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# The Canada Medical Record.

MONTREAL, MARCH, 1879.

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### PHARMACEUTICAL DEPARTMENT.

## Original Communications.

### Two Successful Cases of Tracheotomy in Laryngeal Diphtheria. By THOS. JOHNSON ALLOWAY, M.D., L.R.C.S., and L.R.C.P., Edin.

Read before the Medico-Chirurgical Society of Montreal, 7th March, 1879.

G. C., aged three years, strong, well nourished male child, was attacked with croupous diphtheria on morning of March 1st, 1878. Notwithstanding every effort the disease continued to spread. On the evening of third (3rd) laryngeal symptoms set in, which continued to increase in severity until the morning of the 4th, when, with the kind assistance of Dr. Roddick, I operated. There was only a very slight quantity of blood lost; urine highly albuminous. I used Trousseau's large size silver tube. The wound was well brushed over with a mixture of equal parts of carbolic acid and glycerine, and dressed in the ordinary way. I filled the air with moisture by means of large flat baths, having the hot water continually renewed. Carbolized steam was also constantly being generated. No medicines whatever were given once the surgical treatment was commenced.

From the date of the operation until the tube was removed on the *tenth day*, there was not a single interruption in the progress towards recovery. The wound closed well by placing an ordinary piece of strapping across it.

S. F., a little girl aged about 2 years 9 months. This was a patient of Dr. Rodger who asked me to see the case for him, he being himself confined to his house at the time. I saw the patient on the 1st October. I found well-defined patches upon both tonsils about size of split pea, these were said to

have been much larger, but were now disappearing. Child was then, and had been, suffering from laryngeal symptoms for ten days previous, such as loss of voice and dyspnoea. This condition increased in severity until the 6th, when lividity and retraction of chest walls set in and urgent necessity for operation became apparent.

Having obtained consent of parents, I operated that afternoon with the assistance of Dr. Roddick. We had some difficulty in reaching the trachea, as it seemed to occupy a position considerably to the right of middle line of neck. Very little bleeding occurred. Same tube as used in first case.—Temp. 102°, pulse 160.

7th. Temp. 99½, pulse 134, resp. 43. Sleeping quietly and taking food well.

8th. All well.

9th. Temp. normal. All well.

27th. Not so well.

28th. Wound has taken on a diphtheritic action. Surrounding parts are œdematous. Removed tube and applied thermo-cautery, to wound as far down as tracheal rings. I now inserted a hard rubber tube with moveable shoulder instead of silver one, which we thought had been pressing rather hard upon the edges of wound.

29th. Pulse high, temp. normal, some vomiting.

30th. All well.

Nov. 7th. Found that there was a small growth growing through fenestra of tube which prevented the inner tube being inserted after it had been out about ten hours. This growth was no doubt formed of granulations from the wound; the fenestra being situated a little too high up on the tube. Put patient under chloroform and removed the outer

tube by force, cutting off the growth with sharp edge of part surrounding fenestra. The granulation, growth size of pea, fortunately fell out into my hand instead of going inward, which would have been more serious.

The tube was re-inserted and all went well from this date, but we were careful in not allowing the inner tube to remain out longer than was necessary for cleaning. The tube was removed finally on December 5th, just two months but one day from date of operation. Both of these patients were kept on large quantities of stimulants, especially champagne, during treatment. No medicine whatever given in either case after operation. During the time the tube was *in situ* in each case, the wound was carefully cleaned twice or thrice daily with a warm weak solution of carbolic acid and sponge, then brushed over once a day with a strong solution of carbolic acid in glycerine. The tube was disturbed as little as possible; a small piece of rubber tissue protecting the edges of wound. Dr. Parker's method of swabbing out the trachea before inserting tubes was not resorted to, notwithstanding the remarkable fact of his having had nine recoveries in seventeen cases in connection with this mode of treatment, and his annunciation of the dictum, "That the presence, in the post mortem room, of a false membrane in the trachea of a child upon whom tracheotomy had been performed is evidence of want of care on the part of the surgeon."

*Report of a Case of Puerperal Convulsions.* By A. ANSELL, C.M., M.D., FALMOUTH, Jamaica.

E. R., age 34, married, of small stature, but tolerably well developed, of a highly wrought nervous temperament, became pregnant, for the sixth time, in the early part of August of last year (1878).

*Previous History.*—From childhood she has been sickly, and never robust; was always "regular" at the catamenial periods. Her 1st, 2nd and 3rd children were born without untoward circumstances; the 4th she aborted at the fourth month, and suffered severely from the maltreatment of an ignorant midwife; on that occasion there was retained placenta and serious post partum hæmorrhage. She made a slow recovery; becoming pregnant again, and for the fifth time she progressed favorably until the completion of the seventh month, when, from causes unknown, she was seized with "Puer-

peral Convulsions," which ended with the premature birth of a dead fœtus. I must dwell on this first attack to show a novel mode of treatment, and though opposed to all rules laid down for the guidance of such cases, the case progressed favorably.

The medical attendant on this occasion, I am informed, did no more than use hot mustard baths; brandy, ammonia and assafoetida internally, and compel the nurses to arouse the patient each time she felt inclined to sleep, saying, "otherwise she will die in a fit of coma." On this occasion there had been twenty convulsions, the patient making a slow recovery, and fifteen days after the attack giving birth to a dead fœtus, very much disfigured. On the present occasion she became pregnant as before stated, in August, 1878, and completing the seventh month of pregnancy she became agitated and alarmed, dreading that "something was going to happen." I was called on the 20th February last and found her in this condition, and administered a nervous sedative. I auscultated the abdomen, and found the fœtus alive. On the 21st nausea and constipation were complained of; this removed by a mild aperient and the following every third hour:

Oxalate of cereum .....grs. v.  
Tinct. valerian..... .M xv.  
Tinct. hyoscyam.....M xx. Mix.  
With water..... ̄ ss.

At 8.30 p.m. she complained that her head was becoming larger, and frequently said "she felt that she would go mad." This last expression can be accounted for from the fact that she had, some few days previously, received a letter from her sister relating a case of puerperal convulsions followed by puerperal mania. I repeated the sedative, she went to sleep and slept soundly from 9.30 that night until 5.30 next morning, when she was seized with convulsions; the first lasted nearly half hour. I was by her side at 6 a.m.; half hour after my arrival she was seized with a second fit, the which I cut short with chloroform inhalations; it lasted about 20 seconds. I then unloaded the rectum and began the administration of the following by enemas:

℞. Chloral hydrat.....grs. xxx.  
Potassii Bromidii..... grs. xx.  
Aquæ..... ̄ iss. M.

Every hour.

The patient rested quietly from 7 a.m. until

11 a.m., when, on awaking, the indiscretion of the by-standers, in conversing with her during my absence, brought on a third convulsion; chloroform was again employed and anaesthesia produced, followed persistently by the chloral and bromide. Thus was the patient controlled from noon of the 22nd until evening of the 23rd. Alimentation was conducted per anum, and auscultation frequently had recourse to. A digital examination of the uterus early in the treatment revealed the external os dilated and flaccid, and the internal os rigid; but as the convulsions did not recur, and the foetus being alive, I did not interfere with this organ. About evening of the 23rd the rectum would retain nothing, and each enema excited the bowel, which discharged large alvine dejections; this I promoted by a continuance of the enemas: she now awakened lucid and calm, therefore discontinued the chloral, etc.

24th.—The tongue was heavily coated with a thick whitish-brown fur, I therefore gave her a mild mercurial purge, resulting in a copious discharge of biliary secretions. 25th. Patient gave signs of discomfort and pain, and there was in the forenoon of this day a decided "show." I auscultated and no longer heard the foetal heart or placental bruit, the child was dead, but I determined to leave matters entirely to nature, preferring to watch the case than to aid in delivery. It was not until 3 o'clock a.m. of the 26th that the child was delivered, the presentation being the knees. The labor left no symptoms of a grave nature, and convalescence was fully established in two or three days after.

This case on the whole affords us much for reflection, and the first question that arises is, what part did the abortion of the fourth child play as a factor, if at all, in the production of the first attack of puerperal convulsions? It is well accepted that the uterus, when in a gravid state, is subject to lasting impressions. Can it be that the abortion laid the train for what occurred a year later?

2ndly. The repeated attack at the same period of gestation is remarkable, and what had the reading of the letter relating to the case which occurred among the sister's acquaintances to do, as an exciting cause, in the production of the second attack? Or did the condition of the system, being surcharged with bile, have aught to do as the exciting cause, producing a higher

state of congestion of the already highly congested organ, and thus, by reflex action through the uterine nerves, producing that condition of the brain so well known to exist in eclampsia? In other words, the nutritive functions being thus disturbed, was that a cause of the affection? Or was it entirely mental? I have good reason to believe that the first attack was occasioned by the death of the foetus. In the second attack, the child did not die until over 70 hours after the last convulsion.

In the treatment of the present attack, I think the bromide of potassium deserves all that has been said of it by the many writers on the subject of eclampsia, and no doubt remains on my mind that it was the agent which prevented a return of the "fits," while the chloral hydrate, acting as a hypnotic, produced repose and enabled the uterus to prepare itself for the tax for which it was to be called upon. These agents were kept up, first four three hours consecutively; then every third hour for over 24 hours; during all this time the rectum alone was employed as the receptacle for food and medicine.

Falmouth, Jamaica, March 10th, 1879.

*Antiseptic Surgery.* By MR. GEORGE W. NELSON.

Read before the Medical Alumni Association of Bishop's College.

Antiseptic Surgery will form the subject of my paper for this evening. As you are all aware, this most valuable aid to surgery was discovered by Professor Lister, formerly of Edinburgh, but now of London. He found that the air was impregnated with organic germs, or putrefactive elements, these having the power, on coming in contact with an open wound, of setting up a sort of fermentation, called putrefaction (not suppuration), that gives a fetid odor to the pus secreted. He conceived the idea that, if he could prevent these organic germs, or bacteria, from coming in contact with a wound, a great boon would be conferred on Surgeons. In many experiments performed by him, he found that carbolic acid completely destroys these organic floating germs. He filters the air before it reaches the wounds with a fine cloud of carbolic spray, and all the dressings are thoroughly impregnated with this agent.

His views may be briefly summarized thus:—

When blood is effused in healthy tissues, it is generally absorbed, exciting no inflammation, suppuration, or fever. If, however, the skin is broken, so that the wound communicates with the air, the effused blood quickly decomposes, exciting both inflammation and suppuration. These phenomena are not excited by the air itself, but by the organic germs floating in it, so that if the air coming in contact with the wound can be freed from them, neither putrefaction of the blood, nor consequent inflammation and suppuration, can take place. Moreover, experiments show that, if these germs can be kept away from wounds or abscesses, their granulations and walls will not form pus, but only a little serum. It is to prevent this that carbolic acid was introduced by him. Lister also says, concerning contused wounds: "All the local inflammatory mischief and general febrile disturbances which follow severe injuries are due to the irritating and poisoning influence of decomposing blood and sloughs. By the antiseptic treatment these evils are all avoided, so that limbs, which would otherwise unhesitatingly be condemned to amputation, may be retained with confidence of the best results."

This system of Professor Lister is coming more and more into use in North America. In this city we are indebted to Dr. Roddick for its permanent introduction, he being an enthusiastic supporter of Antiseptic Surgery. I have, during a summer's dressing in his wards at the Montreal General Hospital, had the pleasure of seeing his extraordinary success, all with the happiest results. Let us hope that the time is not distant when all the Hospitals in Canada will follow in the footsteps of that noble institution, the Montreal General Hospital, and adopt the antiseptic treatment. I will now describe to you the things that are used in the antiseptic treatment of wounds, and show their application. I require first a spray-producer, which, as you see, consists of a small boiler, heated by a spirit-lamp. The boiler is partly filled with pure water; the tube leading from the boiler meets with the nozzle of the tube leading from the bottle attached to the side of the boiler. The bottle contains a solution of carbolic acid (pure) 1 to 20 of water; the escaping steam from the boiler rushes over the orifice of the tube coming from the bottle, and draws up an equal part of the 1 to 20 solution,

so that a fine cloud of carbolic spray is got of 1 to 40. This plays freely over the wound or surface being dressed. The assistant who has charge of the spray should follow every movement of the operator, and not allow the wound to be exposed to the air for a second. All the blood vessels are ligated with carbolized catgut. They are prepared in a mixture of olive oil and carbolic acid. The ligatures are cut off short, and left in the wound. The sutures used are of the same material. Catgut has the advantage of being absorbed after the wound is closed. In operations of sufficient magnitude two drainage tubes are introduced, and hang from the angles of the wound, to allow of free drainage. You next use the gauze, antiseptic gauze. It is prepared as follows:—rosin, five parts; paraffine, seven parts; carbolic acid, one part. The gauze is placed in a waterbath, and, when the mixture has boiled, a syringe with perforations in the end is filled, and sprinkled over the gauze. A heavy lead cover is placed over it, all being placed in a water bath; heat is applied until the mixture is equally diffused through the gauze, when it is taken out and sealed up in tins. The material placed between the wound and the carbolized gauze Professor Lister terms "the protective," which is ordinary oil silk, varnished over with a coat of copal varnish, and then with a coat of paraffine. This prepared oil silk will hold some of the carbolic lotion on its surface, while on the ordinary kind it would run off. This oil silk is dipped in salicylic acid cream, made of salicylic acid and carbolic acid lotion, a saturated solution 1 to 40, which acts as a soothing application to the wound, preventing the irritating action of the carbolic acid. The protective is applied over the wound. The deep dressings are next applied, they are made with the gauze. Two pieces of gauze, that will cover the wound, are soaked in a solution of 1 to 40 to rid them of any bacteriæ; over this are applied two or three dry pieces of the gauze, well fitted to the part. The spray can now be discontinued, as no bacteriæ can reach the wound. Over these the eight layers of dressing are placed. It is formed of eight layers of gauze with a layer of macintosh between the seventh and eighth. This dressing covers the wound all over, seven layers next to the wound, when the smooth side of the macintosh between is cut an inch

smaller than the gauze dressings, and lastly the eighth layer of gauze. Professor Lister's reasons for using the eight layers of dressing are these: The discharge would have to pass through the dressings, and then the seven layers of gauze before it came in contact with the macintosh, which directs the discharge towards the edge of the dressings. If the discharge should get outside the dressings bacteriæ would float up, and set up trouble. The eighth layer is used so that the safety pins can be held by it. Over all these dressings bandages of gauze are carefully applied.

The following solutions are used:—

I. Carbolic acid lotion, 1 to 20, used to cleanse the parts around the seat of the wound, so that no bacteriæ will remain near it.

II. To soak the instruments to be used during the operation.

III. To cleanse all sponges before the operation.

IV. To soak the drainage tube in.

Carbolic acid lotion, 1 to 40, is used to

I. To wash the surgeon's hands, as well as those of assistants.

II. To soak the deep dressings in.

III. To wash the sponges in during the operation.

IV. To inject wounds with.

Next chloride of zinc lotions, grains ten to one ounce of water, and grains forty to one ounce of water, used for washing out cavities when they have become septic. These solutions destroy the putrefactive elements.

The salicylic cream is used to put on the protective when the wound is irritated by the carbolic acid.

Boracic lint is prepared by soaking common lint in a boiling solution of boracic acid. It is used on the wound when the dressings have been removed for good. Professor Lister's experience leads him to believe that if, when the dressings are removed, a single drop of serum were to be pressed out by the movements of a limb, say after operation, and then regurgitate into the interior, after being exposed, even for a second, to the influence of septic air, putrefaction would be pretty certain to occur. A case occurred last summer in Dr. Roddick's wards which will, I think, coincide with the views laid down by Professor Lister. A patient whom I dressed daily for an iliac abscess was

doing nicely, the wound being healthy and sweet. He had had no motion for four days, and was ordered to take Pil. Cath. Co. ij. During the night he had six or seven motions. Owing to his straining at stool some of the discharge found its way from beneath the dressings. In the morning, on removing the dressings, the wound was found discharging foetid pus, streaked with blood. His temperature went up 3°, to 102°; in three days the wound was sweet and healthy again after free use of a solution of chloride of zinc, forty grains to the ounce.

The following summary of the antiseptic treatment will show why it is so much more successful than the ordinary treatment of wounds:—

I. "The changing of the dressings is regulated by certain conditions: temperature, pain and discharge, the existence of any of these calling for a change.

II. "The antiseptic treatment is serviceable, and will repay its use in cases which from their very nature must suppurate. By it the amount of suppuration seems to be reduced to a minimum.

III. "Great care must be taken to stop all hæmorrhage before closing the wound, and in every wound of any magnitude one or more drainage tubes should be inserted, not covered by the protective but by the wet deep dressings.

IV. "Only carbolized catgut sutures and ligatures are to be used. The ligatures are to be cut off short.

V. "Whatever atomizer is used in an operation of any length, it is well to have several pieces of gauze, soaked in a solution of 1 to 40, ready, in case the atomizer should fail. "If the spray should fail and the wound was exposed to the influences of organic germs, it does not follow that the case is hopelessly lost, as the spray can again be turned on it with good hopes of success.

VI. "All the instruments used in the operation should be soaked in 1 to 20. The operator and his assistants' hands should be cleansed in 1 to 40, and nothing should be brought in actual contact with the wound until it is cleansed in carbolic lotion.

VII. "With regard to the things required, and the time used in antiseptic dressing. The

“articles when once obtained are very easily  
“used, and the longer time spent in apply-  
“ing a single antiseptic dressing, in comparison  
“with an ordinary one, is more than compen-  
“sated for by the smaller number of times the  
“dressings have to be applied.

VIII. “The Lister dressing is especially  
“adapted to hospital use. It is a cleanly and  
“pleasant dressing, destructive to pus cells, and  
“hence sanitary in hospital wards. That it is  
“not indispensable to prevent suppuration in  
“favorable cases in private practice is proved by  
“the healing of large wounds by first intention.

IX. “The discharge from an antiseptic wound  
“is purely serous, scanty, and sweet.”

Temperature charts from hospital cases were here exhibited. Case I. A. L. Excision of elbow joint. Temperature day of operation 99°, at ninth day it fell to 97½°, and gradually declined to 97°, dressings removed at eighth day, &c., &c. A hand was dressed and the whole method practically illustrated.

1 St. James Place,  
199 Canning Street West.

## Progress of Medical Science.

### PERSISTENT TINNITUS AURIUM.

Followed by Symptoms of Cerebral Embolism. Successfully Treated by Ligation of Postr. Occipit. Artery. Read before Medical Society, D. C., November 13th, 1878. By ROBERT REYBURN, M.D., Late Professor Anatomy, Med. Dept. Georgetown University, D. C.

I was called on October 3, 1876, to see Mr. T. G., aged 64 years, and of full plethoric habit, weighing about 175 pounds. He complained of acute inflammation of the internal ear of the left side, which was attended with intense pain, and excessive inflammation also pervaded the adjoining parts of the face and neck. This was treated by hot applications containing soporifics, and the administrations of anodynes internally. After two weeks of treatment an abscess finally pointed in the *meatus auditorius externus*, which was opened, followed by great relief to the patient.

Under the subsequent local use of a solution of nitrate silver, 10 grs. to the ounce of water, and of astringents, this abscess, after a few more weeks, completely healed, without any apparent injury to, or impairment of, the hearing.

Unfortunately, however, while the hearing remained unaffected, a sense of drumming or *tinnitus aurium* succeeded, which in time became so agonizing as to nearly drive the patient frantic. This condition of things continued for

several months, and so distressing was the tinnitus that it entirely incapacitated the patient from attending to any business; in fact, he became so affected that he threatened several times to commit suicide, for, as he expressed it, “life was a burden” to him.

The drumming was always confined to the left ear, was synchronous with the pulse, and was increased by anything which accelerated the action of the heart; also by stooping forwards, or lying down in bed, so that it greatly interfered with sleeping. For about fifteen months the patient remained in this condition, during which time the usual treatment was pursued to the extent of a thorough trial of the whole list of arterial sedatives, and especially were the changes wrung upon digitalis, aconite and veratrum viride. These remedies would relieve for a time, but failed to do more than palliate the symptoms.

Among the sedatives used was hydrobromic acid, which, in doses of (20) twenty minims every (3) three hours, relieved the tinnitus more than any other medicine used.

The patient himself discovered that by applying pressure, by means of a pad placed over the posterior occipital artery of the left side, he could control the pulsation of the artery, and thereby stop the distressing tinnitus aurium. Accordingly, Mr. Fischer, surgical instrument maker, was directed to manufacture a pad with a spring, somewhat upon the plan of Signorini's Tourniquet, which was quite successful, though somewhat troublesome to apply.

I examined a number of times the superficial arteries of the head and neck, and found the posterior occipital artery of the left side to be in the condition called by some medical authors cirroid aneurism, or arterial varix. The artery was much enlarged, tortuous in its course, and very prominent to the touch and sight. Firm pressure upon the artery against the occipital bone would empty it, and it would refill on the pressure being removed with a distinct aneurismal thrill and bruit.

On January 12, 1878, fifteen months after the beginning of my attendance, I was summoned in great haste to see him, and found him lying in an apparent state of collapse. He was vomiting violently; skin cool and moist, and pulse very weak. I was informed that, for a few moments during the onset of the shock, he was unconscious, but he very speedily recovered from this condition and was apparently perfectly rational when I first saw him, which was probably an hour from the time he was first attacked. I found him to be perfectly conscious of all that was passing around him, but unable to communicate with us intelligibly, in consequence of an attack of what is called by Dr. Hammond amnesic aphasia. He protruded his tongue perfectly well when asked to do so, and

there was no paralysis of the face or of upper or lower extremities.

It was somewhat affecting to witness his efforts, repeatedly made, to communicate with those around him. He wished, for instance, to give me the residence of his adopted daughter, whom he desired to be sent for, and tried for many minutes to tell me the address, but failed, and finally arose from the bed and gave me a letter containing the desired information. When he attempted to speak he would sometimes give some words correctly, but more often would misplace them, or would still more frequently utter a sound like the syllables "ter," "ter," and which, of course, was quite unintelligible.

The sight of the left eye was also very much impaired by this attack, and he was unable, for the first few days after the beginning of it, either to read or to write the shortest words correctly. The treatment adopted was perfect rest, low diet and arterial sedatives, together with bromide of potassium and chloral at bedtime to induce sleep. Under this treatment his power of articulate speech improved very rapidly, and he began in two or three days to be able to speak quite intelligibly, though occasionally, and indeed frequently, missing and misplacing words. His powers of reading and writing were much longer in returning to him than his use of speech, and he had, really, though a gentleman of unusual scientific attainments, to learn to read and write like a little child.

Finding that he had forgotten a number of the letters of the alphabet he purchased a large alphabet card, such as is used by little children, and laboriously acquired the missing letters. After a time, however, his progress became rapid, and in six months from the beginning of this attack he was able to resume his literary employment and read and write nearly as well as ever.

In regard to the *diagnosis* of the case my belief was that his was a case of Embolism, probably including the distribution of the anterior cerebral artery.

My reasons for so thinking were, first, that the sudden onset of the attack and rapid recovery of speech were unlikely to take place if there was hemorrhage into the substance of the brain; second, the condition of the arterial varix of the posterior occipital artery would, *prima facie*, indicate a like condition of some of the cerebral blood-vessels within the cranium, and would render such an occurrence as embolism not unlikely; and, third, the extremely limited and local character of the brain lesion, which would be unlikely to occur in cerebral hemorrhage. In the course of a month from beginning treatment, the sedatives were discontinued, or rather only prescribed occasionally, and he was placed upon small doses of bichloride of mercury and iodide of potassium with tonics.

His mental condition continued, as above mentioned, steadily to improve, but the *tinnitus aurium* still remained, and the patient was extremely anxious that some relief could be afforded him. As pressure upon the occipital artery arrested the *tinnitus aurium* and relieved the patient from this distressing sensation, the idea suggested itself, why not ligate the artery and permanently prevent its return?

Prof. Johnson Eliot was called in consultation, and he coinciding with me regarding the propriety of the operation, I proceeded, with his assistance, to ligate the vessel. This was done just over the groove in the mastoid process of the temporal bone. The operation was performed March 12, 1878, and the ligature separated without any trouble on the tenth day afterwards.

It is unnecessary to dwell in detail upon the case further than to say that the operation was entirely successful in relieving the *tinnitus* and restored the patient to a condition of perfect comfort.

In cases, therefore, in which *tinnitus aurium* is intractable to medical treatment, I would respectfully suggest the propriety of ligation, as above, premising, of course, that pressure applied to the vessel shows that the *tinnitus* can be thus controlled. As for the operation itself, it is hardly necessary to state that it is simple, easily done, and unattended with any special danger.—*National Med. Review*, Washington.

#### DIFFERENTIAL DIAGNOSIS BETWEEN SOME CASES OF ECZEMA AND CASES OF PSORIASIS AND SCABIES.

By F. C. VAN VLIET, M.D.

I have been led to offer a few brief observations upon the best means of making a clear diagnosis between eczema and some cases of psoriasis and scabies, from the fact that while it is no easy matter to make a correct diagnosis in such cases, yet it is absolutely necessary that such a diagnosis be made, inasmuch as treatment beneficial to the one disease would prove more or less injurious to the others.

Let us first note the points of difference between a case of psoriasis and one of eczema squamosum.

Upon superficial inspection a case of psoriasis usually presents the following appearances: One or more dry inflammatory patches are observed; they are more or less infiltrated, and are elevated to a greater or less degree above the level of the epidermis. These patches are covered with a great number of shining, adherent scales, of a mother-of-pearl color, and which are noticed, under a magnifying glass of low power, to be more or less imbricated. There is considerable desquamation, but the loss is scarcely perceptible, being counterbalanced by



the new formation in the deeper layers of the epidermis.

Such are the general appearances of psoriatic patches as presented to the eye at first sight.

Let us now examine a case of eczema squamosum. Here we have a late stage of one of the four varieties of eczema; it has been noticed to frequently follow eczema erythematosum. In eczema squamosum we also find one or more dry, more or less scaly infiltrated patches occupying various parts of the body; all the superficial, objective phenomena appear almost identical with those of the psoriatic patches; in fact the two diseased surfaces resemble each other so greatly that some continental writers were led to apply the term psoriasis to these cases of eczema squamosum.

Having now endeavored to show how easily a mistake in diagnosis can occur during an ordinary superficial examination of the objective lesions, I will briefly state the points which appear to be most important in distinguishing the two diseases:

One of the most conclusive means of diagnosis of psoriasis, in my opinion, is the discovery of a thin, delicate, almost transparent membrane, which is found beneath the scales in the psoriatic patches, between them and the surface of the integument, which latter is described as "red and studded with minute blood-points." The discovery of this membrane was first made known to the profession by Dr. L. D. Bulkley, of New York, and an interesting description of it can be found in the "Archives of Dermatology," vol. IV., No. 11, April 1878.

In my experience this membrane is always present in the disease now under consideration. In the removal of scales from eczematous patches I have failed to notice any appearance that could be mistaken for this "pellicular membrane" of psoriasis. Among other points of diagnosis may be mentioned the following: The patches of eczema fade imperceptibly into the healthy skin, whereas in psoriasis the termination is abrupt, the line of demarcation being sharply defined. The scales on eczematous patches are thin and occasionally silvery-white; those of psoriasis are thicker and silvery, and, under a hand-glass, present a more or less imbricated appearance which is wanting in the scales of eczema. Again the color in eczema is of a brighter tint than in psoriasis, and the itching is more constant and severe.

Another important aid to the diagnosis is the decided preference which eczema shows for the flexor surfaces of the elbow and kneejoints, while psoriasis exhibits a strong tendency to develop upon the extensor surfaces of the same joints. Combined with the above points the previous history of the case will contribute greatly towards a correct diagnosis. In the majority of cases of eczema there is usually a history of moisture

at some stage, "the exudation," which with the older writers was considered a *sine qua non* of all cases of this disease; in psoriasis the disease is always dry from the first; further, eczema squamosum, as the later stage of an acute attack, has been preceded by papules, pustules or vesicles; in psoriasis we have accumulation of scales alone as the primary eruption; finally the average health of psoriatic patients is good, while eczematous subjects are more or less debilitated.

Let us now devote a few moments to the diagnosis between cases of eczema pustulosum et vesiculosum and scabies. This I consider a highly important subject, from the fact that those two diseases now possess more features in common than any other two, and because they are, with the exception of acne, more frequently encountered than any other cutaneous diseases:

We are all aware that the origin of scabies is due to the acarus acabici, and therefore the discovery of the acarus, its ova or canaliculus would settle the diagnosis at once. But this is by no means easy in all cases. Take, for example, a chronic case of scabies; here, owing to the long continued and severe scratching, all appearances of the cuniculi and ova are obliterated; in place of them we find inflammation, papules, pustules, vesicles and crusts; exactly the condition present in many cases of eczema.

In such cases the following points may be remembered: In scabies, contagion, either direct or indirect, is bound to have taken place, and a clear history of contagion proves very valuable to the physician. The regions attacked offer important diagnostic hints, scabies generally occurring primarily upon the inner surfaces of the wrists, the lateral surfaces of the fingers, and upon the forearms; in children frequently over the gluteal region. From these points it rapidly spreads until more or less of the whole cutaneous surface is involved.

On scraping the garments the patient wears next the skin, and placing the debris upon a glass slide beneath the microscope, sometimes fragments of the acari can be discovered. A pruriginoid eruption when most abundant over the inner aspect of the thighs, the abdomen and the forearms is suspicious of scabies. Again, the scabies is generally more diffused than eczema, and the itching is marked. Finally, in doubtful cases, resource must be had to treatment to determine the character of the eruption; a parasiticide being eminently beneficial in scabies, but being of little, if any, good in cases of eczema. It should be remembered, that severe scratching can develop in patients with scabies a true case of eczema, which has a tendency to become chronic unless subjected to judicious treatment.—*National Medical Review*, Washington, U. S.

### NASO-PHARYNGEAL CATARRH—VARIETIES, TREATMENT.\*

By WM. F. DUNCAN, M.D., Assistant to the Bellevue Throat Clinic, Member of the N. Y. Laryngological Society, etc., etc.

At this season of the year, catarrh being very prevalent, it has occurred to me that a few words to the profession about its treatment would not be amiss. It has been a matter of regret to all thoughtful medical men that the treatment of this common disease should be left almost entirely to quacks and irregular practitioners. Looking upon it from this stand-point, I desire to give my experience, in treating over a thousand cases of catarrh, to the profession, and to proclaim my conviction that it is, in a very large majority of cases a curable disease. This belief arises from a very careful observation of these cases, continued until a cure was established. There is little that is new or mysterious in the treatment, which consists for the most part in the proper and thorough application of old and trusted remedies. The necessity for greater care in the examination and diagnosis is earnestly urged, and a failure to cure the patient may frequently be attributed to improper diagnosis of the form of the disease. The success of the treatment, in my hands, is due to the attention given to cleansing the mucous membrane before making any applications of medicine. It is the essential consideration in treating the mucous membrane of any part of the body, and, in the nasal cavities, which are small and easily blocked up with the excessive secretion of catarrh, its importance cannot be over-estimated. Inasmuch as the different varieties of catarrh require a distinct and separate line of treatment, I have thought it advisable, even at the risk of presenting to my readers a good deal of matter with which they are already familiar, to describe in a brief form the clinical history of the disease and the diagnostic points of each form.

A description of a chronic catarrh of any mucous membrane will answer for that of nasal catarrh, which is a chronic inflammation marked by an afflux of blood to the parts, producing swelling, hypertrophy, or atrophy, and an alteration in the quantity or quality of the secreted mucus. It may follow immediately an acute attack, or, what is seen more frequently, will set in after repeated attacks of acute catarrh, the result of constantly catching cold. Continued exposure to irritating gases, or an atmosphere charged with dust, will produce it. Hence the followers of certain trades are often its victims, as stonecutters, flower-makers, the employees in tobacco-factories, and so on. The use of tobacco undoubtedly occasionally produces post-nasal catarrh. Measles, scarlet-fever, diphtheria and small-pox, leave the patient with chronic coryza, syphilis, scrofula, tuberculosis, malaria, and, in

fact, any depressing disease places the system in a condition to get up a catarrh. Valvular disease of the heart and emphysema, from their interference with the circulation, may produce it. Also foreign bodies, such as cherry-pits, buttons, and even teeth, which have been introduced into the nostrils of children, unknown to the parents, and left there. Again, there are many persons, outside of any diathesis, who, seeming to enjoy perfect health in all other respects, have catarrh in the worst form. More catarrh probably occurs inland than on the sea-coast. Chronic catarrh may be divided, from location, into nasal and post-nasal. There may be a nasal catarrh limited to the nares proper, stopping at the posterior ends of the turbinate bones and septum; a post-nasal catarrh, confined to the vault of the pharynx; and finally, a catarrh of the whole tract, including the posterior wall of the lower pharynx, called naso-pharyngeal catarrh. Pathologically speaking, there are three varieties, with possibly a fourth: the simple, the hypertrophic, and the atrophic. The fourth division, simple ozæna, will be treated as a complication.

*Simple Catarrh.*—In a simple catarrh there is an inflammation of the mucous membrane, manifested by an alteration in the quantity of the secretion, which is more or less profuse, according to the severity of the disease. It is changed in quality, becoming thicker and yellow if the grade of inflammation be high. The afflux of blood to the parts deepens the color of the mucous membrane to a fiery red, and increases the nutrition of the glands so that they manufacture and pour out an abundance of mucus. The discharge is filled with mucus, muco-pus, mucous and pus corpuscles, half-formed cells, and broken, detached epithelium. The rhinoscope shows little swelling, but simply an intense redness, and the whole surface covered over with patches of stringy, whitish secretion. There is little or no pain, but an uneasy sensation and a tendency to frequently blow the nose and hawk to get rid of the excessive discharge. The most prominent and annoying symptom is the constant running from the nose. This disease may terminate spontaneously or be cured after the lapse of some weeks. If, however, it be allowed to continue for months it may run into the second or hypertrophic form, which is really another and advanced stage of the disease.

*Hypertrophic Catarrh.*—In this form the inflammatory action has produced such a hyper-nutrition that the cells form new hypertrophic tissue, which lies in great ridges in the vault, on the posterior ends of the turbinate bones and septum, almost blocking up the nares on the Eustachian tubes, and in the fossæ of Rosenmüller. The pharyngeal tonsil, a collection of follicular glands in the vault, similar in appearance and analogous in function to the tonsils of the fauces, is very much swollen. It is frequently the starting-point of a catarrh from which

\* Read before the N. W. Medical and Surgical Society.

the disease works both forwards and backwards. Single enlarged follicles are seen in the vault, and in some cases on the rear of the septum. The whole appearance is that of an hypertrophied, boggy, inflamed mucous membrane. The same polypoid thickening of the anterior ends of the inferior and middle turbinate bones exists, as of the posterior, and upon looking into the anterior nares they appear like fleshy tumors. Strings and rolls of mucus are spread over the surface and bridge, the recesses and fissures. The symptoms are sufficiently aggravating. The secretion is enormously increased, yellowish-green in color and very sticky. Sometimes it is a reddish-brown, like the rust-colored sputa from pneumonia, the result of the coloring matter of the blood transuding through dilated blood-vessels. This is usually seen, when present, in the expectoration in the morning, of the matter collected behind the palate during the night. If the trouble be confined to the vault there is a sensation of a foreign body behind the palate, a stuffy sensation, and an almost uncontrollable desire to draw it down and hawk it up. Even after removing a roll of mucus the swelling of the parts preserves the disagreeable sensation, and the hawking is frequently repeated. This action causes hyperæmia and elongation of the uvula. There is ringing in the ears from invasion of the Eustachian tubes by the catarrh, or temporary deafness from plugs of mucus completely stopping their orifices. In some cases catarrh of the middle ear, with its serious consequences, results. The dropping of mucus into the throat during sleep occasions a coughing spell in the morning to remove it. Again it is swallowed, and impairs the digestion and appetite, and interferes with the general health. When the catarrh extends forward into the nares the swelling of the mucous membrane nearly closes them, interfering with nasal respiration, and causing the patient to breathe through the open mouth. This produces a peculiar expressionless countenance, which, taken with the alteration of the voice due to the absence of nasal sounds, is quite characteristic. It also causes snoring during sleep. The inflammation may extend into the nasal ducts, producing a watery discharge from the eyes into the frontal sinus, making a frontal headache, frequently a great annoyance, and into the antrum, and set up a severe neuralgia. Inspection of the post-pharyngeal wall shows a catarrhal pharyngitis, which has a follower in a hyperæmia of the laryngeal mucous membrane, producing a huskiness, and a desire to scrape the throat. It is quite distressing to public speakers and singers, whose voices improve with the cure of their catarrh. Dyspepsia frequently results from extension of the catarrh down the œsophagus. Also previously existing dyspepsia will aggravate the catarrh. The sense of smell may be greatly impaired, particularly when the catarrh is an

old one, and involves the superior and middle turbinate bones, and the upper part of the septum, in whose mucous membrane reside the terminal olfactory nerves and cells. This form of catarrh may persist for months, and gradually glide into the atrophic or dry variety or stage.

*Atrophic Catarrh.*—This condition of atrophy may also develop from a simple catarrh. It is very common in people of middle and advanced age, and is rarely seen in young children. Probably the interstitial pressure on the afferent vessels, from the hypertrophic tissue in the sub-epithelial structure, long-continued, robs the parts of their necessary nutrition and atrophy sets in. The glands soon suffer, losing a part of their secreting cells, which results in a diminution of the secretion. The entrances to the glands becoming contracted, some are totally destroyed, while others preserve a few secreting cells, which may be stimulated to activity by restoring their nutriment. The absorption of tissue frequently goes on to such an extent as to cause an actual increase in the size of the cavities.

Examination reveals the mucous membrane stretched tightly and smoothly over the bones and cartilages. It is perfectly dry, glazed, and shining. It is highly colored, owing to being so thin that the blood-vessels show through it very plainly. Sometimes the veins are engorged and varicose, and easily burst, making frequent slight hemorrhages, from which the blood dries in hard black crusts. The septum and turbinate bones may become as thin as the blade of a knife. Slight erosions now and then occur on the septum and anterior end of the inferior turbinate bones, from which the patient will pick hard crusts, which re-form every few days. Crusts and rolls of dried mucus are found in the nares, the result of the secretion of some part high up in the meatuses not yet atrophied. The nares being enlarged, quantities of dust are inhaled and spread out over the surface. Nearly always the posterior pharyngeal wall is in the same condition of atrophy as the parts above. It is called pharyngitis sicca. A combination of atrophy and hypertrophy may exist. There may be atrophy of the nares and hypertrophy of the vault, diminished secretion from one, and increased secretion from the other, or the reverse.

The different conditions require different treatment.

The subjective symptoms of dry catarrh are frontal headache, dryness of the nose and pharynx, decrease of the olfactory sense, absence of secretion, and the formation of hard dry crusts.

*Ozæna.*—One of the problems heretofore difficult of solution by the profession has been to determine what is ozæna; the popular impression being that it was a catarrh produced by syphilis, and that in some way syphilis was

always answerable for it. With this idea in mind, specific remedies were invariably given, and with very varying results; some cases yielding to mercury and iodine, while others would grow worse under the same treatment. The former were undoubtedly syphilitic, while frequently the latter never had any venereal disease, and in them a great deal of mischief was caused and no relief granted. The matter is somewhat cleared up by dividing ozæna into simple ozæna and syphilitic ozæna, and hunting up the cause for the offensive odor which is characteristic of each. When syphilitic, it is the result of decomposed secretion from ulcerations, caries, and necrosis, either of which is always present. There are crusts and plugs and rolls of dead tissue filling up the nostrils, making a world of stink. The color of this offensive mass is dark gray. There is a vicious, sanious, and very copious discharge. The bones ulcerate, die, and are discharged piecemeal, causing fearful disfigurement, discomfort, and pain. This is the typical *ozæna* of the older writers. Simple *ozæna*, however, is very different. It occurs in patients who are otherwise perfectly healthy, is unaccompanied by any ulceration, and yet has just as offensive an odor as the syphilitic variety. The cause of this is probably such as was first suggested by my friend Dr. Bosworth. The disease resides in the accessory cavities of the nose—the frontal, sphenoidal, and maxillary sinuses, either of which has a capacity of at least two drachms—and these, opening by small outlets into the nares, retain the secretion poured out by their inflamed mucous membrane until it becomes decomposed, and enough has been produced to cause an overflow and a discharge of their contents. This offensive product oozes out and coats the nares with a thin, close-fitting, shining, yellowish-green pellicle, which can be seen upon examination. Its appearance is quite characteristic, and can scarcely be mistaken. When it is carefully washed away so that none is visible on inspection, the odor disappears for several hours—a day or two—until more is discharged from the sinuses. It is difficult to detach it, as it clings very closely to the surface underneath, which, after its removal, appears very much reddened, but is clean, intact, and free from ulceration. In both varieties the patients are deprived of their sense of smell, and oftentimes, until informed by their friends, are unaware of the disgusting odor they emit.

Owing to lack of space, further reference to the complications of catarrh will be omitted.

*Treatment*—The successful treatment of catarrh is largely confined to local applications, although the necessity for treating internally every disorder of the system is earnestly urged. Always in treating a diseased surface cleanliness is recognized as the chief requisite. This necessity, I repeat, is especially emphasized in dealing with a diseased mucous membrane, which

must be thoroughly cleansed before the application of medicine is made. The mucus is often very tenacious, and secreted in cavities difficult of access, and yet it is possible to remove most of it by the methods described. The fact that alkaline solutions have a solvent effect on mucus is utilized, and all of the cleansing solutions contain some form of alkali; and, as in many cases there is a decomposition of the retained secretion, an antiseptic or disinfectant is used. Any combination of these two medicines, in weak solution, will answer, but that which seems to be as efficient as any, and in use at the clinic, is Dobell's solution:

R. Acidi carbol..... ʒ iss.  
Sodii bichlorid, aa..... ʒ ij.  
Sodii bicarb, aa..... ʒ ij.  
Glycerinæ..... f. ʒ ij.  
Aque ad..... f. Oij  
M.

It is used with the atomizer, the post-pharyngeal syringe, and the nasal douche. The nasal douche of Thudichum has received too much praise and too much condemnation. It has a position in the armamenture worthy of a moment's consideration. When a catarrh is simple there is nothing but an excess of secretion, and it is limited to the anterior nares, the use of the nasal douche is serviceable. It is valueless in any other case, however, because the solution washes only a limited surface. It enters one nostril, and, flowing upward around the rear of the septum, passes out of the other, cleansing only the inferior meatuses, and does not reach the whole of the vault. Again, it does not run with sufficient force to be of much value when there is a copious sticky secretion: There is some danger to be apprehended from the solution entering the Eustachian tubes, beyond the valvular portion, if used carelessly. This liability is reduced to a mere nothing if the patient be directed to hold the nose downwards, and while the current is passing through the nostrils to breathe through the open mouth. Also the vessel or reservoir must not be placed more than two feet above the level of the head. Common salt ʒi.—aq. Oi. may be of service. I have abandoned the douche because of its limited service, except when used with a curved nozzle, like the pipe of the post-pharyngeal syringe, which is passed behind the soft palate, and the solution runs out of both nostrils. I recommend this to be used by the patient at his home. The best method of using the cleansing solution is with the post-pharyngeal syringe, which is both safe and efficient. The solution can be driven with a great deal of force without danger of its entering the middle ear, because the direction of the stream and the Eustachian tubes is the same, downward and forwards. It is to be entered flat on the tongue, which is depressed by its nozzle, its point introduced quickly behind the palate, and the contents suddenly and forc-

bly ejected by driving home the piston, and the syringe withdrawn. When there are crusts and plugs of mucus it may be necessary to repeat its use a dozen or more times at a sitting before they are washed away. Always examine to see that the surface is clean. When skillfully used it gives no pain, and is tolerated by any patient. Sometimes the sticky pellicle in ozæna will be loosened and drawn down from the upper meatuses until it reaches the anterior nares, where it will remain. It can be dislodged by throwing a stream with the same syringe, first into the nares in front, and then from behind the palate. The solution can also be used in spray driven by compressed air, either by a hand-ball atomizer, or a pump and receiver. The last is very efficient when used with about thirty (30) pounds pressure, and will dislodge mucus from the superior meatuses, and even the entrance of the sinuses. It is better for children than the post-pharyngeal syringe. If with all these methods you fail to clear the nostrils, as you may do in syphilis, loosen the crusts with a probe and remove them with long slender forceps.

The next step in the treatment is the application of the medicines adapted to the case, which is made in the form of spray, powder, or solution. The spray spreads out in every direction and reaches cavities otherwise almost inaccessible, and is therefore the choice method. In simple catarrh the object in view is to reduce the amount of inflammation by the use of astringents. Select astringents of different strengths and kinds to suit each case. For a standard astringent, sulphate of zinc, gr. xv.—aq. ʒj. is a good one. If the case be a mild one, do not use it stronger than three grains. If the catarrh be of long standing see the patient three times a week, and in the intervals let him use the cleansing solution home, with Delano's atomizer, or the post-pharyngeal douche. Ferric-alum, gr. v.—xx. to aq. ʒj. is valuable when there is excess of secretion and little sensibility. Chlorate of potash, nitrate of silver, tannin and chloride of zinc may be used. Ring the changes on the astringents until a good one is found, and stick to it. When pain, lasting longer than half an hour, follows the use of the astringent, use a spray of U. S. solution of morphine. When there is hypertrophy to deal with, stronger applications are needed. Caustics can be applied with a probe, one end of which is tightly wrapped with cotton. With such a probe, one end of which is bent at right angles, the short arm of which is about an inch long, applications can be made behind the palate to the vault. The hypertrophied tissue must be destroyed; crushing it with forceps, cutting it with a knife, and galvano-cautery are allowable. The polypoid thickening of the ends of the turbinate bones can be touched with caustics, applied by means of a probe passed through a shield. Curette the vault when there is adenoid degeneration. In

both the above forms of catarrh excess of secretion is the prominent feature requiring treatment.

In the atrophic form the secretion is absent, and the glands need to be stimulated to action, and astringents avoided. A spray from a weak solution of iodine, gr. v.—x. to aq. ʒi. or tr. sanguinaria ʒi. to aq. ʒi., may be used; Sang., myrrh, and lycopodium in powder, blown into the nostrils, are a valuable stimulant. Continued applications to a perfectly dry membrane bring a reward after a time, when the stumps of the glands begin to take on action and pour out the secretion.

The simple ozæna is treated by carefully removing the pellicle every day or two, and then using an astringent spray, after which iodoform, blown into the nostrils in powder, is effective. The nasal passages must constantly be kept open so as to allow all the offensive matter to flow freely out of the accessory cavities. The iodoform is not annoying to the patient, and, if care be taken not to get any of it on the clothing, will not be very disagreeable to others. When syphilitic ozæna exists the local treatment is the same. In addition, the usual internal remedies are employed. If any dead bone can be detached take it away at once. Finally, take up each complication singly and overcome it, remove all foreign bodies and tumors, fight every disease and diathesis with the proper remedies, and the same measure of success will be met with in treating catarrh as is encountered in treating other chronic disorders.

#### TREATMENT OF HEAT-APOPLEXY WITH ERGOT.

By ROBERT F. DEDRICKSON, Esq., L.R.C.P. Edin.

When in Calcutta in July last, the heat was very intense, being one day 103° in the shade. It fell to my lot to have several cases of sun-stroke under my care; and, being struck with the great mortality arising from the disease, I am induced to lay before the profession the treatment I successfully adopted, believing it to be novel.

The first case I was called on to attend was that of a steward on board one of the Peninsular and Oriental Company's steamers. He was lying in a state bordering on coma, but was capable of being roused, and answered questions in an absent way. I obtained the following history from one of his companions:—Having been sent ashore about noon, he walked for nearly an hour in the heat of the sun, and, "feeling queer," indulged in some brandy and soda-water. On his return to the steamer, he complained of great pain in the head and all down the back. He had to lie down; and then it was that I was sent for, and found him in the following condition:—Pulse very rapid, strong, and bounding—

almost sledge-hammer; action of the heart very strong and slightly irregular, but not intermittent; the pupils widely dilated. The sensation given on placing the hand on any part of the body resembled exactly the feel of a board that had been exposed to the rays of a powerful sun, being burning hot and dry. I ordered him to have ice applied to the nape of the neck and head, and to have fifteen minims of liquid extract of ergot and three minims of tincture of aconite every hour. The bowels were loose, therefore I did not order a purgative. I saw him again the following morning, with Dr. Waller, of Calcutta, whom I had the pleasure of meeting in consultation. He was then greatly improved; pulse quiet, temperature reduced, not quite so drowsy, but still suffering from the pain down the back and in the head. The nurse who sat up with him during the night stated that when she gave him a dose of twenty grains of quinine—ordered him by Dr. Waller in the night—he vomited and appeared so bad that she gave him a dose of the mixture (ergot and aconite). He at once (she said) appeared better, and improved after each succeeding dose. Dr. Waller and myself agreed to continue this treatment, and with the greatest success, as in a few days his recovery was complete.

I may here mention that the twenty grains of quinine given by direction of Dr. Waller is a very usual remedy in the East for sunstroke. The ergot treatment which I adopted was unknown to Dr. Waller, whose experience and practice are very great, but I have pleasure in knowing that he highly approved of it.

Shortly after the above case, I was called to another—that of an English sailor who went ashore, during the heat of the sun, wearing a small black hat, and, on his return to his ship, became quite insensible. When I saw him I had ice placed on the nape of the neck and let dissolve there. In about fifteen minutes, when he was sufficiently conscious to swallow, I gave him ergot—leaving out the aconite, as in his case the action of the heart was very weak. He also made an uninterrupted and good recovery.

I likewise treated several minor cases of heat-apoplexy—in which there was great pain down the back and in the head, with suppression of perspiration—successfully with ergot.

When attending these cases it struck me that, had the state of coma advanced so far that the patient could not swallow the ergot, ergotine might have been usefully administered hypodermically. I offer this now as a suggestion only, as I do not know whether in a case so advanced it would be of any use, yet I think it would be worthy of trial—*Dublin Journal of Medical Science, Oct., 1878, p. 285.*

## ON THE EMPLOYMENT OF OXALATE OF CERIUM IN PREGNANT SICKNESS.

By Dr. FRANCIS EDWARD IMAGE, M.A.

Sir James Simpson introduced the oxalate of cerium, and prescribed it in ten-grain doses. The officinal dose is from one to two grains, which is as a rule so useless that the preparation has been stigmatized as the "oxalate of mud." As a general practitioner of seven years standing, very many cases of pregnant-sickness have naturally come under my care, and up to the present time I have not met with a case in which the nausea has not been very considerably relieved, and in most cases completely checked by ten-grain doses of the oxalate of cerium. I have at the time of writing this a lady under my care, who from the fourth week of her pregnancy till now, the eighth month, has suffered at intervals from this distressing symptom, but whose sickness has been invariably checked by from two to three days' administration of the oxalate in the dose I have mentioned. In severe cases I give it every four hours for the first day, beginning the first dose half an hour before the patient rises, and then, as improvement takes place, diminishing it to three times a day, but always giving the first dose of the day before the patient moves from the horizontal position—a point to which I attach much importance. The formula I employ is:

℞. Cerii oxalatis, grs. x.; pulv. trag. co., grs. x.; tre. aurantii, ʒss.; aquam ad. ʒi. M.f.m.

In Dr. Frowert's case, he prescribed  $1\frac{1}{2}$  grain doses, which were not followed by the slightest remission of symptoms. I hold that this want of good result was from the insufficiency of the dose.

The oxalate of cerium I have also found most efficacious in restraining the nausea resulting from uterine irritation. I generally combine it with bromide of potash in these cases, but have found it succeed in combination where the previous employment of the latter drug by itself has been without appreciable effect.—*Practitioner, June, 1878, p. 401.*

## CHRY SOPH ANIC ACID IN PSORIASIS: NOTES OF SIX CASES IN WHICH IT WAS EMPLOYED.

By Dr. J. C. OGILVIE WILL, Surgeon to, and Lecturer on Clinical Surgery at, the Aberdeen Royal Infirmary.

The results obtained in the following cases of psoriasis from the use of chrysophanic acid ointment have produced so strong an impression upon my mind regarding the efficacy of this mode of treatment, that I gladly comply with a wish expressed to me by Mr. Balmanno Squire that I should lay the particulars of them before the profession. Five of the cases were treated in my wards

in the Aberdeen Royal Infirmary, the sixth was a private one. The effects of the remedy were watched with great interest by a large body of students, and I had also the pleasure of showing some of the patients to several brother practitioners, who all expressed themselves as feeling gratified with, and not a little astonished at, the rapidity of the progress of the cases, and the excellence of the results attained.

*Case 1.*—J. W., aged fourteen, was admitted on April 25, 1877, suffering from psoriasis. The arms, thighs, and legs were covered with innumerable scaly patches, varying in size from a minute point to that of a shilling, and presenting the characteristic appearance of *P. punctata, guttata, and nummularis*, most marked on the extensor aspects, but also involving a considerable extent of the flexor aspects. His chest, abdomen, and back were very plentifully studded with nummular patches, and his scalp was in a similar condition. He complained of intense itchingness. On April 28, chrysophanic acid ointment—fifteen grains to an ounce of hot lard—was prescribed, directions being given that it should be well rubbed into the affected parts night and morning. Three days afterwards the scales were peeling off freely, and the itching had ceased. On May 3 the scaly patches had completely disappeared from the greater portion of the surfaces involved, and the infiltrated cutis was fast resuming its normal consistence. On May 8 the whole body was perfectly free from scales, and was dyed of a dusky purple colour; while the spots where the disease had existed presented a smooth, white, appearance, forming a marked contrast to the surrounding discoloured skin. The head was shaved on May 3, for the purpose of allowing the application of the ointment to the scalp; but the shaving caused so much irritation that the use of the acid was delayed until May 9, when it was applied, the effects on the eruption being similar to those seen after its application to the body. On May 10 the epidermis covering the unaffected portions of the body was found to be exfoliating, the whole surface being covered by fine furfuraceous scales; but after the use of warm baths, the skin speedily became perfectly normal in appearance, no trace of disease remaining. For the purpose of observation, the patient was kept in hospital for some time longer, and on one occasion it was deemed expedient to reapply the ointment to his back, which presented a somewhat suspicious appearance, but on June 4 he was dismissed with a perfectly healthy skin. As a precautionary measure, he was directed to take small doses of Fowler's solution for a few weeks.

*Case 2.*—J. B. (male), aged seventeen, became an inmate of the Aberdeen Infirmary in July, 1877. He was the subject of well marked nummular psoriasis of eighteen months duration. The patches were comparatively small in size, the largest being a little larger than a shilling; but they were abundant, the legs, arms, forearms, abdomen and back being freely studded with them. The pearly-white appearance of the heaped-up epidermic scales was

exceedingly well marked, but the thickening of the corium was less than usual. Chrysophanic ointment was prescribed. After the fifth application the scales were found to be much less firmly attached than before, and on the sixth day after treatment was commenced most of the scales had become completely detached, and those that remained were loose, and easily rubbed off by the use of slight friction. Two days afterwards the whole of the scales had disappeared, and the infiltration was much lessened. He was directed to have a warm bath, and to continue the ointment. In less than three weeks after the commencement of treatment, every trace had disappeared, his body presenting the usual appearance observed after the use of this remedy—viz., white circular and oval patches of perfectly supple skin occupying the points previously infiltrated and covered with scales, while the parts uninvaded by disease had assumed a prune juice colour from the effects of the acid upon the normal integument.

*Case 3.*—M. G. (female), aged seventeen, sent to my care by Dr. Brauder, admitted on October 26, 1877, suffering from *psoriasis diffusa*. She stated that she first observed the eruption on her knees about six months previously, the disease spreading rapidly, chiefly affecting the extremities.

*Condition on Admission.*—On the left leg the largest patch, situated right over the knee, measures  $3\frac{1}{2}$  inches in length by  $3\frac{1}{4}$  in breadth; it is plentifully covered with large, thick, pearly-white, firmly adherent scales, and the skin is much reddened and thickened. Immediately above the knee there are three patches about the size of a shilling, and all over the anterior aspects of the leg there are patches varying in size from small spots to that of a half-crown piece. Right leg: a large patch of irregular shape,  $3 \times 3\frac{1}{4}$  inches in size, over the knee, and another,  $3\frac{1}{4} \times 2\frac{1}{4}$  inches, below the patella; numerous patches of smaller size on front, sides, and calf. Left arm: over elbow long patch measuring  $5 \times 1\frac{1}{2}$  inches, and many smaller spots on arm, forearm, and hand. Right arm: on posterior and outer aspect of arm large patch measuring  $3\frac{1}{2}$  inches in length, and the same in breadth; another over elbow joint extending down forearm  $6 \times 2\frac{1}{2}$  inches in size, and another large one on the back of the hand. Many small patches scattered over the forearm. In all the larger patches redness and thickening of the corium excessive. Treatment was commenced on October 27 with chrysophanic ointment.

Nov. 1. Scales beginning to fall off from larger patches—lesser ones quite free from them. Nov. 3. Infiltration of smaller patches much lessened; still some scales adherent to larger ones. Unaffected skin dyed deep red colour. Nov. 6. All the scales have disappeared; infiltration much diminished. Nov. 10. Smaller patches beginning to assume characteristic white appearance; skin soft and pliable. Infiltration of larger patches disappearing, but still very manifest. Directed to have warm bath; strength of ointment to be increased to

twenty grains to the ounce. Nov. 19. Redness of patches quite dissipated; still some thickening. To have a bath. Dec. 1. No trace of eruption on any part of body. (For the notes of the above case I am indebted to Mr. G. Rae, M.A.)

*Case 4.*—A girl, aged twelve, who had been admitted suffering from ranula, was found to be affected by psoriasis, her legs, knees, and arms being plentifully covered with small scaly patches. Duration unknown. Chrysophanic ointment was prescribed, and was applied night and morning for ten days, when the disease had completely disappeared, and the patient was dismissed from hospital.

*Case 5.*—C. D., (female), aged thirteen, recommended by Dr. Brander, suffering from *P. nummularis*, especially affecting the knees and elbows, but also involving, to a considerable extent, the rest of the body. The disease had only been observed for six weeks, but was exceedingly well-marked. The patches varied in size from that of a mere point to that of a five-shilling piece; infiltration considerable, especially in the neighbourhood of the knees. The usual ointment was prescribed. Progress was exceedingly rapid, for at the end of a week all the scales had exfoliated, and the thickening had much abated; and at the end of three weeks she was discharged from hospital quite well, the whole skin being perfectly normal in appearance and consistence.

*Case 6.*—A. G., grocer's assistant, aged twenty-two, consulted me on November 13, 1877, concerning psoriasis, from which he had suffered for many years. When stripped the parts found to be most affected were the front of the legs, upper part of thorax, and fore-arms, where many patches varying in size and shape, but mostly about the size of a half-crown piece, and circular in outline, were observed. The face and neck and the dorsal aspects of the hands and wrists were studded with smaller spots; and these spots, from the prominent situations they occupied, gave the patient much annoyance. Nummular patches were also found on the abdomen, back and other parts. The scalp was also affected. There was much thickening of the skin, but very little redness.

Chrysophanic ointment—twenty grains to the ounce—was prescribed. This was freely rubbed into the whole body night and morning. The scales speedily became partially detached, and soon commenced to exfoliate; but after the ointment had been used for ten days, considerable inflammatory redness of the skin, accompanied by heat and tingling, set in. These symptoms were specially noticeable in the axillæ and groins, where the skin was very much inflamed, and markedly hotter to feel than normal. The skin covering the front of the chest and abdomen was also hot, red, and tender. The other parts of the body were deeply tinged with the acid—the face being dark brown—but they were not irritated. He was directed to take a warm bath, to discontinue the use of the application to the parts most affected by redness, to apply the ointment carefully to each diseased patch, and

to avoid inunction of the surrounding skin. The heat and tingling were much relieved by the bath, and in the course of a few days the inflammation subsided. This was followed by complete exfoliation of the epidermis covering those parts of the body where the dermatitis had existed, the epidermis peeling off in large thin flakes; and the same process took place on his face, but it was slower, and the exfoliation was furfureaceous in character. At the end of three weeks from the commencement of treatment nearly every trace of disease had disappeared; the small spots on the wrists were the most obstinate, for at this period (Dec. 3), although the infiltration of the larger patches was completely dissipated, a very slight degree of undue thickening was still discernible at the points referred to.

On December 3, when the patient last presented himself, no trace of disease remained on those parts to which the remedy had been applied. He was enjoined to take arsenic as a prophylactic, and for the cure of the patches on his scalp to which the ointment had not been applied, for as he was on the eve of sailing for a foreign country he was unable to carry out the treatment of the *psoriasis capitis*, as I declined to allow him to apply the ointment to his head without the hair being first removed.

It will, I think, be allowed by all that the mode of treatment adopted in the foregoing cases was rapid in its effects, and satisfactory in its results; I therefore consider it unnecessary to occupy space with remarks on the progress of the cases, more especially as I have in the more aggravated ones given the details both as regards the extent of the disease and the effects produced by treatment at considerable length. One point, however, seems to me to be deserving of special notice—viz., the strength of the ointment employed, as it may be observed that instead of thirty grains to the ounce (the most usual strength prescribed), half that quantity of the acid was found sufficient. This is a matter of some moment, as the remedy is a somewhat expensive one, and when used in a concentrated form it is extremely irritating, especially to some skins, as was shown by A. G.'s case, where a somewhat stronger preparation was employed; as the weaker ointment seems to be all-sufficient, it should receive the preference, increasing the proportions of the acid should any case be so aggravated and obstinate as to call for that procedure.

Regarding the lastingness of the cure, I am unable to supply any data, but of its permanence I am somewhat sceptical, for experience has shown that, even in cases treated by internal remedies, such as arsenic, unless the medicine be continued for a long period after every vestige of eruption has disappeared, a relapse is certain. If even only temporary, still the gain is a great one, for we are now in a position to ensure any patient suffering from psoriasis a certain freedom from the eruption in the short space of a few weeks, and that too without the danger of inducing arsenical, phosphoric, or carbolic toxæmia, while the recurrence of the disease may be prevented by the exhibition of small, non-toxic,



but long-continued doses of arsenic.

There are, however, certain disadvantages attending the use of chrysophanic acid (two of which were brought forward as arguments against its employment at a recent meeting of the Clinical Society of London), and which may now be briefly noticed—viz., (1st) its irritant action upon the skin; (2d) the staining of the skin; (3d) the dyeing of the bedclothes.

The first objection has been already mentioned, and I fail to see that it is more tenable in the case of chrysophanic acid than in that of any other medical irritant. In only one of the six cases narrated did any inflammatory trouble arise from the effects of the acid, and although I have employed it in a large number of cases of *Tinea circinata*, in no case has the acid occasioned any inflammation of the skin, and I feel satisfied that, unless in very exceptional cases, the occurrence of any undue degree of dermatitis can be readily averted by commencing with a weak ointment as already suggested.

The second drawback—the staining of the skin—is not so easily disposed of, for no method of extracting the dye from the epidermis has yet been devised; but I have not found even in private practice that this was regarded by the patients as a serious objection, for, as the curative effects of the agent were so manifest, the one point more than counterbalanced the other. The shedding of the epidermis, when assisted by warm baths, is not a protracted process, and at its conclusion the skin will be found to be purer in colour than before the commencement of treatment.

The third objection—the discoloration of any article of clothing with which the acid comes in contact—must fall to the ground, now that we know how to remove the stains; but when first employing Goa powder, from which chrysophanic acid is derived, and which is equally powerful as a dye, this objection seemed to me to be a somewhat serious one, for the matron of the infirmary complained to me that not only were the bedclothes belonging to the bed in which the patient slept deeply stained of a purple colour, but that nearly all the bedclothes in the ward were in a similar condition. On enquiry I discovered that this arose from the fact that the patient—a young lad suffering from favus—had a strange proclivity for standing on his head on the beds of the other patients. It is needless to say that his acrobatic performances were very soon put a stop to, and since that time we have always employed the same bedclothing for each fresh case, the articles being rendered practically, though perhaps not esthetically, pure before the reception of the new occupant. The necessity for such conservative measures does not now exist, for Mr. Balmanno Squire has recently informed me that by the careful use of bleaching powder the stains can be readily got rid of, and thus the third objection has been satisfactorily overcome.

In bringing my remarks to a conclusion I would say that, from a not inconsiderable experience of the various modes hitherto employed for the treatment

of psoriasis, I feel justified in asserting that by no other method can such certain and speedy results be attained as by chrysophanic acid; and as I accept without reserve Mr. Balmanno Squire's statement, that "the efficacy of chrysophanic acid in psoriasis is certainly one of the most astonishing facts in modern therapeutics," I cannot but think that this ready method of treating a notoriously intractable disease must ere long receive the approval of all unprejudiced observers.—*Practitioner*, June, 1878, p. 415.

#### TREATMENT OF ACUTE RHEUMATISM BY SALICYLATE OF SODA.

By Dr. Seymour John Sharkey, Resident Assistant Physician to St. Thomas' Hospital.

Some cases were treated with salicin, some with salicylic acid; but in the great majority salicylate of soda was employed; for the latter not only has the advantage of being readily soluble in water, but it seems also to be more effectual than the other two. At first 30 grains every two or three hours was the quantity prescribed; but latterly 20 grains repeated at the same intervals have been found to answer the purpose equally well, and to be capable of being taken with less chance of unpleasant results. Smaller quantities than these, however, are rarely effectual in the adult.

When the drug is given in these quantities the first result usually is diminution of pain, and so rapid is this that it often follows the first or second dose. With it the temperature also is reduced, and there is profuse perspiration. The patient generally complains too of deafness and noises in the ears. These effects are pretty constant, and may be accompanied by nausea or even vomiting, so that the medicine has to be stopped; the latter, however, is rather an exceptional occurrence. The swelling and redness leave the joints much less rapidly than the pain, and the tongue often remains furred long after the patient feels quite comfortable, and is almost free from fever.

Salicin has the advantage of producing to a far less extent, and often not at all, the unpleasant phenomena which are pretty constant when salicylate of soda is given; but its power of reducing the temperature seems to be much smaller than that of the salicylate, even when given in the same quantities.

A not at all uncommon accompaniment of the internal use of salicylate of soda is a profuse military eruption, which very often becomes pustular. Sometimes vesicles of a considerable size, filled with pus, are distributed over the body, and even a succession of very troublesome pustules may result. The greater frequency of the military eruption when this treatment is employed, and its greater proneness to suppuration, make it probable that it is in some way due to the salicylate, especially when we remember what profuse diaphoresis is produced by the drug. In one case a general erythema preceded the military eruption, and in another urticaria occurred, but I have only seen one case of each.

In some cases the drug seems to affect the nervous system more especially, and delirium may be very rapidly produced. In other cases nervous symptoms do not supervene until a considerable quantity of the salicylate has been taken. Rapidly supervening delirium is not so common as that produced after a while, and when it does occur it is often exceedingly violent. A curious circumstance is that if, in such a case, the medicine be stopped until the delirium has passed off, and be then again administered, the patient sometimes takes it without any recurrence of cerebral symptoms.

The delirium which occurs after a considerable quantity of the drug has been taken may, or may not, be violent; it is generally preceded and accompanied by great restlessness, rapid breathing, and dryness of the tongue. The patient dreams, and has varied hallucinations. One patient, for instance, thought he left the hospital and had gone to a theatre, where he saw duelling going on and people advancing to kill him, and the entrance to the ward appeared like a lighted tunnel. Still, however unpleasant the immediate consequences of the administration of the drug to patients who take it badly, these all rapidly subside after it is left off, and no permanent injury is done.

It is at present impossible to distinguish those cases who are likely to take the medicine with rapidly good effect, and without any unpleasant results, from those who are intolerant of it. But it may be stated that persons in great pain, and with high fever, and in whom there is not, when the treatment is commenced, any complication, are, as a rule, the most favorable cases for it. Still, slight complications, whether cardiac or pulmonary, should not preclude the treatment by salicylate of soda. Indeed, cases occur in which the drug produces rapid relief of the pain and joint affection, and no unpleasant symptoms whatever, notwithstanding the presence of pretty serious complications. Usually, however, the drug seems to have very little effect in modifying the course of cardiac or pulmonary affections occurring in acute rheumatism, although it may reduce the temperature in spite of them.

A girl of eighteen, for instance, had been in the hospital under Dr. Murchison for five days, with a temperature which ranged generally from  $101^{\circ}$  to  $103^{\circ}$ . Salicylate of soda was then given, which reduced the temperature to  $97.8^{\circ}$  in about fourteen hours. The medicine was then stopped, and on the third day from that time an acute pneumonia of the right lung, pericarditis, and pleurisy on the left side made their appearance. Twelve hours after these complications were discovered the temperature was still  $98.6^{\circ}$ , and in twelve hours more the girl died with her temperature below  $100^{\circ}$ , but with a pustular military eruption, pericarditis, left pleurisy, and consolidation of a large part of the right lung.

When the treatment is commenced before any secondary affections have made their appearance, the probabilities of their doing so are, of course, very greatly diminished, but they are not even under such circumstances necessarily prevented, for both cardiac

and pulmonary diseases have arisen in several cases while the system was saturated with salicylate of soda.

The question of the production of albuminuria by the salicylate is one which has received some attention, and it has even been suggested that the delirium may be due to this cause. There is no doubt that occasionally albumen makes its appearance in the urine after the treatment has been commenced; but the facts—that in the great majority of cases it does not do so; that in many cases in which albumen is present before the drug is given it disappears during its administration; and, finally, that albumen is frequently present in the urine of rheumatic patients with high temperature before any treatment whatever has been applied—go far to prove that the albuminuria ordinarily has nothing to do with the medicine.

It is only recently that I have been carefully observing the occurrence of albuminuria in cases of rheumatic fever with a view to determine how far it is a result of the treatment by salicylate of soda. Out of ten cases in which albumen was present, seven had it before the drug was administered, and it disappeared in all these while the urine still gave a strong reaction with the perchloride of iron. In the eighth case the urine was not tested for albumen before the medicine was given, but albumen was found in it and disappeared from it while it still contained the salicylate. In the remaining two cases the urine contained no albumen before the treatment was commenced, but it made its appearance afterwards, and again disappeared while the urine still contained the drug.

At any rate it can be stated with certainty that salicylate of soda, when given in the ordinary doses, never produces permanent albuminuria. That the delirium is not due to albuminuria is equally certain, for in many cases, if not in most, there is no albumen present during the period of delirium. It seems, indeed, probable from the experience of this hospital, that the presence of a small quantity of albumen in the urine should be no objection to the treatment by salicylate of soda, as the latter is just as effectual in such cases, and is not more likely to be attended with unpleasant results than in those in which the urine is free from albumen.

The delirium is probably due to the action of the salicylic acid on the brain itself. Of nine cases of delirium occurring during the administration of the drug, of which I have notes, two had neither albuminuria nor complications; two had a very small amount of albumen in the urine and no complications; two had no albuminuria, but had complications; two had no albuminuria, and the presence of complications at the time of the delirium was doubtful, while the remaining one had both albuminuria and complications.

It is, in fact, at present impossible to say in what class of cases delirium does occur, so varied is the condition of patients affected by it.

The liability to relapse after the salicylic treatment is considerable, especially when the drug is

suddenly stopped. But if it be continued in much smaller quantities for some time after the temperature is normal, this liability is very greatly diminished.

A very curious train of symptoms occurred in three cases of acute rheumatism, which were being treated with salicylate of soda, viz., a very high temperature, accompanied by great restlessness and delirium. In one case these occurred immediately after stopping the drug, and in the other two while the patients were still taking it. In one of these cases there was a considerable quantity of albumen in the urine before the treatment was commenced, but no other complications; in another there was no albuminuria, but a mitral systolic murmur, and in the last there was a trace of albumen, but no other complications. The only character which these cases had in common besides those mentioned above was the presence of a profuse miliary eruption, which became pustular. In one case the temperature rose to 106.4°, in the second to 106°, and in the third to 105.4°. In each case a graduated cold bath was given, which not only reduced the temperature to normal (though it rose again to a considerable height), but also put a stop to the delirium, restlessness, and insomnia. All three cases got well pretty rapidly afterwards.

As regards the effect of salicylate of soda on the amount of urine passed, I have not been able to come to any definite conclusion. It seems, however, often to diminish it considerably, and also the total quantity of urea. The percentage of urea, too, is affected in the same way, but to a much smaller extent.

Any one who has seen many cases of acute rheumatism treated by salicylate of soda must, I think, allow that its discovery as a cure for that disease is a triumph of empirical therapeutics which has probably had but few parallels in the history of medicine. It has now had a fair and extensive trial, and to say that it far excels any other method of treatment would be to give the drug but scanty praise. It may rather be said that until the application of salicin and its compounds to the treatment of rheumatic fever, there was no drug which could be relied upon to shorten, to any great extent, its tedious course. Now, however, making due allowance for cases of failure, which do undoubtedly occur, not only can cessation of the primary phenomena of the disease—pain and fever—be rapidly secured, but we likewise have good grounds for hope that, owing to the remarkable power which the drug possesses of curtailing the duration of the disease, those secondary affections of the heart which make acute rheumatism so serious may be greatly diminished in number and intensity.—*St. Thomas' Hospital Reports*, 1878, p. 75.

#### LOTION FOR SORE NIPPLES.

R. Powdered borax, ʒ ij; powdered chalk, ʒ i; spirits of wine, ʒ ij; water, ʒ ij. Mix.—*Practitioner*.

#### ERGOTINE IN HÆMOPTYSIS.

The sovereign remedy against hæmoptysis is ergotine, says a foreign physician, which, as is well known, excites the vaso-constrictors. A solution in glycerine (1:10) is better than a solution in water, as after long standing it shows but little sediment and no fungi. After the injection the spot injected becomes very sensitive, with some heat, followed by redness, which disappears in eight or ten hours. If the patient is much excited, or has much cough, the author is accustomed to precede the ergotine injection with one of morphia, or to give them both at once but in different places. In this way, the patient becoming quiet in mind and body, the ergotine has a better chance to act.—*Med. and Surg. Reporter*.

#### OPENING THE ABDOMEN TO RELIEVE INTESTINAL OBSTRUCTION.

In a discussion on this subject, Mr. Teale, an eminent London surgeon, said: "I must confess to having myself a strong bearing toward the operation, on the grounds both of theory and experience. I have six times opened the abdomen in apparently hopeless cases of obstruction of the bowels, and I do not consider that in any one of them the chance of recovery was taken away by the operation. The operation is justified on two cardinal grounds: 1, that the simple opening of the peritoneal cavity, in order to search for the cause of obstruction, is not of itself a dangerous operation; 2, that there are many cases of obstruction of the bowels which must prove fatal, unless relief can be given, which can only be rightly directed by means of exploration of the abdominal cavity. As to the harmlessness of opening the peritoneal cavity, I need hardly remind you how constantly this is done in operations for hernia."—*Med. and Surg. Reporter*.

#### CEREBRAL APOPLEXY—HYPODERMIC OF ERGOTINE.

Dr. N. S. Foster observes that the utility of the subcutaneous injection for the exhibition of the active principle of ergot, on account of the rapidity and comparative certainty of its action, has been most successfully demonstrated in cases of post-partum hemorrhage. From the explanation given of its inducing contraction of the smaller arteries, and from the facility of its administration, and specially in cases where swallowing was very difficult, he was led to use it in cases of cerebral apoplexy, and also of hæmoptysis. He records two cases, in each of which the patient was attacked with symptoms characteristic of an apoplectic lesion, the coma gradually deepening. On the injection of ergotine in the arm the comatose state became stationary, and the grave symptoms rapidly passed off.—*Lancet*.

## PURULENT OPHTHALMIA OF INFANTS.

Dr. Luton, of Rheims, states that the tincture of iodine in distilled cherry-laurel water is a far more efficacious and innocuous means of treatment than the nitrate of silver. One gramme of the tincture may be added to twenty grammes of the water of medium strength, (20°), and produces a collyrium the color of pale brandy. Some of this should be dropped into the eye four or five times a day, external lotions being also abundantly employed. It has proved rapidly successful at the Hotel-Dieu of Rheims.—*Revue Med.*

## STAMMERING.

Dr. Wm. B. Hammond (*The Voice*, No. 3) gives his method of self-treatment of this annoying affection. He considers it a functional disorder of that part of the brain which presides over the faculty of speech. Having himself been a sufferer, he is able to speak as one having authority. We give his method in his own words:

"If the attention of the stammerer can be diverted from himself and his articulation, he will often speak to others as calmly and as perfectly as he does to himself when alone.

Now, there are various ways of accomplishing this object, but the one that I found most effectual was the performance of some slight muscular action synchronously with the articulation of the difficult syllables. The words that troubled me most were those that began with the *explosive* consonants—those that require the sudden opening of the lips for their enunciation—*b*, *p* and *t*. I could no more have repeated the alliterative lines, 'Peter Piper picked a peck of pickled peppers,' etc., to other persons without stammering, than I could have walked to the moon, though perfectly able to say the whole piece through without a flaw when speaking alone. With each troublesome word, especially with one beginning a sentence, I made some slight motion with the hand or foot, or even with a single finger, and I found that this plan enabled me to get the word out without stammering. With the enunciation of 'Peter,' for instance, I would tap the side of my body with the hand just as I opened my lips, and the word was articulated without the least halting.

In the procedure, the attention is diverted from the effort to speak to the performance of the muscular action mentioned, and hence the speech becomes more automatic than it is with stammerers generally. And this is the only system of curing stammering. It consists in efforts to render the speech automatic. No orator thinks of his articulation when he is making a speech; no one in ordinary conversation thinks whether or not he will be able to pronounce a certain word, or to acquit himself well in the management of his tongue and lips. His mind is concerned with his thoughts, with what he is going

to say—not with the manner in which he will articulate, and the more thoroughly we can succeed in bringing stammerers into the same way of procedure, the more successful will we be in our efforts to cure them."

He followed this method about two years before the cure was accomplished, and has succeeded in curing several of his young friends by recommending it to them. Sometimes it has failed, as all other plans sometimes fail. In some cases probably from want of perseverance in carrying out the plan.

## CONSTIPATION.

In constipation due to inertia and deficient secretion of the bowels:

R

Ext. nucis vom .....gr. vi.

Ext. belladonnæ.....gr. iiii.

Pulv. ipecac.....gr. xii.

Ext. colocynth.....co. gr. xxxvi.

Mix. Div. in pil. no. xii.

Sig.—one at bedtime.

—*N. Y. Medical and Surgical Brief*

## ERGOTINE IN ACUTE OPHTHALMIA.

Dr. Planat, of Nice, has found ergotine act with efficacy and promptitude in proportion as oculo-palpebral phlegmasiæ are simply inflammatory. In blepharo-conjunctivitis the improvement is first observed in the conjunctiva; and in keratitis, although still very active, it is a degree less so than in the more superficial affections. It is also of great service in iritis, rapidly subduing the acute manifestations, and preventing their extension to the external membranes of the eye. When these last are the seat of a chronic fluxion dependent on a scrofulous or dartsious diathesis, ergotine, without influencing the constitutional affection, acts none the less efficiently on the inflammatory element—a fact of importance, as by generally preserving the eye from plastic deposits, corneal ulcers, and consecutive staphylomas, it allows of the treatment for the diathesis being more promptly put into force. The formula which Dr. Planat recommends is from one to one-and-a-half gramme of ergotine in twenty of glycerine or rose water, of which from eight to ten drops are to be inserted in the eye every two hours. Where there is violent inflammation of the eyelids or distention of the conjunctiva, a rag wetted in this mixture should be left on the parts for some hours. In general, two or three days suffice for the subdual of the most intense blepharo-conjunctivitis. Dr. Planat has employed the ergotine in this way, with invariable success, for several years past.—*Jour. de Thérap.*

## THERAPEUTICAL NOTES.

## TINCTURE OF WALNUTS IN IRRITABLE STOMACH.

For the treatment of obstinate vomiting and irritable stomach, Dr. E. Mackay recommends, in the *Practitioner*, a tincture of walnuts, prepared as follows:—

Fresh walnuts,	30 oz.
Rectified alcohol,	12 oz.
Water,	q. s.
Distill 16 oz.	

The dose is a teaspoonful.

In the vomiting of pregnancy it is said to be quite efficacious.

## CHRONIC GRANULAR PHARYNGITIS.

Dr. Mandl, of Paris, eminent as a specialist in diseases of the throat, uses the following in chronic pharyngitis:—

R. Carbolic acid,	0.10 Gm.
Iodine,	
Iodide of potassium, aa.	0.20
Glycerine,	0.10

Mix for a lotion.

This is applied by means of a brush, several times a day.

## THE CANADA MEDICAL RECORD,

A Monthly Journal of Medicine and Pharmacy.

EDITOR:

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

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MONTREAL, MARCH, 1879.

## INQUESTS.

Inquests, especially as conducted in the city of Montreal, have become a by-word and a reproach. We are led to make this assertion from the well-known fact that, in the majority of instances, the true cause of death is never ascertained. Disease of the heart, or some such stock verdict, is the usual result, often based upon the random opinion of the medical witness, who, not being permitted to make a post-mortem examination, resorts to guessing. In most cases only this evidence is required, as there are no suspicious circumstances to point to other than natural causes effecting death. Very often, however, the circumstances are such that blame should be attached somewhere, but the evidence is either overlooked or suppressed. In one instance, to our knowledge, a verdict of accidental death was

rendered, death being due to a severe railway injury. The individual was inebriated at the time, and recklessly attempted to board a moving train. No blame could be attached to the Company; but from the fact that he had been in a state of intoxication for some time, why was it not ascertained who sold him liquor while in such a state? It was known that he did get it, but this was suppressed because the family did not wish it made public for fear of being disgraced. Now, that inquest was simply a farce; the verdict of these twelve jurors, so far as the real facts were concerned, might have been dispensed with. Generally the Coroner makes some previous investigation, and it is his duty to bring before his court all the evidence that can be obtained. With non-influential juries the verdict is practically in his hands, and only the medical witness is examined. It would be better to leave it altogether in the hands of a competent Coroner and such witness than to have the expense of an inquest and the barren result usually obtained. In such a case it would lie with them to decide whether a more searching investigation should be held, and should circumstances so demand it, to call together a jury, make a thorough post-mortem examination, and base the verdict upon something more than a guess. As a rule, juries are composed of friends of the deceased, and very often are actuated by prejudice or sympathy in suppressing facts which would reveal the true cause, but which might reflect upon the dead. More than one verdict has thus been governed. In one instance, where the gentlemen forming the jury were influential members of the community, the Coroner lost all control of his court, important witnesses were allowed to be snubbed, and the whole investigation was burked. The deceased was found under somewhat extraordinary circumstances, the presumable cause of death an overdose of morphia. The post-mortem conditions were such as would be found after death by this narcotic, and the substance itself was found in the stomach of the deceased, yet a verdict was rendered which belied the facts, and was anything but creditable to the intelligence of the men who gave it. Did the Coroner do his duty in this case? If so, why was it omitted to investigate the habits of deceased, to find out whether he habitually used the drug; from what druggist was the morphia found in the stomach obtained; in what quantity, and by whose order? If the morphia was obtained without an order, the druggist was criminally to blame, as the statute expressly states how poisons shall be sold,

and imposes a severe penalty for infringement. The Coroner is aware of this, but it apparently suited his interests best to conveniently forget it for the time, and, as in other matters, rise superior to all the laws in existence. That poisons are freely sold over druggists' counters without the caution prescribed we have personally witnessed, and they will continue to be thus sold until we have a Coroner who will not neglect the opportunity of convicting these parties for thus violating the law. An instance of this practice has just occurred to us: A gentleman who for some time has shown symptoms of cerebral disease with slight aberration of mind, and suffering from considerable pain and want of sleep, obtained from different druggists remedies for the purpose of obtaining rest. We have now before us a row of the remedies thus bought: a bottle of pills of opium and camphor; twelve papers, each containing a quarter of a grain of morphia; and solutions, one of which is labeled morphia, with the name of the druggist and dose to be taken. These were placed in our hands as the party was afraid he would be driven by his pain to kill himself. Comment on such practices is unnecessary, but it is openly done, there being no example ever made of these offenders.

Again, the manner in which the medical witnesses were treated in the case referred to showed the Coroner's lack of capacity as a fit person to preside in such a court. It must be presumed that all medical men are capable of making a chemical analysis of the contents of the stomach or other organs, yet it is plain that some are more specially fitted by tastes and pursuits to perform this work. In this case one of the analysts was thoroughly competent, but the jury were afraid to allow him to express his opinion as it might clash with their wishes. Whether competent or not, all medical men are held by law to be competent as experts, and it was in no way the business of the jury to criticize either the ability or honesty of such witnesses. Unfortunately medical witnesses are themselves to blame, and sometimes lay themselves open to attack. In this connection we might refer to another case, where the zeal of the medical witnesses to blame somebody caused them to be too certain in their conclusions, for it was stated under oath that a certain bottle contained enough poison in the dose prescribed to produce death. This was a bold statement unless it had been tested, for how otherwise could they or any body else tell the possible amount of morphia, or if any, in a solution by merely looking at it? Great carelessness was also shown in not properly sealing the bottle

when it came into their possession; this fact is sufficient to set aside all subsequent chemical analysis. We also learn that an ordinary dose of morphia is quite sufficient to cause such profound symptoms and death. Such positive evidence lowers the value of medical opinions, and makes them appear as other than impartial. We have no doubt that the experience of others will confirm these remarks, that in cases most requiring it the whole truth is seldom elicited, often suppressed, and blame is escaped from where it is most deserved. The fault lies with the Coroner, who, in spite of the great experience which it might be supposed he had acquired, does not fulfil adequately the duties of the office. As no pleading is allowed at an inquest, he, by virtue of his authority, is both judge and advocate in his court. Very few jurymen know any thing of the modes of investigation, rights of witnesses, or their own functions. They look to him for that instruction and guidance, which his experience in such matters fits him to give, both in regard to legal points and to the evidence required. Our verdict is, that he fails in every respect but one—the collection of his fees. Since writing the above, we learn that an Associate Coroner has been appointed, but who has no jurisdiction in the city, so the matter is not mended. We had hopes that a new Coroner for Montreal would have been appointed, and consider that the office should be held, as in Ontario and elsewhere, by a medical man. His training and observation fits him to carry out such investigations, and we trust that the time will come when such appointments will be made on the ground of qualification, and not political friendship or convictions.

#### EXTRACT OF MALT IN BRITAIN.

Commenting upon the fact that Malt Extract is steadily increasing in favor for diseases involving impaired nutrition, the London *Lancet* calls attention to the great care required in its preparation, as it is easy, in making it, to destroy its activity as a starch converter. The *Lancet*, referring to the Trommer preparation, says: "We find that this Extract converts starch into glucose and dextrine rapidly and in large quantity. In flavor it is excellent, and we have, therefore, no hesitation in praising it highly." This is strong testimony in proof of the claim of the Trommer Company as to the care exercised in their manufacture. Pioneers in this field in America, their long experience has enabled them to overcome all difficulties so com-

pletely that they now guarantee absolutely the reliability of their preparation in all its combinations. The value of this agent has been fully appreciated by the profession in Canada, and we are daily in receipt of testimony as to its extraordinary efficacy in cases of phthisis, dyspepsia, and in all cases of mal-nutrition. Our own experience in like cases has been equally favorable and convincing.

#### THE BELMONT RETREAT, QUEBEC.

We have much pleasure in publishing and endorsing the following remarks of a correspondent regarding this important institution: "I feel assured that the high esteem in which this institution is held by the profession is fully warranted. The building is well adapted for the purpose, admirably situated, in the centre of a delightful park—and controlled by a gentleman who has made a life-long study of Dipsomania. One of the leading members of the profession is retained as attending physician, and every attention is paid to the health, comfort and restoration of patients. All the leading papers are taken in by the Manager, and various amusements provided for the entertainment of residents of the Retreat. Here are combined, with the main and beneficent purpose of the institution, the refinement and privacy of home, elements largely conducive to the result obtained in most cases—absolute cure. Dr. Wakeham is always willing to answer enquiries very fully, and I can testify, from experience, that he is a most generous host to such as visit him in his cosy home."

#### PERSONAL.

Dr. Yates, of Kingston, has returned from Bermuda. We are glad to hear that his health has greatly improved.

It is with deepest regret that we announce the death of Dr. John M. Woodworth, Surgeon-General of United States Marine Hospital service, which took place at Washington on March 14th. It is hard to realize that the labors of so active a worker are at an end.

#### APPOINTMENTS.

Hugh Ross, of the Village of Bridgen, Esquire, M.D., to be an Associate Coroner in and for the County of Lambton.

David William Ferrier, of the Village of Brougham, Esquire, M.D., to be an Associate Coroner in and for the County of Ontario.

Robert Clinton Young, M.D., to be an Associate Coroner in and for the County of Kent.

Drs. Mullen and O'Neil have been elected attending physicians to the Hamilton City Hospital; Dr. Macdonald has been appointed consulting physician.

#### CURRENT LITERATURE.

*Neurological Contributions.* By WILLIAM A. HAMMOND, M.D., Professor of Diseases of the Mind and Nervous System in the University of New York, etc. Assisted by W. J. MORTON, M.D., Assistant to the Chair of Diseases of the Mind and Nervous System in the University of New York, etc.

With the above title it is proposed to issue a publication consisting of: 1. Memoirs, by Dr. HAMMOND, on important subjects connected with the mind and nervous system in health and disease; including reform in the management of lunatic asylums. 2. Reports of interesting cases occurring in private practice. 3. Reports of the clinic for diseases of the nervous system at the University of New York, prepared by Dr. MORTON. 4. Short notices of the more important publications relating to the nervous system. Each number will consist of at least 96 pages, and will be printed on extra heavy paper in the best style of typography. Illustrations by wood-cuts, lithographs, photographs, etc., will be freely used whenever necessary. Each number will be complete in itself, and will be sold at the uniform price of \$1.00, payable on delivery.

Subscribers residing at places where it will not be convenient to deliver by agent may remit directly to the publishers, and will receive the number ordered by return mail; or they may, if they prefer, pay at once for the four numbers constituting the volume to be issued in 1879. In all other cases payment only to be made on delivery of each number. The first number will be issued in March. Orders and subscribers' names will be received by the publishers, G. P. PUTNAM'S SONS, 182 Fifth Avenue, New York.

#### MEDICO-CHIRURGICAL SOCIETY.

MONTREAL, Feb. 21, 1879.

A regular meeting of the above Society was held this evening, in the Library of the Natural History Society's Rooms. The President, Dr. Henry Howard, in the chair.

There were present: Drs. Henry Howard, Ross, Kerry, Molson, Buller, Rodger, Trenholme, Baynes, Gardner, Osler, Oakley, Bell, Armstrong, Kennedy, Hingston, Proudfoot, Alloway, Perrigo, Ritchie, Roddick, and Edwards.

The minutes of last regular meeting were read and approved.

The following pathological specimens were presented:

Dr. OSLER exhibited a specimen of perihepatitis with cirrhosis, taken from a patient of Dr. F. W. Campbell's. The man had suffered for some years with obscure symptoms of disease of the liver. Death took place from hæmatemesis.

At the autopsy about half-a-pailful of fluid was removed from abdominal cavity, the entire peritoneum was thick and opaque, particularly in the pelvis and in the lateral parts. The intestines were not adherent, but the omentum, transverse colon and stomach were matted together. The liver presented a very remarkable appearance, being covered with an opaque white fibrous capsule, over a quarter of an inch in thickness, investing the whole organ except the attached posterior border. It could be easily removed, peeling off and exposing roughened nodular surface of the liver, which was in a state of advanced cirrhosis, diminished in size and excessively firm. The spleen was enlarged and its capsule thickened. Dr. Osler remarked that perihepatitis was a condition sometimes met with in toppers, accompanying cirrhosis, and the question which was the primary affection in such a case was difficult to determine. There could be no doubt that the constricting influence of such a sheath of fibrous tissue was very considerable; the pitted appearance of the under surface, corresponding to the hob-nailed projections, showed how close it fitted to the substance. The chronic peritonitis in these cases is supposed to be an extension from the perihepatitis. In the experience of Guy's men in these cases, when tapping is resorted to a fatal issue not unfrequently follows from acute peritonitis.

The 3rd specimen was one of xanthelasma presented by Dr. Buller. Some sections of patches recently removed from the eyelids of a middle aged lady were placed under the microscope. Dr. Buller remarked that the disease was essentially benign in its nature,

but no benefit can be derived from any treatment except excision of the affected portions of skin, and this need only be resorted to when the yellow discoloration causes notable disfigurement.

In this case the disfigurement was very considerable. The skin of the right upper eyelid near its inner extremity presented a distinctly elevated bright yellow patch, of more than half an inch in length and nearly an equal width. It had existed for five or six years. At a corresponding part of the lower lid of the same eye was a smaller patch of more recent origin but less conspicuous. The upper lid of the left eye presented a long, narrow, somewhat elevated and sharply defined yellow band, almost symmetrically placed with that of the other eye, and several small isolated rounded masses resembling miliaria excepting in size and color. Each growth was excised with forceps and scissors, and the edges of the gaping wounds stitched accurately together with fine silk. The result has been perfectly satisfactory.

This affection has often been found to occur in connection with disease of the liver, and it has been remarked that the subjects of it are apt to have suffered a good deal from sick-headache. In this case there was no such history.

If the cause of the affection is obscure it cannot on the other hand be said that its pathology has been satisfactorily determined. Different observers are much at variance in their accounts of the microscopical character of these little growths. Virchow and others find the morbid growths to consist in a hyperplasia of connective tissues with localized fatty deposits. More recently Geber and Simon have described the growth as containing nests of large yellow epithelium-like cells interspersed among the connective tissues of the corium, possessing the characters of the enchymatous cells of the sebaceous glands. They found some of these collections in close connection with the sebaceous glands, which latter were hypertrophied, and they infer from the specimens examined by them, that macular xanthoma consists essentially in a hyperplasia of sebaceous gland cells.

A glance at the specimens under the microscope would, in Dr. Buller's opinion, suffice to show that although there is a hyperplasia of connective tissue there are no deposits of fat. The yellow epithelial-like cells described by the last



named authors exist in abundance, but apparently almost uniformly distributed throughout the corium. They do not appear in any way connected with the sebaceous glands, and these seem to be in every respect normal. The yellow pigment in the cells is certainly not fat, for it is wholly unaltered by the action of ether.

Dr. OSLER read a paper on "Two Cases of Rare Kidney Tumors." He remarked that primary tumors were comparatively rare, but a peculiarity was the frequency with which they occurred in early life. In the majority of the cases reported the tumors have been cancerous in character; sarcoma—tumors consisting of normal or spindle cells, with but little intercellular substance—are scarcely mentioned in the pathologies.

The first case occurred in a child, nineteen months old, patient of Dr. Dugdale's. Death took place somewhat suddenly after an illness of ten to twelve hours, symptoms being chiefly gastric. Nothing abnormal was found in the organs except a tumor projecting from the cervix border of the left kidney, and which on section was found to occupy the greater part of the organ, forming a mass about the size of an orange. The substance of the tumor was made up of strands of tolerably firm tissue enclosing a softer material. The former were composed of spindle cells together with numerous elongated, transversely striped muscle fibres, without sarcolemma, and with central nuclei. The latter—the intervening softer material—was made up of round cells about the size of colorless blood corpuscles. The tumor is therefore a rounded sarcoma containing striped muscle fibres, a myoma strio-cellulare of Virchow, or rhabdomyoma of Yenker. Tumors containing muscle-fibres are pathological curiosities, only about twenty instances being on record, the majority in connection with growth of testicle and ovaries. A tumor of this nature in the kidney was first described by Ebertts in 1872, and within the past two years five other cases have been recorded by German observers, Cohnheim, Marchand, Landsberger, Kocher, and Huber; all these cases have been in children from seven to thirty-nine months old. The tumors have all presented very similar histological characters and are more properly called myo-sarcomas.

The second case occurred in the practice of

Dr. Clark, of Drumbo, Ont. (now of Oakville). The subject was an eight months' foetus, which only lived a few minutes. It was healthy looking, but the belly was swollen, and on examination the kidneys were found increased in size. One of them, together with the other abdominal viscera, were forwarded to Dr. R. P. Howard, who handed them over to Dr. Osler for description. The kidney is about four times the natural size, somewhat rounded in shape; on section no kidney substance to be seen, cortex not distinguishable from medulla. The substance presents a spongy alveolated appearance, from the existence of a number of little spaces. The tissue is firm, cuts easily, and appears chiefly as strands separating the spaces. On examination, at the cortex the tubuli uriniferi and malpighian capsules are distinct, but the intertubular tissue is increased by the presence of numerous spindle cells. Towards the pelvis the entire substance is made up of these cells closely compressed together, and among them coils of epithelial cells are seen, some resembling dilated tubuli, others irregular-shaped malpighian capsules. From the number and arrangement of the new growth of cells the tumor is evidently a sarcoma, and as the epithelial new formations in the part towards the pelvis, though irregular, conform as regards the shape of the cells to renal epithelium, the designation spindle-celled adeno-sarcoma is appropriate. So far as Dr. Osler had been able to ascertain, no such variety of tumor had heretofore been described in the kidney.

Dr. OSLER also added some remarks on Cohnheim's theory of tumors.

In the discussion which followed Drs. Hingston, Buller, Ross and Trenholme took part.

A vote of thanks to Drs. Osler and Buller was moved by Dr. KENNEDY, seconded by Dr. HINGSTON, and carried.

The meeting then adjourned.

OLIVER C. EDWARDS, M.D.,

Secretary.

#### BIRTHS.

On March 11th, the wife of L. H. Evans, Esq., M.D., 152 Spadina Avenue, Toronto, of a daughter.

At 50 Duke Street, Toronto, March 1st, the wife of Wm. Oldright, M.A., M.D., of a son.

## Pharmaceutical Department.

A. H. KOLLMYER, M.A., M.D., Editor.

In view of recent poisoning cases in this city and in country parishes, it would be as well if druggists, and physicians who preside over drug stores, would make themselves conversant with the poison clauses in the Pharmacy Act. From what we can learn, cyanide of potassium, Paris green, and other poisons contained in the schedule, are frequently sold without being registered in the "Poison-Book," and sometimes without the purchaser being known to the seller (or even introduced by some one who is known to the seller). These little precautions are a great protection to the druggist, and it would be well to be able to assert that all the requirements of the law have been filled when an accident does occur.

The date of the examinations of the Pharmaceutical Association of the Province has not yet been fixed, but we believe they will take place in Montreal some time in April, and in Quebec some time towards the end of June. Due notice, however, will appear in our next number.

### THE CINCHONA BARK COLLECTORS OF SOUTH AMERICA.

BY HENRY R. GRAY.

(Continued.)

Instead of following the cinchona bark to its ultimate destination, we will for a time remain with the Cascarillero.

Like our own lumberman, he is not engaged at his task in the forest during the whole year. This is forbidden by the change of the seasons. It is in the month of May, the autumn of the South American clime, that he can best collect the bark; and in this gorgeous month, the month of Mary as the pious Cascarillero calls it, he repairs to the humid slopes, where grow the cinchonas. He loses no time, for he knows full well he must get away again before the wet season begins, else he may never return to his wife and children, left in a drier, more open and healthier region. In addition to the risk of deadly fevers, even in most favorable seasons, he must be ever watchful for the lurking Jaguar and the poisonous fangs of many a venomous serpent. He is at times also beset by hunger, and cases have been reported of the poor Cascarillero starving in the middle of his task. If he is an energetic man, working independently of a wealthy employer, he has perhaps kept a few mules feeding around his

hut during his bark-lumbering operations: should his mules have managed to escape the much dreaded Jaguar, or the still more to be dreaded termites, or white ants, which invade the body of an animal in millions, and from which there is no escape but by taking to the water, he proceeds to load them carefully with the bundles of bark, which he has carried from different parts of the surrounding forest on his own shoulders, and (then, with an humble prayer for protection, he starts on his long and perilous journey, homeward bound.

If the Cascarillero be a Bolivian he has probably collected his bark in the forest of Yuracares, or in those of the Yungas. In the former case he directs his steps to the town of Cochabamba, in the latter case to the city of Lapaz. At both places he is obliged to dispose of his loads to a company authorized by Government. At each of these towns or bark ports is established a "bank," with officials appointed by Government, whose duty it is to pay the Cascarillero for his crop. He must take a fixed price, according to the quality of the article. If it be best bark from the trunk of the tree, termed technically "tabla," he is allowed about sixty *South American* dollars per quintal of 112 lbs. For the bark of the larger branches, called "charqui," about thirty-five dollars, and for the strippings of the smaller branches and twigs about twenty dollars per quintal. Refusing this price he cannot dispose of his bark in Bolivia. The banking and shipping company pays to the Government a duty, at least such was the case only a very few years ago, of thirty-five dollars per quintal for "tabla," eighteen for "charqui" and so on in proportion for "canelo," and this system holds good for the other bark producing republics of South America, with the exception of Peru. The actual price paid varies each year, according to amount of bark expected and the wants of the Government. Sometimes the Cascarillero manages to escape the double impost of company and Government, by smuggling his bark across the frontier into Peru, where the contraband dealers can afford to give him a better price, afterwards passing it out along with their own through the ports of the Peruvian Republic.

Cinchona-bark, like all other bulky commodities requiring transportation, varies in price according to the place where it is offered for sale. At the stump of the tree from which it has been stripped (for from very old trees it is sometimes though rarely stripped without felling), the Cascarillero would only be too happy to sell it at much less than its market value, and that well dried and ready for the "bank." Two quintals freshly stripped from the logs yield one quintal properly dried, and a clever collector can strip this quantity in one day.

When it reaches the Pacific seaport of Arica, to which the bark from Cochabamba and Lapaz is usually sent, it again receives Government inspection to see that it has gone through the usual channels, and is then shipped and carried around Cape Horn to London or New York, there to be mostly manufactured into quinine.

The strangest part of the story is, that a part of it actually returns to the apothecaries' shops of Cochabamba and Lapaz in the shape of quinine, where it is sold to the Cascarilleros, to cure them of the "chills" to which they are so liable towards the end of May, and which, if not checked by large doses of this valuable febrifuge, quickly produces a liver disease which ends in death. These innocent Cascarilleros pay for one ounce of quinine about the same price the "banks" have paid them for 112 of the bark, and yet no one in Peru, Bolivia, New Granada, or Ecuador has the enterprise to establish a factory and make quinine on the spot.

In most respects the life of the Cascarillero is the same whether he carries on his operations in one republic or the other. The sketch given has been rather that of a Bolivian, but he may be looked upon as a fair type of all the others.

On the slopes of Loxa and some few other places the cinchonas are now nearly all destroyed. When it is considered that the cinchonas are nearly all cut down as being the easiest method of obtaining their bark, it is scarcely necessary to say that the supply is becoming exhausted. As against this opinion, however, the Cascarilleros have an idea that the cinchona region extends far eastward of the Andes into the great Montana Forest, and that there are fortunes for them there if they dare only go far enough in that direction. But their fear of the "Indios bravos," or savage tribes, forbids this; consequently at many points they have not yet ventured beyond the very selvedge of the cinchona region.

To give a rest to the trees the Bolivian Government has passed a law, that in certain districts no cuttings are to be made except tri-annually. This is evidently blind legislation, as a "Mancha" of cinchona trees once cut down does not grow again in less than thirty years. It is true that suckers immediately spring up around the stump, but not to become trees worth stripping for another generation. A wiser way, and one already practised in India, would be to let the tree continue growing and strip off the bark only in longitudinal sections. With the vigorous growth of the Andean climate a continuous succession of crops might be obtained every three years. Of course on cinchona plantations such rules can be enforced, whereas in the depths of the Andean forest the adventurous Cascarilleros could hardly be made amenable to such restrictions. A surer method for retaining the cinchona bark trade would be for the South American republics to cultivate the cinchona tree, as is being now done by the Dutch in Java and the English on the Neilgherry Hills in India.

As supplementary to the work of the bark collector, it would be as well to draw attention to the new and shorter route by which in future cinchona bark will reach the drug markets of London and New York.

The very important question of the navigability of the Amazon for large sea-going vessels was in May, 1865, finally decided. A vessel of 750 tons burthen, containing a floating dock for the repair of

vessels, was towed up the Amazon and safely moored off Iquitos in Peru, a distance of 2,200 miles from the mouth of the river. This part of the Upper Amazon is usually set down as belonging to the Republic of Ecuador, but, like a great many other things found on maps, it is an error. Both banks of this mighty river beyond the Brazilian boundary belong to Peru.

This power has at length made a treaty with Brazil which gives it the free use of the river; thus giving Peru an outlet to the Atlantic for her rapidly increasing trade. The most important natural product exported from Peru is without doubt the cinchona bark, and this treaty will, in the future, have a very beneficial effect on this branch of her commerce.

At the dockyard now firmly established at Iquitos some seventy skilled English mechanics are employed. Two large inland steamers run as regular liners between Tabatinga on the Brazilian frontier and Yurimaguas on the river Hualaga, a tributary of the Upper Amazon, distant some 300 miles beyond Iquitos, where the dockyard is established. These steamers connect again with steamers of higher draught which run up the Ucayali, the Pachitea and the Mayro, to the very foot of the Andes, within some 250 miles or less of the City of Lima. This wonderful water communication will be at once understood by referring to a modern atlas.

Some of the Indians living on the banks of these tributary rivers are "Indios bravos," or uncivilized pagan Indians, and live in deadly enmity to the Whites. They have been accused, upon pretty conclusive evidence, of cannibalism. The Cascarillero consequently keeps as much out of their neighborhood as possible and makes long and tedious detours to avoid the country inhabited by them, but the swift little river steamers, with a few long range rifles on board, have not as yet been molested. A quantity of bark has been of late years shipped by this route, being taken on board the ocean-going ships at the Port of Para. Some of the very finest bark ever brought from the Cordilleras of the Andes has this year appeared on the London market, showing that these lively South American Republics are not indifferent to the commercial advantages they possess in their matchless Amazon and its numerous navigable tributaries. It is much to be regretted that we in Canada know as little of the progressive Republic of Peru as the average Englishman does of Canada.

#### NEW WORKS.

We are in receipt of a new work called "The National Dispensatory," containing the Natural History, Chemistry, Pharmacy, Actions and Uses of Medicines, including those recognized in the Pharmacopœias of the United States and Great Britain, compiled by Profs. Stillé and Maisch, and published by Henry C. Lea, of Philadelphia, and containing upwards of two hundred illustrations. This book has just been issued in time to fill up a

void that has been occasioned by the introduction of so many new remedies to the notice of the profession, and we can safely recommend it to all who desire information of the most recent date.

In the rapid progress of modern research, few subjects have of late years received greater accessions of facts than the group of sciences connected with *Materia Medica* and Therapeutics. The new resources thus placed at the command of the pharmacist and physician have seemed to the authors to justify an attempt to make, from the advanced standpoint of the present day, a concise but complete statement of all that is of practical importance to both professions—a digest in which that which is old and that which is new shall be so brought together as to give to the reader, within the most moderate practicable compass, all the details in pharmacology, pharmacy, and therapeutics which he is likely to need in his daily avocations. In the almost infinite accumulation of material, this has required a careful and conscientious sifting to discard that which is obsolete, untrustworthy, or comparatively trivial, without impairing the practical completeness of the work. That they have wholly accomplished their object, the authors do not venture to claim; but they can say that years of constant labor have been devoted to the task of producing a work to which the enquirer may refer with the certainty of finding every thing which experience has stored up as worthy of confidence in the subjects embraced within its scope.

**SPANISH QUICKSILVER**—To secure and repay a loan of forty-two millions of piccettes, equal to \$8,500,000, subscribed to in 1870 by the English banking house of Rothschilds, and payable in thirty annuities of \$750,000, the Spanish Government granted to it the monopoly of the sale of the product of the quicksilver mines of Almaden, situated in the province of La Mancha. The Spanish Government pledged itself to deliver yearly at least 32,000 flasks of quicksilver, each holding 75 Spanish pounds, equal to 76½ pounds avoirdupois. All the quicksilver bottled is taken at Almaden by the Rothschilds, and the administration is relieved of all care and further expense of transportation and sale, transactions occasionally difficult. The London market is almost entirely supplied by the Spanish mine, a little also going there from the mine of Idria, owned and worked by the Government of Austria. Although quicksilver is an article that is stowed in small compass, it is not depreciated by age, nor do its ores occur in large quantities except in Spain, Austria, and California, yet its price has shown great fluctuations during the past fifteen years. The many quicksilver mines of California are being rapidly extended in a vain effort to compete with the two richest mines owned by the Spanish and Austrian Governments. The production of the State of California in 1878 was 63 480 flasks

**A CHEAP DISINFECTANT AND DEODORIZER.**—Dissolve a drachm of lead nitrate in a *paiful*, and a drachm of common salt in a *jugful* of soft water, and mix the two solutions. Soft water is essential, on account of preventing the formation of an insoluble carbonate of lime and lead. Dip rags into the solution, and hang them up in the offensive room, or pour some of the mixture upon excrements, or down the privies or sinks. This is of ordinary strength, but the solution may be made stronger if desired. If carb. lead and lime form, pour off the clear liquid and use none of the sediment.—*Physician and Pharmacist.*

“‘Soy’ has always been a mystery to me, as I fancy it has been to most other people who have dealt in or used it. I was, therefore, anxious to see a soy factory, and taking a boat one day we proceeded two or three miles up the river to where one was in operation. I found that the principal ingredient or base is a white bean known as ‘paktoh,’ which, so far as I could judge, is very like any other small white bean. These are boiled, heavily salted, and put into big earthen jars, holding, perhaps, half a barrel each, where they are allowed to remain for about ten days, during which period fermentation takes place. They are then mashed up with a species of olive, which is picked and boiled, and this mixture is placed into neat cloth bags, into which water is poured and allowed to percolate. The liquid is then taken out, placed in clean jars, and thickened with a heavy-bodied Chinese molasses, and this is soy.”

**SOUND, HEAT, AND LIGHT EXPLAINED BY THE VIBRATORY THEORY.**—In the middle of a large darkened room let us suppose a rod set in vibration and connected with a contrivance for continually augmenting the speed of its vibrations. We enter the room at the moment when the rod is vibrating four times in a second. Neither eye nor ear tells us of the presence of the rod, only the hand, which feels the strokes when brought within their reach. The vibrations become more rapid, till, when they reach the number of thirty-two in a second, a deep hum strikes our ear. The tone rises continually in pitch, and passes through all the intervening grades up to the highest, the shrillest notes; then all sinks again into former grave-like silence. While full of astonishment at what we have heard, we feel suddenly (by the increased velocity of the vibrating rod) an agreeable warmth, as from a fire, diffusing itself from the spot whence the sound had proceeded. Still all is dark. The vibrations increase in rapidity, and a faint-red light begins to glimmer; it gradually brightens till the rod assumes a vivid-red glow, then it turns to yellow, and changes through the whole range of colors up to violet, when all is again swallowed up in night. Thus nature speaks to the different senses in succession; at first a gentle word, audible only in immediate proximity, then a

louder call from an ever-increasing distance, till finally her voice is borne on the wings of light from regions of immeasurable space.

**THEVENOT'S GLOBULES.**—M. Thevenot's invention will doubtless be as welcome to the patient as it is useful and interesting to the medical man. By the use of thin layers of gum compressed and welded into the shape of small hollow spheres—an operation performed with marvellous ease and accuracy by steam machinery—the most unmanageable drugs are encased and dosed in all their freshness and pureness, and can be stowed away without fear of the slightest deterioration. Thus ether and even nitrite of amyl are imprisoned in their gum shells, and stand the test of years without evaporation. For some preparations of iron, which are liable to become useless by attracting moisture, for medicines of which exposure destroys the value, as well as for drugs like castor oil, cod-liver oil, turpentine, copaiba, &c., the smell and taste of which are so repulsive as often to make their administration impracticable, M. Thevenot's method is most useful. It is certainly entitled to the praise of the profession no less than to the gratitude of many invalids.—*The Doctor*.

**INDELIBLE INK STAINS** may be removed by a solution of corrosive sublimate.

**PHOTOGRAPHING IN COLOURS** is said to be now practised successfully by M. Joseph Albert, photographer to the Court of Vienna.

**A SURE AND RAPID CURE FOR HICCUGH.**—Dr. Grellet, of Vichy, states that he has never failed in immediately relieving simple hiccough by administering a lump of sugar soaked with vinegar.—*Révue Méd.*, Dec. 16.

**ANTIMONY.**—A deposit of antimony sulphide has been found near Greymouth, New Zealand, and the analysis gives 84 oz. of gold and 36 oz. of silver to the ton.

**A DROP** of extract of eucalyptus applied on cotton to the sensitive dentine just before excavating is said to be the best local anæsthetic for dental operations.—*Chemist and Druggist*.

**HOME SCIENCE.**—Mrs. Nag won't believe in physiology. She maintains that whatever the book may say her husband is a cold-blooded animal.

Did you ever hear of the man who, being required by his physician to take two blue pills "in some convenient vehicle," sat down in his wheel-barrow to swallow the pellets, as he didn't keep a carriage?

"Would a little spirits now and then hurt me much?" asked a patient of his physician. "No," said the doctor; "a little spirits now and then would not hurt you much, but if you don't take any they wont hurt you at all."

#### THE DRUG MARKET.

Under this caption we propose to give, monthly, a short review of the tendencies of the market in the

leading articles of drugs and chemicals, trusting that the introduction of this new department in the columns of the RECORD may secure additional interest at the hands of our Pharmaceutical friends, whose growing patronage is much appreciated.

Since the beginning of the present year, there has been no particularly marked or sudden change in any line of drugs or chemicals, but there has been a quiet but steady tendency downwards in many of the leading lines, such as Santonine, Salicine, Mercurials, Bromide Potash, and other Bromine preparations, Citric Acid, Aloes, Salicylic Acid, etc. Quinine and all preparations of Peruvian Bark have been, generally speaking, very steady, and there is little prospect of any decline in the immediate future.

**Opium** and its preparations are rather easier in both the New York and London markets, and the slight excitement raised a few weeks ago, by reports from Smyrna, of damage to growing crop, has died out, large stocks being held by importers.

**Quicksilver** has not been so low as it is at present since 1869, and there is no immediate prospect of an improvement in price, as new mines are being constantly developed in California. We direct attention to a paragraph in another column on this subject.

**Salicine.**—The Continental market having been depleted of this article, with orders still unfilled, there has been a sharp advance in price, and there is a probability of its value, which declined steadily during the early part of the year, again advancing to a high figure.

**Camphor.**—American camphor, of which considerable quantities are sold in this market, has experienced a steady rise during the past month, the stock in New York being rather light in consequence of delay in expected arrivals, and, as the demand will be steady for the next two months, the price will be likely to remain firm. English camphor is, however, slightly easier, and, as the prices more nearly approach, the demand for the English will increase, the quality being superior to the American.

**Castor Oil** remains without much change, although the tendency in East Indian oil is downward. American oil, of which there is considerable in the market, is, however, firm for good brands.

**Essential Oils.**—Lemon, new crop, is slightly higher. Bergamot, a little lower. Anise, considerably advanced. Sassafras, higher.

**Acids** of all kinds, with two or three exceptions, will be higher in price, as the new tariff imposes a duty of 20 per cent. upon them, whereas they were formerly free. Their value will, therefore, be enhanced to the extent of the duty.

**Cardamon Seeds** have been steadily advancing in price for some months, and are higher at present than for years back, with a prospect of still higher prices prevailing.

**Cantharides** are low at present, and large stocks are held in London and New York, so that the price is likely to remain at a moderate figure for some time.

**Iodine** and its preparations, which advanced toward the close of the year, is slightly easier, but any marked decline is not looked for, the combination entered into last year being firmly held to so far.

**Cubeb**s, which were so dull of sale for a long time, suddenly, about the beginning of the year, took a run upwards, a demand having arisen for them as a remedy, or rather a palliative, in asthmatic complaints by smoking. The berry is ground and mixed with some other aromatics, and prepared as cigarettes for use.