitis is not a sufficiently exact diagnosis. With few exceptions inflammation of the antra is caused by bacteria, and influenza, scarlatina, measles and erysipelas were the diseases which most commonly gave rise to suppuration of the accessory sinuses. Transillumination is looked upon, by Grunwald, as of comparatively little importance, but is in the hands of most authorities an undoubted aid in diagnosis.

DeHavilland Hall advances the theory that ordinary nasal polypus is essentially a simple localized patch of œdematous mucous membrane, and that this œdema is a result of disease in the underlying bone. This theory is supported by both clinical and microscopic examinations. Cordes has confirmed this theory by some investigations but has not always found bone changes in mild cases of polypi. If this theory of the pathology of nasal polypi be accepted, the whole question of treatment must be reconsidered, for it follows that our efforts must be directed towards the eradication of the bone disease and not simply towards the removal of the polypi, one of its effects.

Ingals gives his experience of the new preparation of supra-renal capsules, adrenaline. He reports thirty-three cases where the preparation was used in the strength of 1-1000, 1-5000, and 1-10,000. The solution was a chloride dissolved in the normal salt solution. The results were most satisfactory, being both hemostatic, anesthetic and antiseptic.

Selected Articles.

TREATMENT OF INFLUENZA.

Dr. A. Jacobi, discussing the treatment of influenza in children, says:

Treatment.—There is no specific for influenza like quinine for malaria or salicylic acid for rheumatism. Innocent muriate of ammonium, also carbolate of potassium, sulphocarbolate of sodium, carbolic acid, ichtyol and other remedies have been so recommended without the expected success. Thus, rational, hygienic and symptomatic and sustaining medicinal treatment only can be considered. A purgative dose of calomel should be given in order to clear the bowels of microbic and toxic ingesta, the bowels appearing to be the principal point of attack in young children. The patient should be kept in bed, the temperature of the room at 70 degrees F. or more at first, the diet should be scanty and fluid at first—milk, cereals, farinacea, water, lemonades and broths. The further development of the case will gradually indicate eggs, and perhaps—in a few selected instances only—alcohol in addition to other medicinal stimulants. It is more, however, a slow convalescence that requires it than the course of the disease itself. In this respect it appears to differ somewhat from other infectious diseases, particularly typhoid fever and diphtheria. In the latter, the doses of alcohol should be high from the beginning.

If there be a high temperature, cold water is not indicated either as a bath or as a pack. The irritating cough, which often requires opiates, is rather increased than soothed by it; the characteristic bronchitis of influenza does not bear it; the frequent copious perspiration contraindicates it and so does a weak heart under all circumstances. On the contrary, when there is much muscular pain and restlessness, a warm bath is often beneficial. Hot baths should be avoided unless a very short one in an occasional collapse, and Turkish baths require stronger heart-muscles that we are apt to meet in pronounced cases of influenza. While many common cases of pneumonia, with fair circulation, are apt to do well with cold packs, influenza pneumonias do better with warm ones.

According to Ditmar Finkler, of Bonn, quinine occupies a front rank. Out of eighty of his patients treated with quinine, only three made their appearance at the dispensary

a second time, while of those treated with other drugs, nearly one-half reappeared twice or more frequently. The favorable action of this drug has been observed by Eujardin-Beaumetz, Teisser, Carriere, Pribram and other. Mosse, to abort the disease, administered 1.0-1.25 grams the first day, sometimes also the second. Filatow has also observed its favorable effect, especially in children. Others, however, as Eichhorst, Tranjen and Bowie, had no success in the use of this remedy, and Leichtenstern believed that the cases treated with large doses of quinine did worse than those that were not so treated. In the German collective investigation reports, some praised quinine as giving brilliant results, while others were greatly disappointed in its effects.

Whenever vomiting is severe, stomach feeding is out of the question. The temporary abstinence and afterward rectal alimentation find their indication. Alcohol greatly diluted, peptones, mild salt solutions and liquid albumins are readily absorbed in the colon which, even in the smallest infant, although the fetal length of the sigmoid flexure may be persistent, is made accessible by elevating the hip and moderating the current by not raising the irrigator more than a foot above the anus. Peptonized milk, egg and broths are absorbed in part. Starch in the injection is dextrinized in the colon and thus adds to the nourishment of the enema; but though water alone were injected it would add to the circulating fluid. That is why even a large enema, given for the purpose of clearing the bowels, may add to nutrition and strength by such of the injected water as is almost invariably retained. Thus, severe vomiting should be treated with refusing to feed through the stomach. The best relief is given by morphine, rarely by ice, either internally or externally. It is not necessary to send morphine down to the stomach; absorption is easy and more readily accomplished in the mouth or throat. A tablet of one milligram may be thrown into the mouth of a child of two or four years, there to be absorbed, or half a drop or one drop of Magendie's solution may be administered in the same manner without dilution.

The indications for the treatment of influenza may be several, the high temperature in many cases, the great discomfort, the restlessness and the rapidly increasing exhaustion. In the treatment of many fevers it is their causes that require consideration; in others, however, their relations to, and influence on the body, are the main considerations. When the conditions of the latter is fair and no danger is incurred on account of the fever, it should be left

alone; when the rise of temperature, however, by itself is injurious, it should be interfered with. At all events the treatment of the symptom "fever" gives us no hope of shortening the dis ase in which it occurs, or of which it forms a part; on the other hand, it is a satisfaction to know that, while we increase the comfort and diminish the immediate dangers, the natural healing process is not disturbed. In this way both the justification and the limitation of the so-called expectant treatment become evident. To allow a high temperature to deteriorate tissues and exhaust the heart or brain is as injudicious as is the custom of emphasizing the number of degrees of Fahrenheit as the only valuable part of a morbid process. To be satisfied with depressing temperature is a grave mistake, but to allow pneumonia to run its deleterious course of high temperature unchecked with their full influence on the rapidity of respiration and the action of the heart and on the increase of waste is equally injudicious.

In their injurious influence on nutrition protracted infectious fevers act, first, like direct losses or like starvation, and, secondly, as immediate poisons. The younger the patient the greater is the danger from that source. That is why a high temperature without any, or with a trifling remission, should not be allowed to last, though its immediate effect may not appear very ominous. When a high temperature results in a convulsion we never hesitate to reduce it; here we admit there is a vital indication. Why, then, not reduce it while there is the danger of a possibility or probablity of its occurrence? Add to these facts the disposition of the young to inanition which is caused by two main factors. The first is their rapid metabolism, the second and principal one is the relative, almost universal, insufficiency of the young organism.

Moreover, we should not forget that most of our antipyretics are at the same time nervines, analgesics and diaphoretics, thus improving comfort and metabolism. They are surely indicated when bathing is not sufficiently efficient or when baths are contraindicated; in that case they may act as adjuvants, as combinations and procure sleep and remissions. If I add that there are, however, contraindications to the use of medicinal antipyretics because of possible idiosyncrasies and of the debilitating effects which many of the antipyretic drugs are apt to exhibit, I merely say what all have experienced and what everybody should remember, viz., that no degree of Fahrenheit and no Greek name of a morbid process are the subjects of our medication, but an

individual patient. From these points of view our fever remedies should be judged.

In my paper of 1890 I said that acetanilid ought to be preferred among the poor, because of its low price, antipyrin mainly where great solubility was required for the purpose of its administration in rectal and subcutaneous injections, and that phenacetin was preferable to either when it could be given by the mouth, because of its less uncomfortable effect on the brain, the heart and the skin.

This opinion I have to modify to a certain extent, not that I object to what I said of phanacetin, but acetanilid should never have an opportunity to show what good qualities it may have in the rich or poor. It should not be used at all under any circumstances, not even in the quack preparations which now and then I know to disfigure the prescriptions of regular practitioners. Being a derivative of anilin, acetanilid is poisonous. Not only has it a sedative or rather paralyzing effect on the central nervous system, but it destroys the blood and causes anemia by changing hematin into methemoglobin, though given sometimes in small doses. That is what gives rise to cynosis so often observed, more often than after the administrations of any other of our modern analgesics and antifebriles. The poisonous effect is even noticed when the drug is used externally, mainly on the young. Examples of such cases were reported at the meeting of the Philadelphia Pediatric Society, April 11, 1899.

Antipyrin, when employed during normal conditions, increases the tension of the pulse and blood pressure—therefore it is contraindicated in hemoptysis—and produces perspiration. It works more on the general central nervous system than on the center of circulation, that is why it acts—while being antipyrectic—as a sedative and analgesic. But it should not be considered as a nervine, for its action appears to be ushered in through the mediation of the blood and blood-vessels. The body temperature begins to decrease within fifteen or twenty minutes after the first dose; to render its antipyretic effect more tangible and persistent, it should be followed by a second within two hours. This rule, however, does not hold good when the drug is given for its sedative or analgesic or for its slight anti-rheumatic effect. Its general effect is mostly good, but its undesirable effects are many. Otto Seifert quotes eight authors of note who report disagreeable effects of antipyrin; they were observed in the gastro-intestinal, nervous and circulatory system, in the skin and in the mucous membranes. Phenacetin is

dismissed with ten. It resembles acetanilid, but is very much milder in its effects. The transformation into methemoglobin takes place after large doses of several grams only. Half gram doses for antipyretic, gram doses for analgesic purposes, are recommended. The doses to be given to infants and children should be from fifteen milligrams to three centigrams (gr. ¼-½).

Salipyrin, the salicylate of antipyrin, is employed by Finkler. While antipyrin causes perspiration, sometimes excessively so, he reports a case in which hyperidrosis was instantly cured by salipyrin. It should be given in twice the doses of antipyrin, is usually better tolerated than the latter, particularly by neurotic or neuralgic patients, because of the relative absence of accidental effects.

Salophen is extolled by Drewes, of Hamburg, who prefers it to salicylic acid and to salicylate of sodium, mainly in the nervous form of influenza. Adults took from one to six grams, children from three to five decigrams. Finkler, who quotes him, adds: "I believe that most physicians have arrived at the point where they would not like to be without these preparations in influenza, but it should certainly not be forgotten that reports of this kind have quite frequently been used for advertising purposes."

There is something else that should not be forgotten, viz., that there is hardly a disease which has as great a tendency to cause exhaustion and numerous other nervous symptoms, from languor to heart failure, as influenza. If there be the slightest indication of such a danger, none of the above-mentioned drugs should be given without the addition of a stimulant. That should, according to what I said before, rarely be alcoholic. Caffein preparations are vastly preferable; mainly the salicylate (or benzoate) of sodio-caffein, which, being very soluble and readily absorbed, is almost ideal in its effect. That is why, in emergency cases of heart failure, its subcutaneous administration may often become indispensable. The use of strychnine is so well understood and so general that I limit myself to merely mentioning it.

To what extent stimulants should be given in the average or in the grave cases depends on the general conditions of the patient and on his medical adviser's knowledge of his former health and his resisting power. It is probable that in most cases some daily doses of sulphate of spartein, five centigrams (gr. 5-6) for a child of two years, will have a favorable effect. The caffein preparation I mentioned may be given in doses of from two to six decigrams (grs.

iij-x) daily. When it appears to act as an excitant on the brain, it should be replaced by camphor in daily doses of from one to four decigrams. All these doses, however, should be much increased, when strong stimulation is required, and in an emergency subcutaneous injections of the same drugs should be used, caffein being soluble in two parts of water and camphor in four parts of sweet almond oil.

One of the best stimulants, useful in the gravest of all cases which are attended with collapse and heart failure, is sadly overlooked among us, viz., Siberian musk. I know of nothing better in the most urgent of cases. A child of two years should take of the 10 per cent. tincture five to ten minims every half hour until half a dozen or dozen doses have been taken. Musk, together with large, hot enemata, has led me over many a difficult pass, and I again offer this experience of mine, which now extends over fifty years, as a contribution to your aid in dire distress, always, however, reminding you of the fact that all these measures are not exclusive to influenza, but to all conditions of nerve exhaustion, no matter from what cause.—*Iowa Med. Journal.*

REMOVAL OF FOREIGN BODIES FROM THE AUDITORY CANAL.

By G. C. Savage, M. D., Nashville, Tenn.

Anything that is small enough may be found, at some time or other, in the auditory canal of a child, having been placed there with its own hand. I do not know that I have ever seen an adult purposely place anything in the auditory canal. I have known children, while playing upon wheat soon after it was threshed, to get some of the wheat grains into the auditory canal. In one case the wheat grain had remained in the auditory canal some five years.

Now, one word as to removing foreign bodies of various kinds from the auditory canal, and then I will pass on to the point that I wish to emphasize, viz., the softening and removal of hardened wax. The only things needed, as a rule, for the removal of a foreign body from the auditory canal are these: First, a towel, to place over the patient; secondly, a basin of water made sterile; thirdly, a syringe; and lastly, a head mirror. A foreign body that cannot be removed by a stream of water from a syringe will be difficult to remove in any other way. A foreign body that has gotten into the ear, when there has been no instrumental interference, will be found in the outer part of the canal. A foreign body, unless it is comparatively small, will not often be found beyond the isthmus of the auditory canal. If manipulative means, the

use of instruments, has not been resorted to, it is easy to remove such foreign bodies. In grown persons there is no need of anesthesia, but in children, even with the gentle stream of water from a syringe, I believe it is better to bring them under the influence of an anesthetic. Otherwise the foreign body may be driven so far back that it will be difficult to remove.

If it is attempted to remove a foreign body by means of forceps, it will slip from the grasp and be forced farther back in the canal, and every attempt made with the forceps may force the foreign body just that much nearer the drum membrane. The probe, slightly bent, is sometimes used and may also force the foreign body back. The fact is, foreign bodies have been thus forced back against the drumhead, and even into the drum cavity itself. Another thing in connection with the instrumental removal of foreign bodies is that the canal will probably be injured and we will have bleeding and swelling. None of these things will take place if we remove the foreign body by means of the syringe. It is, of course, possible to drive the foreign body back in the canal with a syringe, but not so if proper care in directing the stream is taken. The stream of water should be directed where there is most space between the foreign body and canal wall, and then, as the return flow comes back, the foreign body usually comes with it. The position of the head, of course, can aid. If we find the foreign body so large as to almost fill the auditory canal, we may aid the stream of water by posing of the head, by inclining the head toward the side in which the foreign body is located. Bugs not infrequently get into the ears of grown people and sometimes of children. When a live creature like a bug gets into the auditory canal we should first destroy its life, which is best accomplished by pouring oil into the ear, preferably castor oil or olive oil; or if there is no oil at hand we may use warm water and simply drown the bug.

Now we come to the study of accumulation of wax in the ear, which is nothing more nor less than a foreign body. In one case one ear had been plugged with wax for some thirty years, the patient being a maiden lady; but usually, when the ear is filled with wax, the patient is so deaf that he or she will seek relief sooner. These patients are so annoyed by the deafness and the noises that they often come at once to the physician or aurist to get relief. For a long while I tried to soften the old accumulations of wax with a solution of bicarbonate of sodium, glycerine and water. I would tell the patients to take a pinch of bicarbonate of sodium, a tea-

spoonful of glycerin, and a teaspoonful of water, instilling some warmed into the ear. I would have them repeat this two or three times a day for one or two days, until soft enough to be removed with the syringe. I am thankful to somebody—I do not know who it is—for a method that is very simple, and which I propose to give. An author first gave the thought in the *New York Medical Journal*, and for some two years I have been following out that thought, which is to soften the wax by the instillation of dioxide of hydrogen. The peroxide is practically as good as the dioxide, except perhaps the peroxide is a little more acid and irritating than the dioxide. This is warmed and allowed to remain in the auditory canal five or ten minutes, and usually in this short time it will soften the hardest kind of wax so it can be readily removed with a stream of water. After instilling the dioxide of hydrogen five or ten minutes, if the accumulation of wax is recent, a brownish frothy liquid will be removed by the syringe, the wax being actually dissolved. Sometimes the plug, being only loosened by the dioxide, will be easily washed out.

There are people in every part of this country who are sufferers from the over-accumulation of wax in the auditory canal, and it is possible to soften the wax and remove it, as I have described, in a very few minutes.—*Medicine*, Feb., 1901.

ADENOIDS.

By ROBERT M. LAPSLEY, M.D., Keokuk, Iowa.

When Dr. Meyer, of Copenhagen, Denmark, in 1868, called attention to the growth of adenoid tissue in the vault of the pharynx, he paved the way for treatment for a class of cases that had much to do with improper development of the nose, throat and ears, and not only this, but the whole system. Mouth-breathing we know to be one of the most vicious of habits of childhood and to interfere much with proper development. I am most anxious to emphasize the local effect on the nose and ears. Dench, in his text-book on diseases of the ear, states that more than one-half of the cases of diseases of the tympanum are due to adenoid vegetations in the vault of the pharynx. This seems probably true when we examine these patients in childhood where the adenoids are still plainly shown and the connection easily traced.

Granting that fact and considering the importance of hearing, adenoids are among the most important of infantile

affections. With all the literature written in regard to adenoids since Meyer's important work and the brilliant results these operations give, we still find these cases largely neglected and still find many children going on to permanent and irreparable deafness, with either no attempt to check it or such futile attempt as the removal of the pharyngeal tonsils only. The percentage of people hard of hearing will likely be greatly lessened as the importance of this subject becomes more generally recognized and these children are treated properly in the initial stages. "Delays are dangerous," says the child's copy-book, and in this trouble we have no better motto to follow and to impress on the parents. The fact that nature is very kind in diseased conditions in general has led the laity and even the profession to procrastinate in cases of importance and expect the "child to outgrow it." In adenoids, however, even if they outgrow the original trouble, the results will be shown in a deformed and badly developed face, in poor teeth, a narrowed nose, a chicken-breast and permanent impairment of hearing.

The cause of the production of adenoids is a trifle uncertain. That they occur in childhood is generally known, and it is likely that repeated colds increase the amount of lymphoid tissue that is already too abundant in the nasopharynx; and, conversely, the presence of adenoids is the cause of repeated colds, so that a patient with a well-marked case of adenoids has a cold a good part of the time. Mouth-breathing with all its evils is resorted to and the symptoms are mostly deduced from that.

The facial expression is stupid, the normal lines from the alæ nasi are changed, the mouth is not closed, the upper teeth are too prominent and irregular; the parents say the child catches cold easily, and that it snores at night, perhaps very loudly, and in many cases the hearing is dull at times, and there may be earache followed by a discharge either acute or chronic. On looking in the mouth the pharyngeal tonsils are possibly enlarged, and many examiners have removed these and examined no further and thereby left the chief offender. The diagnosis is made complete when the finger is introduced back of the soft palate and a soft tumor or tumors are felt, and the finger is withdrawn with blood and mucus on it. The amount of blocking of the post-nasal space can be determined by this examination.

In cases at all marked the prognosis is poor if let alone, but no cases offer a more brilliant hope if operated on at an early date, before permanent changes in development are well marked.

The irregularities of teeth that are so common are frequently due to this trouble; and efforts at treatment would be much more successful if the original cause was removed before attempts at regulation of the teeth. The teeth, however important, are less so than the ears, because we can put in no false ears to take the place of those destroyed by continued middle-ear disease.

Treatment, then, is imperative in a large percentage of the cases and is almost altogether surgical. The methods of surgical treatment are so well known now that a description is unnecessary. What I particularly want here is to call attention again to the importance of care in examination and to advise as to early removal of adenoids in the interest of bettering the condition of the ears of the rising generation.

I have hardly mentioned the fact that these children are not only stupid in appearance, but really are stupid, and the only salvation from partial or complete idiocy in a certain percentage of cases is early operation. The approved form of operation under a general anesthetic does not seem best in all cases. The lymphoid tissue is not very sensitive, and in my present practice I sometimes remove small amounts at a sitting for several sittings, until the vault of the pharynx is clear. This is applicable to those patients where for some reason we do not want to resort to general anesthesia.

The principal point to be noticed, then, is in all cases with above symptoms and history, and also in cases of ear disease in children, is to carefully examine the naso-pharynx and to advise early removal of all lymphoid tissue in the throat.—*Pediatrics.*

Progress of Medical Science.

MEDICINE AND NEUROLOGY

IN CHARGE OF

J. BRADFORD McCONNELL, M.D.

Associate Professor of Medicine and Neurology, and Professor of Clinical Medicine University of Bishop's College; Physician Western Hospital.

THE USE OF THE SUPRARENAL CAPSULE IN DISEASES OF THE LOWER AIR-PASSAGES—A PRELIMINARY REPORT.

In the *Medical Record* of November 17, 1900, Floersheim reaches the following conclusions:

1. Indications for suprarenal powder.—The suprarenal powder is indicated in acute and chronic bronchitis, bronchiectasis, asthma, congestion and edema of the lungs, hemoptysis, and in some cases of pulmonary tuberculosis, especially in those associated with hemoptysis.

2. Method of administration.—The suprarenal powder was administered in the form of three-grain capsules on account of their convenience. The powder is to be chewed without water and then to be swallowed in a few moments.

3. Rapidity of the action of suprarenal powder.—The action becomes apparent in from two to fifteen minutes.

4. Permanence of the action of suprarenal powder.—In some cases the action of the suprarenal powder was permanent, while in the majority of cases the action was temporary, continuing from ten minutes to six hours.—*The Therapeutic Gazette.*

HICCOUGH.

Dr. J. Noir, a French practitioner, reports his experience in carrying out the observation of Prof. Lepine, of Lyons, on the effect of traction on the tongue upon the apparently dead body in relation to its effect on hiccough. Prof. Laborde first suggested this line of treatment, and Dr. Noir has now tried it with success. He reports first on a case of a 6½-year-old extremely nervous girl who had spasms of violent hiccoughing lasting for as much as six hours. She became so much exhausted that her parents had given her up for dead. Traction on the tongue, however, for a minute and a half, immediately stopped the spasm, and it did not recur. Another case reported is that of a tuberculous and cachetic

patient affected with diabetes who had been troubled for several days with severe spasms of hiccoughing. Every form of medicinal treatment was tried without avail. Traction on his tongue was continued for about two minutes with like favorable results; however, the spasms recurred after several days. The patient then practiced traction on himself with equal success. It is to be hoped that other observers will make a trial of this treatment and report their results.—*Progres Medical*, Vol. xxix, p. 5.

THE COMPENSATION OF SENSORY ATAXIA.

The treatment of tabes dorsalis has been further advanced a notch or two by the institution of the so-called compensatory movements for atactics, as advanced by Frankel, V. Leyden, Goldscheider. These men claim that the ataxia in some measure can be overcome by putting the patient through such movements in order to compensate for the loss of co-ordination which goes with this disease. Their ideas have been purely empirical in the beginning, and now, in explanation thereof, comes the experimental work. Such experimental work has lately been done by Bickel, of Berlin. In a preliminary note, which he read before the Verein für Innere Medicin (Berlin), on November 26, 1900, he endeavoured to explain just how these compensatory therapeutic movements acted in overcoming the ataxia of tabes. It was stated that when he cut through the posterior spinal nerve roots in dogs we have an ataxia which gradually disappears without a regeneration of the cut nerves. In order to explain this phenomenon we may take two positions: 1. The interrupted muscle-tonus is once more restored; even when the nerve roots are cut, a part of the muscle-tonus remains, in spite of the traumatic change that has taken place. That means that there is no restoration, but simply an awakening of a slumbering force. Again (2), we may explain the phenomenon in another way; it is possible that other sense organs have taken the place of the cut nerves and compensating therefor. An organ which may do this is the labyrinth. The speaker stated further that he has performed this experiment on a dog; if the sensory nerve roots are cut there follows an ataxia. If, while this ataxia is existing, both labyrinths are extirpated *in toto*, there is no compensation and the ataxia persists, instead of disappearing as before stated.

It must not be forgotten, however, that the co-ordination center in the gray matter of the cerebrum has a good deal to do with the regulation of movements. This has been

proven by the experiments on dogs of removing the sensory-motor regions on both sides of the brain, whereupon we get an ataxia just like that of the experiments above narrated. There follows first a pseudo-paralytic stage and then the true ataxia, which disappears gradually, owing to the compensation of other parts, viz., the posterior sensory roots and the labyrinthine canals.

This work is of intense interest to both physiologists and to practical neurologists. It promises to develop a new field of therapeutics as already laid down by V. Leyden and others. We are well aware of the inadequacy of the methods now in vogue for the treatment of tabes. Some time ago great hopes were laid on the so-called method of stretching the spinal cord, but the method has practically been discarded now. The practical movements of compensation seem to be based upon known physiologic laws, and hence we bespeak some measure of success for them.—*The Stylus.*

THE STATUS OF CHILDREN PRACTICE.

The woman's century has passed, and we are at the beginning of the era of the child. The last seventy-five years can be considered a forerunner of this era in two ways: in the establishment of many charitable institutions for children only, and in the wonderful progress made in the study of their ailments. The days of castor oil, calomel, paregoric, hoarhound and ipecac have passed for a physician who knows enough of physiology to judge, of pathology to determine, and of love and patience to devote to these little ones.

No reflection, no slur, upon the old doctor for those proceedings; he did what he thought best; and a coming century may smile at our feeble efforts also. But when we hear a child cough we first examine his chest for a possible bronchitis or broncho-pneumonia; we watch the motion of both sides of the thorax, to be able to exclude pleurisy and an exudate; we carefully listen to the quality of the cough, examine the child's throat and take the temperature, feel for possible enlarged glands at both sides of the neck, and then prescribe. "Why, doctor, our old family physician just looked at my babies and prescribed for them; it did not take him so long," remarks the venerable grandmother of the little patient; and if you have judgment, do not answer; the argument cannot be refuted. But the mother of to-day knows only too well that your work requires more time, more knowledge, and appreciates your painstaking. Or do you still expect to give a dose of ipecac, regardless if the child has a catarrhal tracheitis or a diphtheritic croup cough?

The writer witnessed the following case: Called at midnight as second physician to a child that had only a hoarse cough in the evening; he found the little sufferer suffocating with a diphtheritic swelling of the larynx, and injected antitoxin; the child recovered in about ten days. The first physician, upon inquiry about his diagnosis of the case, stated: "Oh, just a little cough; does not amount to a rap." Truly, such examples must vanish. Whatever introspection we may have in our mental storehouse of knowledge, let us never overlook where we are short.

The secrets of the artificial feeding of infants are beginning to be unravelled by our perfect knowledge of the constituents of mother's milk and the mode of its digestion, the perfect and honest analysis of the artificial foods and the physiology of their absorption. Mashed potatoes and barley, farina and mush are now relegated to a later stage, when ptyalin and amylopsin have appeared to convert starches (after the ninth month), and milk in its perfect form, sterile, *but not sterilized*, is given to infants.

The knowledge of the spread of diseases by milk is as new as bacteriology, the unfitness of poor milk as recent as medical chemistry, and the blessing of the diphtheritic antitoxin is more recent than either; and when we pursue the proper course on such lines we will seriously object to the marriage of consumptives, syphilitics, insane, alcoholics and epileptics, lessening the hereditary burden of an innocent newcomer into the world. A system of proper raising will bring a healthful and strong generation of good minds, for there is a healthy mind in a healthy body.—*Interstate Med. Journal.*

CHOREA AND ITS TREATMENT.

The treatment of chorea is one which appeals to both the pediatrist and the neurologist. It is brimful of goodness, and sends joy to the heart of the practitioner who has to deal with this disease. In no other nervous disease is treatment with medicaments so satisfactory as in the disease, chorea. Intelligent treatment in this disease means cure for the patient and thanks from the parents. The disease has been sadly neglected in the past, and many cases have been allowed to continue, mainly because the medical attendant has been in the habit of regarding this disease rather "untreatable." This should not be, as we know of decided success in its treatment where it is intelligently carried out.

In first order, children with chorea should be kept from school. There are several reasons for this: First, because the disease becomes worse when children are sent to school, where their surroundings tend to make them more irritable and peevish, and hence, accentuate the disease. Secondly, it is a well-known fact that the disease is contagious in the sense that one school-child with chorea will infect the whole school room. A remedy which should be tried first of all in every case is arsenic. It can be given in the form of Fowler's solution or as acid arseniosi. Together with arsenic, the galvanic battery should be utilized. The cathode pole should be applied over the region of the heart, and the anode over the spinal column, using about five or six milliamperes daily. After arsenic we can recommend antipyrin in this affection. It has a splendid effect, and its use should be rigorously persisted in until the benefits that usually come are seen in the given case. Utmost quiet should be enjoined upon these children. They should be put to bed early and should arise late in the morning. Applications of cold have been recommended, usually over the spinal column, although in many cases warm applications will be found more agreeable. Strict attention should be paid to the heart and its working. We know that endocarditis is often seen in this disease. With the following out of such treatment as above outlined, it can be confidently assured that beneficial results will accrue.—*Interstate Med. Journal.*

THE MANAGEMENT OF SCARLET FEVER.

In the management of scarlet fever, consideration has to be given to the fever itself, to the throat, the eruption and the complications arising during the course of the disease, depending upon the invasion of streptococci, the absorption of toxines and the development of nephritis. The first symptoms the physician has to combat are those of the throat. The usual pain and swelling, as well as the exudate, are alarming to the family and patient, as well as to the physician, and should receive as much attention as a diptheritic throat. Above all, each case should be examined for the bacillus diphtheria. As treatment, large irrigations of warm water containing a small amount of carbolic acid or listerine should be made with the fountain syringe; older children should be made to gargle a saturated solution of chlorate of potash, a 1-500 potass. permanganate or peroxide of hydrogen diluted 1-4. Around the neck and throat applications of either ice or hot flannel should be made.

If pain in the ears accompanies the sore throat, hot applications should be made to them. Ordinarily the first throat symptoms do not lead to suppuration of the middle ear. Internally, a mixture of one-fiftieth grain corrosive sublimate in a teaspoonful of the essence of pepsin makes a grateful medication. Locally, it is best to use only the mildest applications if anything is necessary besides the irrigations. In cases where local treatment seems indicated, the use of the ordinary nasal spray with a weak solution of bichloride of mercury, the insufflation of sulphur lotion or powdered calomel, or, in extreme cases, the painting of the fauces with an aqueous solution of tincture of iodine, has proved successful. If the diphtheria bacilli are found, the antitoxin must be administered immediately.

The fever should only be treated if excessive ; a temperature not going higher than 102.5° needs no further attention than a sponging with tepid water several times a day. If the temperature goes above 102.5°, or if there are severe nervous symptoms, the sponging should be used more vigorously and more frequently—even as often as every three hours. Of the antipyretics, phenacetin, protected by caffeine or strychnia, acts favorably and safe, and can be given every two or three hours, in doses ranging from one to three grains for the first ten years of life.

The eruption calls for hardly any treatment. The less grease is applied to the skin, and the more active the skin is kept, the better we counteract the effects of the toxines on the kidneys. The patient must be kept warm. A flannel union suit accomplishes this, and also acts as a protector against the dispersion of the desquamation. The room in which the patient lies should be kept at a temperature of 76° to 80°. If itching is severe, the skin should be rubbed with alcohol or oil of eucalyptus after each sponging. When desquamation takes place, the patient should receive a hot bath daily, be rubbed vigorously, and have his underwear changed daily.

Of complications, the most dangerous are secondary infection with abscesses and nephritis. The minor complications, such as diarrhœa, a swollen spleen and gastric irritation, are due to absorption of toxines, and yield to a thorough purge of castor oil or Epsom salts.

The secondary infections are dangerous depending upon the organ affected, the number of foci and the rapidity of destruction. Little more need to be said about the secondary throat infections. These must be treated as the first, only more vigorously and with more regard for the more

serious results. Adenitis is a frequent concomitant of the secondary sore throat, and must be closely watched for abscess-formation. Of great importance is the early evacuation of an abscess pointing in the throat or located in the tonsils. Next in frequency of infection are the joints. These must be immobilized at the first complaint of pain, and incised and irrigated as soon as pus develops. Endocarditis, pericarditis and abscess of the liver are to be watched for in all cases in which the temperature does not promptly recede to normal.

SCARLATINAL NEPHRITIS.

Every case of scarlet fever should be handled as if the patient had a severe glomerulo nephritis from the beginning. The whole dietetic and medicinal management of scarlet fever should have as its main aim and object the integrity of the patient's kidneys.

The diet should be an absolute milk and water diet for the first twelve days; for the following eighteen days, a simple farinaceous diet, to the exclusion of all nitrogenous food, of which, of course, eggs, meats and broth head the list. The atmosphere in which the patient moves, his clothing and bed should be arranged to promote excessive action of the skin. The state of the digestive tract must be kept in as free a condition as is possible, and liquid, copious action of the bowels favored. All excretory action possible should be removed from the kidneys and thrown on the skin and bowels. Under such conditions we can fairly hope to limit the occurrence of nephritis; or, if it occurs, as it frequently will, in spite of our best efforts, counteract its dangers and change a frequently fatal disease into a simpler condition. The danger of nephritis begins with the tenth to the twelfth day. If at this time there is evidence of albumen, the patient should be purged, and should receive a hot pack twice a day and kept in perspiration an hour each time; if suppression of urine occurs, the potassium citrate in thirty grains every two hours, or diuretin, ten grains every three hours, should be administered. Large doses of Epsom salts per os or enema, preferably the latter, should be given, and a dilatation of the blood vessels encouraged by the administration of nitroglycerin, one drop every hour, or pilocarpine hydrochloras one-eighth grain every four hours.—*Interstate Medical Journal.*

TREATMENT OF ACUTE ARTICULAR RHEUMATISM.

Acute articular rheumatism is, fortunately, one of the diseases for which we possess a specific remedy. Sodium salicylate, salicylic acid or the oil of wintergreen act as favorably in acute articular rheumatism as does quinia in malaria. There is a dread, though, of the use of these drugs, which limits their use as well as their beneficent results. Acute articular rheumatism, when seen early, is very amenable to the salicylate treatment; and by cutting an attack short, we limit the dire results the disease achieves in the vascular system. The reason of a good many prolonged attacks of rheumatism can be found in the administration of doses entirely too small to influence the pathogenetic factor of the malady. In order to reach the desired result with sodium salicylate, we must stop short of no smaller doses daily than such as will produce thorough salicylism. Begin with a daily dose of fifteen grams, or one-half ounce, for a man weighing one hundred and fifty pounds, divided in three hourly doses, or thirty grains every three hours, the first day. On the second day the dose is cut down to one-half, and again, on the third day, by one half. If the patient's temperature falls to subnormal, the drug is discontinued for one day, and strychnia administered on the following day. Seven grains every three hours are again administered for two days. Occasionally we meet cases which respond badly to the salicylates. In these we have to rely on the alkaline treatment, and should administer large doses of soda bicarbonate, potassium citrate and lithium citrate. But no case of articular rheumatism should be allowed to go on without at least a fair trial of the specific treatment.—*Interstate Medical Journal.*

THE GROWING NECESSITY FOR SANATARIA FOR THE TUBERCULAR.

Dr. William Porter, St. Louis, in a recent paper expresses the following reasons on this subject.

The increasing distrust in the efficacy of climate as a cure for tuberculosis is largely due to its indiscriminate recommendation and ignorance of needed conditions for the special case. The Eldorado for all cases has not yet been found, and the misery and disappointment from failure in the search is beyond compute. The physician, before sending a patient from home and home comforts, should thoroughly study not only the climate selected, but its adaptation to the

special case, and if unable to come to a conclusion the patient should have the benefit of the doubt and be kept at home. A crying evil, against which the intelligent physicians at our best health resorts are protesting vigorously, is that so many patients are sent to them too far advanced to be in any way benefited.

The victim of tuberculosis is a menace to the public. Every expectoration has the possibility of harm, and already many of our best resorts are known to be infected. What wonder! Each tubercular case, we are told, may expectorate billions of bacilli daily which may retain their potency for months. In twenty cities in this country there were 25,000 deaths in one year. The average duration of these cases is over two years. In other words, 50,000 citizens in twenty of our best cities is a living danger to this extent to all the others. It is estimated by competent authority that 10,000,000 of the people now living in the United States will die of tuberculosis.

A hopeful view of this subject is that, owing to the advance in the knowledge of the cause and manner of transmission of tuberculosis, there is already a decrease in the death rate. The deaths per 1,000 in twenty cities in 1888 was 33.03 per cent. Ten years later it was 20.23 per cent., a decrease of 38.08 per cent. or 4,547 lives saved to the State.

The advantages of the sanitarium are many. They are educational institutions that by teaching and illustrating proper exercise, suitable diet, hygiene in its many applications, and by the encouragement given by careful and conscientious reports, prove to the public that tuberculosis is a curable disease. In them we have the best adaptation of special care to the individual as well as the protection of others from danger of transmission. The first sanitarium was founded by Brehmer, of Gorbersdorf, less than fifty years ago. Now similar institutions are found all over Europe and America. The whole world is acting on the hypothesis that tuberculosis may be stamped out. To do this the best institutions are needed, and the most advanced ideas and positive action required.

Other advantages are the mental rest and quiet that are often so much needed; a proper diet that will favor assimilation—the great antagonist of tubercular disease; open air treatment which can be so modified as to be devoid of danger, exercise suited to each case; hydrotherapeutics, so valuable in many instances of impaired function, and the special care that can be taken of the various complications such as fever

laryngeal invasion, hemorrhage and excessive cough. It is here that the serum treatment, that certainly marks an advance, can be used to the best advantage.

What as to results? In four of the best known sanitaria in this country 67 per cent. have been benefited and 25 per cent. cured. What stronger argument can be used in an appeal to a government for aid, which does not hesitate to send armies and navies around the world to rescue a few citizens from a savage foe? Yet we have here a foe that destroys more than were ever slain in battle and more insidious than ever came in the guise of war. I believe that the day is coming when the tubercular patient will be cared for as efficiently as the patient with small-pox or yellow fever, and that day cannot come too soon.—*The Stylus.*

PNEUMONIA.

Treatment—The armamentarium for the first stage of pneumonia—that of general malaise and congestion—is made up of counter-irritants, arterial sedatives, antipyretics and anodynes. Cases of incipient pneumonia are sometimes nipped in the bud by the timely employment of sinapsisms over senitive pulmonary areas, together with the adminstration of aconite, acetanilid, or veratrum viride, and also by the mixed arterial sedative and anodyne formula of morphine sulphate and antimony.

In no affection is it more important than in pneumonia to treat conditions more than the disease itself.

In the second stage, that of infiltration and hepatization, arterial sedatives, antipyretics, and even the counter-irritants should be employed with the view of limiting the area of infiltration and hepatization so far as possible. It is usually in this stage that a physician's services are first enlisted. It is at this stage, when the progress of the case in hand has been arrested or held in abeyance, that the carbonate and iodide of ammonium are especially indicated, while only sufficient of the antipyretics—as, for instance, sodium salicylate—is employed to keep the temperature well in hand. It has seldom been found advantageous to combine opium with the prescriptions regularly employed. Opium in the form of Dover powder is best given alone when indicated. As the stage of resolution is approached, serpentaria in the form of the fluid extract, combined with ammonium carbonate and liquor acetatis, is of great advantage.

Cups, both wet and dry, applied to relieve the pleuritic stitches during the early active inflammatory process, are decidedly helpful.

In the third stage, antipyretics are discontinued, alternatives are brought forward, such as corrosive sublimate and iron, the iodide or carbonate of ammonium, administered in increased doses. Strychnine sulphate is, perhaps, employed, or, if the case has been complicated with grippe, it has been used from the beginning of the second stage. If resolution is delayed or tardy, tincture of iodine and cantharidal plasters are employed to vesicate the surface and hasten absorption.

The affected lung, once restored to its normal condition, or, frequently pending such termination, the official formula of the compound syrup of the hypophosphites is eminently serviceable in favoring general reconstructive metamorphosis. C. Z. Weber. (*The Monthly Cyclopædia of Practical Medicine*, Nov., 1900)—*Iowa Medical Journal.*

INFANTILE SCURVY.

The author agrees with most observers that infantile scurvy is due to some deficiency in the diet of the patient, the defaulting factor being chiefly citric acid. Henkel found that milk contained 0.9 to 1.0 grains of citric acid per liter, and Goeldner found that citric acid was present as a calcium salt. As calcium citrate is best soluble in cold water, the author reasons that sterilized milk being most apt to be deficient in citric acid is, therefore, a cause of infantile scurvy. He maintains that pasteurized milk is a more appropriate food for infants, owing to the fact that in the process of pasteurization the temperature reached is comparatively low and the solvent power of the milk proportionately less interfered with. In order to prevent the occurrence of scurvy in milk-fed infants a sufficient supply of fresh milk should be resorted to, or if there is a contraindication for that, pasteurized milk may be used. Should there be a special indication for boiled milk, the deficiency of citric acid can be supplied by a contemporaneous administration of lime juice, or of citrate salt; furthermore, any water used as a diluent to the milk should be added before the boiling, thereby making the fresh mixture a less concentrated solution of citrate than the undiluted milk, and, therefore, probably less likely to suffer loss of the salt by its comparative insolubility on boiling and thereafter. The milk should not be poured off when hot, but should be allowed to cool in the vessel in which it was boiled, and be well stirred when cool enough in order to re-dissolve the citrate as far as possible.—Dr. C. E. Corlette, *Brit. Med. Jour.*—*Post-Graduate.*

SURGERY.

IN CHARGE OF

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SOME POINTS IN THE MAKING OF PLASTER OF PARIS JACKETS.

(Albany Med. Annals.) By Dr. J. V. Hennessy. The author describes the case of a girl twenty-two years of age, who weighed 130 pounds. She had Pott's disease of the lower dorsal vertebrae and paraplegia of two years' standing. Ordinary methods of applying a plaster jacket by suspension failed through syncope; in the recumbent position, faulty position spoiled them, and the patient could not sit.

The mode adopted in this case was to make a form of plaster of Paris from numerous measurements giving width, depth and girth at hips, waist and bust. On this an ordinary knitted cylinder was stretched, and the plaster applied as upon the human form. The advantages of this method of making a plaster of Paris jacket are numerous, although the trouble and care are considerable. In the first place, certain modifications of form can easily be made, as may be seen in this specimen. The dorsal deformity is exaggerated, leaving a considerable space so that the spinal protuberance may not rub against the jacket. Next, extension of the trunk may be increased by increasing the length between the crests of the ilium and the axilla. The waist measurement may be diminished and gradually widened upward, giving the support to the trunk which is so necessary, and any other modification of form which may, in the judgment of the maker, add to ease or efficiency. Again, a jacket may be applied to a form so built up with ease and deliberation, which is impossible with the often tired and moving patient. The other points apply to a jacket, whether made upon a form or upon a patient. First, the ordinary plaster of Paris roller bandage being used, a jacket is made as under ordinary conditions, except that much fewer thicknesses are employed, say, six or seven thicknesses of crinoline and plaster. This, having been allowed to set, is cut up in the median line, removed and allowed to thoroughly dry. We then have an

extremely light jacket which would certainly have little sustaining power. It is then covered with sheepskin, fastened on by applying glue (Page's prepared) to the inner leather surface and to the surface of the jacket. First, a binding about two inches wide covers the cut median edges, then an encircling piece of leather is applied to the upper third of the jacket, the edges projecting above being turned inside, and there forming a binding for the top. The same is done for the bottom third, these pieces reaching to the median line and extending so as to form a double thickness over the binding in the median line. To this, shoe hooks are fastened for ease in lacing. The leather used is a thin sheepskin of inferior quality, a whole skin costing only fifty cents. The leather, glue and plaster combined form a light, stiff and decidedly durable corset. In certain parts where more strength may be deemed necessary, one or more extra thicknesses of leather may be easily applied, as in this jacket, where an axillary pad may be seen under the binding.—*Journal of Surgical Technology.*

FOREIGN BODIES IN THE NOSE.

Not infrequently children are brought to a doctor to have a foreign body removed from the nose, after kind but misguided efforts on the part of parents, friends, or even some physician, who endeavoured to remove the offending body, and, as a consequence, succeeded in pushing it farther back than it was in the first place. In these cases it is best always to give a few whiffs of chloroform, just enough to quiet the patient and have him hold still. With the aid of a head-mirror throw a strong light into the nasal cavity, and determine, if possible, the size and nature of the body. If the size is not too great the substance may be dislodged without much trouble by using a bent probe. An instrument that has served well in many cases is the bent hook, found in nearly every pocket-case of instruments. The use of forceps will, in nearly all cases, increase the difficulty, and I have seldom seen a case where they were of any service. My favorite instrument is a hook with a long curve, and with a point sharp enough to penetrate a body of moderate hardness. With this I have removed young peaches, beans, shoe buttons, pebbles, etc., the curve being long enough to roll the harder bodies forward without losing the contact hold. If the body is not far back in the nostril, no efforts having been made to dislodge it, the following directions will often be sufficient: Close the free nostril firmly by pressure of the finger, and putting your

mouth over the child's mouth—the mouth of the child, of course, being open—blow suddenly, and with considerable force. This will often force the body out of the nostril. This method may not be as strictly professional as some of the others, but I have known it to succeed in many cases.

When a child is brought to the office with a discharge from one nostril, and if the child is right-handed, it will, in the most of cases, be from the right nostril, it is always safe to examine carefully for a foreign body, and in the majority of cases it will be found. A probe is one of the best diagnostic instruments in these cases that I know of. The nostril must be well illuminated. Never risk unnecessary destruction of tissue by groping in the dark. It is much better to allow the patient to go into some one else's hands than to make a diagnosis in the dark.—*Cincinnati Ec. Med. Jour.*

OTALGIA.

In hysteria and neurasthenia we frequently find otalgia as a prominent sympton. In this condition the pain is often intermittent, and usually not symmetrical, invading first one ear and then the other. In fact, this peculiarity of the pain, together with the patient's usually exaggerated nervous condition, may be considered as particularly diagnostic.

Another condition which may give rise to otalgia is the presence of an epithelial scale resting either upon the drum membrane or upon the walls of the canal. Although this seems incredible, the removal of this epithelial debris has in more than one case been followed by an immediate and complete relief of the otalgia.

Again, the introduction into the ear of oleaginous substances, which decompose and unite with the normal contents of the canal, giving rise to automycosis, will often not only produce more discomfort, but marked and distressing pain. This condition, if not relieved, will readily give rise to an acute middle ear lesion.

Certain drugs, such as salicylic acid and its derivative, the various salts of quinine, the iodides, etc., have been known to produce more or less marked otalgia.

Malarial intoxication not infrequently produces pain in the ear by affecting the auricular branches of the fifth pair.

Nasal stenosis, especially when located in the region of the middle turbinal, are prolific sources of neuralgic manifestations in the ear.

The various neoplasms, whether located in the ear proper or in its immediate region, will many times cause otalgia.

Anemia, the luetic dyscrasia and typhoid fever are at times accompanied with more or less marked pain in the ear.

Tonsillitis, pharyngeal and laryngeal ulcerative process, whether tuberculous or otherwise, are occasionally sources of otalgia.

The careful differentiation between true otalgia of reflex origin, or the non-inflammatory, and pain in the ear of inflammatory origin, is by no means an easy matter in all cases, but the experience of the surgeon, together with the various means at hand for making a careful functional examination, can not fail, in most cases, to result in a correct diagnosis.—*The Laryngoscope.*

ALCOHOL SOAP FOR STERILIZING INSTRUMENTS.

℞	Olive oil.....	6 parts
	Caustic potash.....	7 parts
	Alcohol	30 parts
	Water	17 parts

The caustic action of potash is counteracted by the olive oil and water. The instruments are thoroughly washed with this soap or only wrapped in cotton saturated with the solution.—*Interstate Med. Jour.*

DR. KARL GESSON.

CATGUT FOR SUTURES.

With the many new processes of sterilizing catgut, it has again come to the front as a deep suturing material. Of course, its easy absorption makes it the most desirable material for that purpose; and that it has not found general favour is due to the late infections following its use. These infections are accounted for by the fact of only being able to sterilize the outside of the gut, while, as soon as absorption takes place, bacteria inclosed in the deeper layers become virulent. With our various new methods of asepticizing the gut and its further antiseptic treatment, infectious agents must be looked upon as of an extraneous source rather than directly due to the catgut.

Dr. Elsberg gives a remarkable sample, and, as it seems an efficient method for preparing catgut, it is here appended. The fat is removed by immersion for forty-eight hours in a solution of one part chloroform and two parts ether. After this has been allowed to evaporate from the gut, it is tightly wound in short strands upon glass slides and immersed for

thirty minutes in a saturated solution of ammonium sulphate in water. Then it is washed in sterile water or in a weak solution of bichloride or carbolic, and preserved in alcohol. Catgut prepared in this manner has been found remarkably strong and pliable, and is quickly absorbed from the tissues. If desired to chromicize the gut, it is only necessary to substitute a one to one thousand solution of chromic acid in water for the plain water used in making the saturated solution of ammonium sulphate.—*Interstate Med. Jour.*

A RAPID AND SIMPLE OPERATION FOR GALL STONES FOUND BY EXPLORING THE ABDOMEN IN THE COURSE OF A LOWER ABDOMINAL OPERATION.

The author reports eight cases operated on for gall-stones under the circumstances described in his heading.

When a primary incision is made in the lower part of the abdomen, either in the midline or, as in one case, over the site of the vermiform appendix, the hand is introduced into the abdomen, hugging the anterior abdominal wall, conducted up over the omentum and the colon as far as the liver, where the gall-bladder is easily discovered as a somewhat tense or flaccid sac. It is his practice to squeeze the gall-bladder and note the rapid collapse, showing that the cystic duct is pervious. Any stone present is easily felt through the thin walls by palpating from the cystic duct downward to the fundus of the gall-bladder. In order to remove a stone the gall-bladder should first be emptied by compression between the thumb and two fingers. This allows the stone to be hooked up by the first and second fingers to the top of the bladder, where it is then lifted firmly against the abdominal wall, which bulges forward distinctly. Care must be taken not to allow any loop of intestine or the margin of the liver to intervene between the bladder and the abdominal wall.

An incision 4 or 5 cm. in length is now made with the free hand down through the abdominal parietes, over the eminence, directly upon the stone, cutting straight through layer by layer in a vertical direction. The white peritoneum is easily recognized, and when cut the two edges are caught by clamps. As the peritoneal incision is made larger the gall-bladder, with the stone, appears in the incision. It is opened and its edges caught with clamps, and then the incision is made large enough to evacuate its contents. The stone is apt to pop out. The edges of the bladder are now united by a fine silk suture.

If the gall-bladder is normal it is unhesitatingly dropped back without a drain. If the walls are diseased the bladder, after being closed, is dropped, and a small drain inserted. The abdominal wound is then closed and the operation completed within a few minutes of its commencement.

The primary operation in the eight cases was: 1. Lateral incision over appendix; 2. Median incision—hysteromyomectomy; 3. Median incision — myomatous uterus; 4. Median incision—cyst of right ovary; 5. Median incision—ovarian cyst; 6, 7 and 8. Median incison – hysteromyomectomy.

The author says: "I offer no apology for moving the foreign bodies by an operation so simple and so safe when the abdomen is once opened for some other more serious cause. I need but to refer to the distressing sequelæ of a cholecystitis, or a cholangitis * * * also to the frequency with which stones are associated with cancer of the gall-bladder."— Kelly, *Medical News*.

A THREE-MONTHS' INFANT WITH A CAUDAL APPENDAGE.

Watson (*Johns Hopkins Hospital Bulletin*, May, 1900) exhibited an infant with this rare anomaly before the Johns Hopkins Medical Society, March 5, 1900. His description of the case is as follows:

"It is a healthy male child a little over 3 months old. The tail springs from where a tail should, just posterior to the anus, and consists of two segments, a longer, thicker, more fleshy proximal segment, and a distal segment which is shorter, thinner and more fibrous. It is covered with normal skin. The length of the tail, when the child was three weeks old, was 1¾ inches. Forty days later it was 2 inches, and now it is 2¼ inches long, having grown ½ inch inside of three months; apparently out of proportion to the growth of the rest of the body. It seems to have no connection with the coccyx, although it springs from the skin right over its tip. There seems to be no bony or cartilaginous tissue in it. It is well supplied with muscular tissue, and, in fact, the infant seemed to express its emotions with the tail, for when the child is crying the tail shrinks up ½ inch in length, the distal proportion partially telescoping within the proximal one. At other times it lies relaxed at full length or curls out upon the buttocks."

The parents of the child had brought it to Dr. Watson to have the tail amputed.

ICHTHYOL is recommended by Dr. T. G. Lusk (*Post-Graduate*, XV., p. 1007) of the New York Post-Graduate Medical School and Hospital, for relieving the pain and preventing the rupture of vesicles in cases of *herpes zoster costalis*. An astringent, antiseptic drying preparation suitable for the purpose may be made as follows, says the author :

Ichthyol	2 fl. dr.
Magnesium carbonate	2 dr.
Zinc oxide	2 dr.
Water	to make 4 fl. oz.

This mixture should be sopped on and a binder applied to prevent rupture from friction. A 5 per cent. ichthyol collodion may also be used with advantage.

THE USE OF NITRITES IN THE TREATMENT OF SYPHILIS.

Browning explains that the common interference with the arteries in syphilis leads him to advise the use of the nitrites to combat this. His object was not to substitute these drugs for mercury or the iodides, but to make use of them as vaso-dilators to distend the constricted lumina, and thus allow the antisyphilitic agents a better chance to penetrate deeper and reach more effectively the sclerosed areas in tertiary syphilis. He thinks, therefore, that " the nitrites are indicated in all syphilitic diseases of the arteries, as a rule in all specific affections attended by pain, in all syphilitic brain troubles, and especially in the later and hereditary forms of syphilis (cerebral, spinal, peripheral)."

Of the nitrites, commonly used, nitroglycerine alone is a practical agent for long-continued administration. Nitrite of amyl is too evanescent in its effects, and the nitrite of soda is too irritating to be taken long. The tetranitrate of erythrol is much preferable to the soda salt, and is also preferable to nitroglycerine, in that it does not cumulatively lose its effect, as is the case with nitroglycerine, and its action is slower. The dosage is from one-half to one grain.—Browning, *Med. News*.

TO IRRIGATE OR NOT TO IRRIGATE IN INFLAMMATION OF THE PERTIONEUM AND AFTER ABDOMINAL OPERATIONS.

There is still a wide diversity of opinion among surgeons as to the value of irrigation after surgical operations and in inflammation of the peritoneum. Many operators

believe that intra-abdominal work would follow the same rules that are applied to surgery on external surfaces. The peritoneum is surgically regarded in the same light as the skin, the both having epithelial coverings. Incisions into the peritoneum are to follow the same rules as incisions into the skin, and after the removal of organs or plastic work within the abdomen the incisions are covered in by this membrane, which is to be carefully sutured. With an aseptic technique and field such a conception of abdominal surgery is an ideal one. An operation which leaves carefully approximated peritoneal surfaces and the abdomen perfectly dry at the time of the closure of the external wound leaves nothing to be desired in the aid of the healing process.

The conditions that confront a surgeon in a septic case or one in which the inflammation has extended to the peritoneal surfaces are quite different. Here the question of irrigation is still *sub judice*. Many operators are of the opinion that if the infection is of sufficient severity to have extensively involved the peritoneum irrigation will be of no value, and, on the contrary, may do harm by diluting and spreading the infection to previously uninvolved portions of the peritoneum, and may actually aid in the absorption of toxins from the peritoneal cavity. Other equally good operators are of the opinion that irrigation does get rid to a certain extent of the infecting agent and ptomaines, and the products of bacterial growth are washed out of the abdomen.

Unfortunately, the question is one to be decided largely by the experience and opinions of individual operators, as it seems almost impossible to study it from an experimental basis, and the examination of statistics presents so many extraneous and accidental conditions that figures based upon these alone are exceedingly fallacious. So far as conclusions may be drawn from the published cases, we feel safe in asserting that aseptic operations should be conducted without flushing and without drainage. In those in which there is a general infection of the peritoneum from a suppurating focus, or in which the operation is made for the purpose of relieving septic peritonitis, it is probable that flushing and drainage is a material aid in the recovery of the patient. The flushing, if done at all, should be thorough; that is, in a wide-spread septic peritonitis, if it is to be of any value, it must not consist of the pouring of a few quarts of water into the abdominal cavity and allowing it to drain away, but it should be done with many gallons of aseptic normal salt solution. There are now a number of cases on record in

which some form of continuous irrigation has been employed with success. There is great need of further studies along these lines, as the treatment of septic peritonitis, from the operative standpoint, does not form a brilliant chapter in the mortality records.—*Medicine.*

A NEW AND SIMPLE METHOD OF STERILIZING SPONGE.

Elsberg comments on the fact that while sea sponges are by far the best agent for absorbing fluids from wounds their use has been largely done away with for the lack of reliable methods for their sterilization, since boiling spoiled their consistence and absorbing power.

After much experimentation the author now proposes a method similar to a method of catgut sterilization previously proposed by him, viz., 1. The sponges are first immersed for twenty-four hours in an 8 per cent. hydrochloric-acid solution to free them from chalk and dirt, and then washed out in water. 2. Boil for from five to twenty minutes in the following solution: Caustic potash, 10; tannic acid, 20; water, 1000. 3. Wash out in sterile water or a carbolic or sublimate solution until they are freed from the dark-brown color given by the potash-tannic-acid solution. 4. Preserve in 2 to 5 per cent. carbolic solution. Through these procedures sponges lose none of their physical characteristics, size, porosity, elasticity, softness, etc., even when boiled for an hour.

The potash-tannic-acid solution can be used again, it being necessary only to replace the water which has boiled away. Culture experiments showed that large sponges previously infected with various bacteria, including anthrax spores, were rendered sterile after less than five minutes' boiling in the potash tannic-acid mixture, followed by rinsing with sterile water.

The author thinks this simple and sure method should inaugurate a return to the use of sea sponges in surgery.—Elsberg, *Centralbl. f. Chir.*

OBSTETRICS.

IN CHARGE OF

H. L. REDDY, M.D., L. R. C. P., London,

Professor of Obstetrics, University of Bishop's College; Physician Accoucheur Women's Hospital; Physician to the Western Hospital.

PUERPURAL ECLAMPSIA.

In an excellent paper read by Dr. J. F. Moran on this subject, before the Washington Obstetrical and Gynecological Society, he ends his paper by the following statement:

The most rational and efficacious treatment of eclampsia lies in prophylaxis. When we contrast the great mortality to both mother and child, under all forms of treatment for convulsions, with the excellent results obtained from judicious management of impending eclampsia, we forcibly realize the truth of this statement.

It is now certainly known that urea retention in the blood is not the cause, as urea except in enormous doses is innocuous, also that many eclamptics die and manifest little or none of the pathological signs of uræmia. Being, however, the ultimate product of tissue metabolism, it is of value in determining any interference with assimilation. In the light of recent advances in pathology and experimental investigation the height of evidence shows that eclampsia is due to the retention of toxin or toxins elaborated on the part of the mother and child owing to failure in the process of elimination. The kidney is the channel of escape, and, so long as the renal functions are intact, the toxin can and does escape without harm. While the nature and origin of the toxin is not known the liver is usually at fault. The toxin may be absorbed from the bowel, but the liver performs the function of neutralizing the toxins which find their way into the circulation. If the liver fails the kidneys at once suffer. Prophylaxis consists of hygienic medical and obstetrical treatment. Good pulmonary ventilation, nourishing and easily digested food, frequent bathing, moderate exercise in the open air, proper clothing, the avoidance of fatigue and exposure to cold, are the principal hygienic measures to be observed. The frequency of eclampsia could be greatly diminished if more careful supervision of the pregnant woman was exercised. The perfunctory examinations of the urine for albumin during the latter weeks of pregnancy are not sufficient. It is true that in a majority of cases the danger signal is through renal insufficiency, but it must be remembered, although albumin

may be absent, the amount of urea eliminated may be far below normal. Therefore, a thorough analysis of urine, total quantity in twenty-four hours, specific gravity, quantitative estimation of urea and microscopical examination of the sediment should be made from time to time. If the amount of urine be 40 to 50 ounces, with specific gravity 1.016 to 1.020, urea above 1½ per cent., there need be little apprehension. It should be borne in mind, however, that many pregnant women excrete less than 1½ per cent. of urea without any apparent ill effect. In every case, therefore, the constitutional signs and symptoms should be closely scrutinized. When intoxication exists, as manifested by slight digestive disturbance, headache, etc., the regulation of the bowels and restriction of the diet will suffice. Persistent headache, vertigo, uncontrollable vomiting, disturbance of vision, insomnia, neuralgias showing involvment of the nervous system, will call for more vigorous and active measures. Free purgation, hot baths, absolute milk diet and rest in bed should be enjoined. Diuretics are of secondary importance, and of little use until the bowels and skin have been freely acted upon.

The medical treatment will vary according to the exigencies of the case. If there be pre-existing cardiac disease or chronic nephritis, remedies appropriate for these diseases should be used. In the former digitalis, strophanthus, strychnia and other heart tonics are serviceable, while in the latter nitro-glycerin is of inestimable value. In the acute nephritis of toxemia our chief reliance should be upon free catharsis and diaphoresis. Mercurials followed by salines, hot-air or plunge baths followed by envelopment in blankets, subcutaneous or rectal injection of normal salt solution frequently repeated, citrates of caffeine and lithia, and abundance of water, are the measures that have proved very successful in our hands. If, in spite of vigorous treatment, the volume of urine is not increased and the excretion of urea remains stationary or diminishes, together with the persistence of menacing constitutional symptoms, it will be necessary, particularly if the fetus is viable, to terminate the pregnancy. As a rule, if the eclamptic attack occurs during pregnancy, particularly during the latter weeks, it generally excites uterine contraction and precipitates labor. In a majority of cases the fetus dies before delivery. In some cases, however, uterine action does not bring on labor, but the child succumbs *in utero*. In this event the eclampsia usually ceases, albumin decreases or disappears from the

urine and pregnancy continues for a time or even to term. However, the fetus in a few cases lives, and, under judicious treatment, pregnancy continues.

Therapeusis of eclampsia comprises a threefold indication. Purgatives, diuretics and diaphoretics, and in addition sedation by means of anæsthetics, narcotics, venesection and emptying the uterus. Croton oil and elaterium are preferable, as they act rapidly. If possible the patient should swallow a saturated solution of magnesium sulphate, subcutaneous injection of normal salt solution, chloroform-morphia, chloral alone or in combination with bromides in milk, as an enema otherwise produces rectal tenesmus. Veratrum viride is greatly used in the United States. It relieves tension by depressing the heart and needs watching; the patient needs to have the pulse brought down to 60 and held there. Venesection is advocated by some, and in sthenic cases may help temporarily, but if salt solution be immediately transfused the effect is good, and is meeting with much favour. Dührssen forces delivery while Charpentier considers it dangerous. If the cervix yields and treatment medicinally fails forced delivery is best.

Therapeutic Notes.

Earache.

℞ Camphorated chloral, 5 parts.
Glycerin, 30 parts.
Oil of sweet almonds, 10 parts.

Mix. Saturate a small piece of cotton and insert in ear. The relief will be immediate.—*Alkaloidal Clinic.*

Itching of the Anus.

℞	Sodium Hyposulphite.....	30 parts.
	Carbolic Acid.....	5 parts.
	Glycerin.....	20 parts.
	Aquæ Dest.....	450 parts.

M. Compresses wet with the solution are to be applied to the anus frequently.—Penzold, in *Independance Medicale.*

For Gastric Indigestion.

In cases of gastric indigestion, accompanied by what is commonly called torpidity of the liver, the following combination will be found of great value:

℞ Acid, Nitromuriat. Dil..... ½ ounce.
Tinct. Nucis Vom..... 2 drachms.
Liq. Potass. Arsenitis..... ..... 72 drops.
Chionia.....q. s. ad. 6 ounces.

M. Sig.: Dessertspoonful thrice daily after meals.—*Med. News.*

Jottings.

GRANULAR CONJUNCTIVITIS.

There is quoted in the *New York Medical Journal* an apparently effective method of treating granular conjunctivitis by local application of a solution of salicylate acid in alcohol, one to ten parts. It is applied on a pledget of cotton, and a few seconds are sufficient to be beneficial. There is pain at first, which may be prevented by cocaine. The recovery is rapid.

TO CLEAN HYPODERMIC NEEDLES.

In order to clean hypodermatic syringe needles, occluded by deposition of material from the injection fluid, boil the needles for ten minutes in a solution of sodium carbonate. This not only cleanses the needle internally, but also restores the brightness to the external surface.—Brown.

APPLICATION TO THE EYES.

The cold cloths should be large enough to cover the lids and thick enough to retain the cold for a few seconds. Eight or ten such cloths are laid on a block of ice in a basin by the bedside and are placed on the lids one after the other, being changed rapidly so as to keep as much cold to the eye as possible. They must be frequently destroyed if there is much discharge, and new ones made. The action of the cold is to reduce the swelling of the lids and conjunctiva; it is especially important if much chemosis is present. If the cornea becomes infected, the iced cloths must be stopped, as the cold depresses the cornea and tends to increase the ulceration. Hot applications are usually substituted under these circumstances. Pads of cotton saturated with very hot water are applied to the lids and rapidly changed for fifteen minutes every three hours. This stimulates the cornea and also decreases the swelling of the lids, though for the latter it is not so effective as cold. The pupil is usually dilated with atrophine as soon as corneal involvement is noted.—Dr. E. S. Thompson, *Trained Nurse.*

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Editorial.

THE MODERN HOSPITAL.

Within the last two or three years the question of Hospital construction has taken a new phase, largely corresponding with advances made in our knowledge of disease and its prevention. Detached blocks have, for many years, been regarded as far the best for buildings intended for Hospital use. The great objection to that method is the amount of space which is necessary, and the admittedly increased cost of administration. In large cities, where the cost of land is high, this objection is one which assumes very considerable importance. It was this fact which somewhat recently led the Committee of Management, of Manchester Royal Infirmary, to address a letter to several distinguished medical men asking their opinion on the subject. The Medical Board of the Infirmary had previously reported "that it is uncertain whether the pavilion system is so absolutely necessary, as it has been thought to be up to the present time, and it may be well to consider whether some other system requiring less ground may not be adopted." Of eleven gentlemen whose opinion had been asked, four, including Lord Lister, were of opinion that the pavilion was the best, but considered it quite possible to build a satisfactory Hospital on other than this plan. Mr. Holmes made other methods of arrangement more satisfactory, as, for instance, building on the "H" shape, that is, blocks radiating from a central administrative building. Mr

Howard Marsh took the view that the pavilion system was not only not essential, but was in some respects inconvenient and open to positive objection. Two of the questioned were positive that the pavilion system was essentially the best. As a result of these replies the Medical Board concluded that a Hospital suitable in every way could be built on a plan other than the pavilion. The Chairman of the Medical Board made report as follows: "Our report is really a most important one; I know of none of equal importance. Not only has no concensus of professional opinion been before obtained, but no such enquiry as we have made had ever been carried out. Hitherto it has been thought that medical opinion was wholly in favour of a pavilion plan exclusively. We have found that this is a complete mistake. The consequence of this is that in future Hospital authorities will be less fettered and will give effect to their wishes at lessened cost."

While it may yet be best, where ample space and plenty of money is available, to adhere to the pavilion system, yet there can be no question that the introduction of antiseptic and aseptic surgery and the more scientific treatment of germ diseases renders it quite possible to obtain very excellent results, even in large single buildings. In such buildings the wards should be large and lofty, the ventilation perfect, the plumbing of the most perfect kind, and the nursing thoroughly efficient. In Canada, where the very wealthy are not exceedingly numerous, and where the calls for philanthropic giving are great, the large single building for towns and cities has been what has been erected. To those who aided in their building and to those who may assist in the building of other Hospitals, the fact that they now have the endorsation of some of the most eminent living physicians must be a source of very great gratification. The fact of this change in medical sentiment is beyond doubt due to the great system of antisepticism inaugurated by Lord Lister, and for which he received, from our late Queen, the highest gift ever bestowed upon a medical man. Without it large Hospitals must have continued to be in the future what they were in the past—most unsatisfactory in their results, more especially on the surgical side.

Correspondence.

Editor CANADA MEDICAL RECORD,

Dear Sir,—By a medical journal now before me I see that the Legislature of Minnesota has actually passed a law making it a crime to smoke cigarettes or to sell or trade in them within the limits of the State. Whether the law will be enforced, or, if enforced, whether it will be successful in stamping out the nuisance of cigarette smoking remains to be seen. But, if it does nothing more than to compel these trespassers upon public rights to practice their vice in secret, it will not have entirely failed in the beneficial object it has in view. The evil is a growing one, and the cigarette habit, like the alcohol habit and the opium habit, seems to dull the finer feelings of its votaries, so that little by little they think more and more of their own craving and less and less of the comfort and health of others, until they become at last "cigarette fiends." I do not yet know of any instance of a cigarette fiend smoking in church, although I have no doubt that their inability to do so prevents many from attending divine service, but I have seen them shutting themselves up in the closets and dressing rooms at private and public functions instead of performing the duties expected of them in the ball-room, or reception hall, while, at important business meetings, even when held in private houses, they seem to lose all regard for the feelings of the majority of those present, and within a few minutes after the meeting begins they have rendered the air of the crowded room utterly unfit for use. They seem to forget that, while they have gone through a gradual process of inurement until they are able to tolerate enormously toxic doses of the poison, the majority of those present who are in a normal condition of health are seriously affected by comparatively small doses of it. Even those nearest and dearest to them in their own home have to suffer in silence. I know of one family, and there must be many others, in which the wife, and especially the little children, suffer from nausea, anorexia, headache, vertigo and palpitation of the heart as long as the father remains at home, but who all enjoy good health during the six months that the father, who is a "buyer," is away in Europe.

Now, Mr. Editor, I am making this appeal to the cigarette fiends, to be more considerate, through the columns of your journal (I have no hopes of inducing them to stop it, as

the disease is a hopelessly incurable one), because many of the worst offenders, I am sorry to say, are medical men, and otherwise most estimable and lovable in every way. It is my duty to attend the meetings above referred to, and if I do not come they at once say, "Why is he not here?" But, although I put on my oldest coat and do all I can to get the smell out of it when I come home, there still remains so much of the horrible cigarette smell that my best Sunday coat, hanging at the other end of the clothes-closet, becomes contaminated with it, and, instead of enjoying the "quiet splendour of the Sabbath morn" during the whole of the service, my feelings and sometimes my stomach is stirred up by the souvenir of my sufferings.

Please do what you can to mitigate the evil and earn the gratitude of many who, like myself, might sign themselves

"A SUFFERER."

Book Reviews.

Physical Diagnosis in Obstetrics. By Edward A. Ayers, M.D., Prof. of Obstetrics in the New York Polyclinic; Attending Physician to the Mothers' and Babies' Hospital. Published by E. B. Treat & Co., 241 and 243 West 23rd Street, New York City. Price $2.00.

This work is an entirely new departure in midwifery, and a student capable of taking and appreciating all the points in the history that is required to be taken in each case could only lack one thing to make him a perfect obstetrician, and that is long experience. Every practitioner should read it, for there are many points which are vitally necessary for the safe conduct of labour emphasized which are only too often lightly passed over in general practice.

It is generally agreed on, by those in a position to be in possession of facts, that more women die in private practice than in a well-conducted maternity, and the reason is not far to seek. In private practice all the history demanded in this work would be difficult often to obtain and would be most irksome to the busy general practitioner, but in this we see a sign of the times that midwifery, although one of the last, is nevertheless developing into a special branch requiring special knowledge. It will not be very long until the public will demand the best and be prepared to pay better for it, the reason probably that midwifery has so long been left to its fate in all kinds of hands.

Every practitioner who does not desire to fall behind in the race should procure a copy and study it conscientiously.

H. L. R.

Obstetrical and Gynæcological Nursing. By E. P. Davis, A.M., M.D., Prof. of Obstetrics in the Jefferson Medical College, Philadelphia, and to the Philadelphia Polyclinic Obstetrician to the Jefferson and Polyclinic Hospitals; Obstetrician and Gynæcologist to the Philadelphia Hospital. Published by W. B. Saunders & Co., Philadelphia and London, 1901. Canadian agents: J. A. Carveth & Co., Toronto. Price $1.75.

This is a well-written and practical book for nurses doing obstetrical and gynæcological nursing; indeed, in the writer's opinion, the best, and has been made by him the Standard Textbook in the Women's Hospital, Montreal, for its nurses.

H. L. R.

Transactions of the College of Physicians. Philadelphia, Third Series, Twenty-Second Volume.

The editor of these transactions has sent us a copy of the above volume, which contains the papers read before the College during the year 1900, and the discussion on the same. The whole occupies about 275 pages, and, as can be imagined, is most interesting. It could not be otherwise, for the papers are written by and the discussion carried on by the best men in Philadelphia.

F. W. C.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Anthony Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College, Philadelphia, assisted by H. R. M. Landis, M.D., Assistant Physician to the Jefferson Medical College Hospital, Vol. 1, March, 1901. Lea Brothers, Philadelphia and New York, 1901.

This volume was, as usual, out on time, and embraces Surgery of the Head, Neck and Chest, Infectious Diseases, including Acute Rheumatism, Croupous Pneumonia and Influenza, Diseases of Children, Pathology, Laryngology, Rhinology and Otology. Its summary of the various papers, which have of late appeared, enables the reader to keep well abreast of the Medical literature of the day.

F. W. C.

The International Medical Annual—A Year Book of Treatment and Practitioners' Index, 1901, Nineteenth Year. New York, E. B. Treat & Co., 241-243 West 23rd Street, Chicago, 199 Clark Street. Price $3.00.

A more complete compendium of the past year's work, or a better arranged compendium it would be impossible to find. In the department of Therapeutics there is a special article on Toxins and Antitoxins, the conjoint work of Professor McFarland of Philadelphia, and Dr. William Murrill, and the latter contributes an article on the light treatment. In the Dictionary of new treatment is to be found articles covering the whole range of Medicine and Surgery, contributed by authors whose names will be familiar

to those in the habit of consulting this Annual. Prof. Rula, of the University of Perugia, Italy, contributes a valuable article on Tuberculosis. Dr. MacIntyre, of Glasgow, has an article on X-Ray work in Medicine and Surgery, and Dr. Edridge Green one on colour blindness. Mr. Turner, F.R.C.S., writes a valuable paper on Dental and Oral Surgery. Quite a number of illustrations give additional value to the work.

F. W. C.

Diseases of the Nose and Throat.—By Cornelius G. Coakley, A.M., M D., Clinical Prof. of Laryngology, in the University and Bellevu- Hospital Medical College, New York City, etc. Second Edition, revised and enlarged. New York and Philadelphia; Lea Bros. & Co. Price $2.75 cloth.

The author in the Preface to the second edition returns thanks to many friends who have testified to the practical value of his publication. He states that the new edition has been carefully revised and corrections, with such additions as were deemed advisable, have been made. A new chapter also on Throat diseases arising from infectious maladies has been added. The colored plates have been increased by two, while eleven additional illustrations have been inserted. These plates are quite equal to the excellence of those contained in the first edition, so that the good character of the volume is maintained. As a book, covering the essentials of disease in the Throat and Nose in a succinct and compact style, this volume is to be commended.

G. T. R.

A Text-Book of Gynecology.—Edited by Charles A. Reed, A.M., M.D., President of the American Medical Association 1900-1901; Gynecologist and Clinical Lecturer on Surgical Diseases of Women at the Cincinnati Hospital; Fellow of the American Association of Obstetricians and Gynecologists; Fellow of the British Gynecological Society, Corresponding Member of the National Academy of Medicine of Peru, etc. Illustrated by R. J. Hopkins, New York; D. Appleton & Company, 1901.

This work is a Text-Book intended to serve as a working manual for practitioners and students, embracing the best approved developments of gynecology, including those of later date than are or can be included in a work of similar magnitude by a single author. The various topics have been assigned to a considerable number of writers, but only to those who have acquired a reputation in connection with the subjects upon which they were asked to write. The result has been a careful preparation of copy in the shortest possible time and the issuance of a strictly up-to-date volume. Some of the chapters have been contributed by several writers; thus, a pathologist, a neurologist, a dermatologist and a bacteriologist have each treated their part of a single subject, but the Editor has made the whole consecutive, systematic and homogeneous. The illustrations are deserving of special mention, being very numerous, many of them quite new and all accompanied by a few lines or words from the text which at once explains them, so that one

might get a very fair idea of the subject by carefully studying the illustrations and their titles. As the book has been published by the Appletons it goes without saying that the paper, printing and binding are of the very best. Dr. Reed's bright and entertaining pen is evident all through the book, although he has been ably assisted by such men as Carstens, Robb, Hare, Coe, Dercum, Hertzogg, Mann, Zinke, McMurtry and Harris, of the United States; Ballantyne, of Edinburgh; Cameron, of Glasgow; Johnson, of Montreal; Ross, of Toronto; Sinclair, of Manchester; and Mayo Robson, of Leeds.

The book is so well written and deals so fairly with such a variety of subjects that it is difficult to find anything to criticize. It does not pretend to be a book like Kelly's, which is suited especially for the operator and teacher, while Reed's book will be welcomed by the practitioner and student who by turning to the well-prepared index will find not only the information he desires, but also the author by whom it was written.

Taken all together, one could hardly recommend a more practical or more useful book for students and practitioners who wish to bring their knowledge of gynecology and abdominal surgery right up to date. A. L. S.—

Principles of Surgery.—By N. Senn, M.D., Ph.D., LL.D., Professor of Surgery in Rush Medical College in Affiliation with the University of Chicago; Professorial Lecturer on Military Surgery in the University of Chicago; Attending Surgeon to the Presbyterian Hospital; Surgeon-in-Chief to St. Joseph's Hospital; Surgeon-General of Illinois; Late Lieutenant-Colonel of United States Volunteers and Chief of the Operating Staff with the Army in the field during the Spanish-American War. Third edition. Thoroughly revised with 230 wood engravings, half-tones and colored illustrations. Royal octavo. Pages, xiv—700. Extra cloth, $4.50, net; sheep or half russia, $5.50, net delivered. Philadelphia: F. A. Davis Company, publishers, 1914-16 Cherry street.

This unique work has been thoroughly revised and modernized by the addition of many new and original illustrations and of two new chapters, one on "Degeneration" and the other on "Blastomycetic Dermatites." The value of the work has been markedly increased by these additions and the high standing of the work enhanced.

The first two chapters deal with regeneration as a physiological process and the variations in the vegetative capacity of the various tissues. The third chapter deals with degeneration under the heads of atrophy, cloudy swelling, fatty, mucoid, coloid, waxy and amyloid degeneration. In his definition of inflammation, which appears in the following chapter, he says: "the term *inflammation* in the future should be limited to the series of histological changes which ensue in the living body from the presence and action of specific micro-organisms, while the word *regeneration* should be used to designate the histological changes which take place in tissues which have been primarily in an aseptic condition

or have been rendered so after the inflammation has subsided." This definition is certainly more accurate and practical, according to knowledge of to-day, than the classical definitions of Sanderson and J. Bland Sutton, which were written before bacteriology had shed its light upon the subject. The following chapters on bacteria and the consideration of surgical conditions where they play so important a part are very fully illustrated and present many practical axioms. For the intelligent application of treatment, a thorough understanding of the causes and conditions of any given lesion is most necessary, and it would be difficult to prepare a work more calculated to fill this want than the work under consid eration To the student, practitioner and clinical teacher it is alike invaluable. G. F.—

International Clinics.—A quarterly of clinical lectures and especially prepared articles on subjects from all the departments of Medicine and Surgery, by leading members of the medical profession throughout the world, edited by Henry W. Cattell, A.M., M.D., Philadelphia, U. S. A., Director of the Ayer Clinical Laboratory of the Penn. Hospital; with the collaboration of John Athurst, jun., M.D., LL.D., and Charles H. Reed, M.D., of Philadelphia; James T. Whittaker, M.D., LL.D., of Cincinnati; with regular correspondents in Montreal, London, Paris, Leipsic and Vienna. Vols. I. to IV. Tenth series, 1900. J. B Lippincott & Co., Philadelphia, 1900.

These four volumes represent most of the progress of Medicine and Surgery during the year 1900 in the various clinical lectures and articles. They form a useful and comprehensive collection of monographs by leading authorities in medicine, surgery, therapeutics, neurology, obstetrics and gynæcology, pathology, eye, ear, nose and throat, laboratory methods, etc. In the first quarterly volume there is a series of articles on "Disease in the Philippines and Camp Sanitation"; instructive lectures are those on "The Treatment of Carbuncle," by Paul Regnier, M.D.; "A New Era in Electro-therapeutics," by J. McFadden Gaston, A.B., M.D.; "Gastric Ulcer and Its Treatment," by Joseph M. Patton, M.D.; "The Necessity for Isolation and Hospital Care for Poor Consumptives," by J. C. Wilson, M.D.; "The Treatment of Hydrated Cysts of the Liver," by G. Dieulafay, M.D.; "Obstetrical Prophylaxis in Gyne æcology," by James Clifton Edgar, M.D.; "The Granules Precipitated in the Blood by Chloride of Ammonium (Process of Mr Barker Smith) and What We May Learn from Them," by Alexander Haig, M.A., M.D. (Oxon.), F.R.C.P.; "Operation on the Mastoid Antrum," by F. C. Hotz, M.D. At the end of the volume a review is given of the progress of Medicine during the previous year, occupying about one-third of the volume, and referring, not only to the main divisions of Medicine, but to the various specialties, new instruments, honors to medical men, etc.

Volume II. contains thirty-five lectures, many of them of extreme interest. The Kromskop, an instrument for viewing a stereoscopic picture reproduced in colors, is described in the first article. Of special interest are the articles on "The Treatment of Hæmatemesis," by Savage; "Diagnostic Use of the Stomach Tube,"

by A. L. Benedict, A.M., M.D.; "Treatment of the Night Sweats of Phthisis by the Administration of Sodium Telluriate," by Ernest Barrie, M.D.; "The Inadequacy of the Physical Signs as Indicating the Gravity of Pneumonia," by A. H. Smith, M.D.; "Atypical Typhoid Fever," by J. C. Wilson, M.D.; "The Modern Operations for the Radical Cure of Inguinal Hernia," by Edmund Andrews, M.D., LL.D.

In Volume III. there is a symposium on "Genito-Urinary Diseases," consisting of seven lectures by different teachers. Fr. Rubenstein has a lecture on "A Contribution to the Pathology and Treatment of Epilepsy"; Willy Meyer, M.D., one on "Gastrostomy by Kader's Method Cholecystotomy"; Chauncy D. Palmer, M.D., one on "Reciprocal Relations of Gynecological and Neurological Diseases; Thompson S. Westcott, M.D., a monograph on "The Scientific Modification of Milk."

Volume IV. has also a continued symposium on "Genito-Urinary Diseases," and several important contributions, notably, "Mosquitoes and the Prophylaxis of Malaria," by Prof. B. Grassi; "Recent Advances in Diagnosis," by James J. Walsh, Ph.D., M.D.; "The Rôle of the Blastomycetes, or Ferments in the Etiology of Cancer," by Prof. Demetrius Roncadi.

Many of the articles are illustrated with coloured plates, woodcuts, etc. In the perusal of these lectures one gets the subjects treated of, containing the most recent advances, and given in an attractive style. Only writers of known ability are asked to contribute; hence one expects to and does get in the four quarterly volumes a comprehensive review of the latest phases of medical progress. J. B. McC.

PUBLISHERS DEPARTMENT.

LITERARY NOTE.

American readers will be glad to know that the important *Quarterly Review* article on "The Character of the Queen" will be reprinted entire in THE LIVING AGE for May 25 and June 1. No article regarding the Queen has made such a stir in England as this, and no other is written from so close and intimate knowledge. The London correspondent of *The New York Tribune* cables that there is almost as much speculation as to its author as there has been regarding "An Englishwoman's Love Letters." The two numbers of THE LIVING AGE containing the article will be mailed postpaid for twenty-five cents.

THE "PAPYROS EBERS."

Believing that physicians, of all men, are most interested in the history of their art, the makers of Hemaboloids are now prepared to present to their friends in the medical profession a fac-simile reproduction of the beginning of the earliest medical treatise extant, together with transcription into hieroglyphics and translation of a portion of the text.

The famous "Papyros Ebers," which was written during the reign of the Egyptian king Bicheres, 3,500 years ago, was discovered by the celebrated archeologist, Georg Ebers in 1872, when an Arab brought him a metallic case containing a papyros roll enveloped in mummy cloths, which he claimed had been discovered between the bones of a mummy in a tomb of the Theban Necropolis. A complete description of the papyros and its history is included in the reproduction, and is certainly extremely interesting to physicians and antiquarians generally. A copy will be forwarded by The Palisade Manufacturing Co., Yonkers, N.Y., to any physician who may have failed to receive one.