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Original Communications.

The Muriate Tincture of Iron in Epistaxis and Hæmoptysis. By JAMES PERRIGO, A.M., M.D., M.R.C.S.,Eng., Demonstrator of Anatomy University of Bishop's College, Montreal.

I was called, Nov. 10th, 1872, to see a case of epistaxis in a widowed lady aged 38, who was a subject of aortic valvular disease and also of tuberculosis of apex of the left lung. This lady had previously been under my care for the latter two affections, but I had not seen her for some time owing to her comparatively fair health. Before I could reach her, she had fainted twice, and on arrival her condition presented the most alarming symptoms. Her nose had been bleeding for three hours before she would consent to allow the messenger to come for me. The bleeding was most profuse from the right nostril and very little from the left.

An injection of ti-ferri-mur, of the strength of one to two, was used, and in a short time the bleeding stopped. Gallic acid and opium were ordered, 10 grs. of the former and ½ gr. of the latter, to be taken every four hours.

Three hours afterwards I was again sent for, as the hemorrhage had returned to an alarming extent, and now from both nostrils.

Considering the amount of blood lost and the delicate constitution of the patient, the anterior and posterior nares were plugged without delay. The plugs used were pieces of sponge well soaked with tr-ferri-mur. In plugging, emesis occurred, and she vomited a large quantity of blood that had been swallowed. She now told me that there had been some hemorrhage during the night. Three years ago, she had an attack of epistaxis, but which was not so serious as this. After vomiting this blood, there was a good deal of straining, which must have ruptured some small capillary vessel in the diseased lung, as slight hæmoptysis occurred.

The stomach was so irritable that milk and essence of beef in the smallest quantities were rejected.

Her condition at this present period could not have presented a worse aspect. The pulse was 148, temperature 106 1-5, lips blanched, great restlessness, continual sliding from the pillows to the foot of the bed, and hiccup.

Prussic acid was ordered in order to allay the irritability of the stomach, and the ti-ferri-mur was given every hour in ten minim doses. For the next two hours, milk and beef juice in teaspoonful doses were taken and rejected, but the *iron was retained.*

During the night, a senior student sat up with her and superintended the nursing. Next morning there was a perceptible improvement, pulse 130, temperature 104, but the patient still very restless. Food retained. This condition existed during the day, but in the evening she seemed to lose ground, caused probably by the excitement of making her will during the afternoon. A little blood oozed through the sponges plugging the anterior nares, but not enough to warrant disturbing them. I superintended the nursing myself during the following evening. The iron all this time was being given every hour. A teaspoonful of brandy and water was allowed occasionally, but was never repeated oftener than once in five or six hours. During the night in question the patient had a little sleep, and in the morning said she felt much better. Improvement from this out was gradual and lasting.

Considering the nature of her constitutional disease, this lady was possessed of wonderful recuperative powers. The iron in her case seemed to act as a specific. Since having her case, I have had two of hæmoptysis of considerable severity, with great irritability of the stomach in each case. The patients were both delicate young French lads, and both of dissipated habits. In one I followed the usual treatment, and in the other gave the iron every hour as I did with my case of epistaxis. The one to whom I gave the iron made a more rapid and a better recovery, better in as much as during convalescence he regained his strength more quickly. The iron here also acted admirably.

My friend, Dr. Slack, has related cases where the same drug did all that was desired; one, that of a coachman where all other remedies failed and the iron was given in 15 minim doses every fifteen minutes with perfect success. He made a good recovery, and was able to go out in a few days.

It is strange that iron when given so frequently in such cases should be so well retained, even by the most irritable stomach, while in some forms of anæmia, it is not so well borne. In my three cases, it seemed to manufacture blood as soon as lost.

Two years and a half in a London General Hospital. By G. F. SLACK, member of the Royal College of Surgeons, London, late House Surgeon, Charing Cross Hospital.

(*Number Four.*)

Of late years we have heard so much about carbolic acid, its use has been so strongly recommended in such a multitude of ailments either as an external application in varying strength, in the form of an aqueous solution, or in combination with other drugs

or materials, or as an internal remedy, that the minds of many medical men have been turned against it, either from the want of a careful and sufficient trial of the remedy for themselves or, what is more frequently the case, from the ridiculous exhibitions which they may have witnessed in some few of the operating theatres in the old country. The plain, simple and common-sense use of the drug as manifested in the following selected cases may be interesting to those who have been nauseated by one of the exhibitions alluded to above.

Case 1.—A volunteer, age 45, stout and healthy, while trying to wrench a rifle from one of his comrades, received a bayonet wound of the knee joint, the point passing under the patella from above downwards. He was brought by boat from Battersea Park to the hospital. There was slight bleeding with a considerable escape of synovial fluid. The limb was fixed on a back splint with a foot-piece, and the wound was covered with a pad of lint soaked in a solution of carbolic acid. The man was very feverish for a few days, and delirious for about 24 hours, but after that the pain and swelling gradually subsided, and in three weeks the man walked out of the hospital.

Case 2.—A boy, about eight years of age, was found by a policeman sitting on one of the steps leading to the Thames embankment, holding his knee. The policeman brought him to the hospital, when it was found that he had in some unaccountable way received a deep, clean cut, shaving the upper border of the patella. He could give no explanation of how he met with the accident. The edges of the wound were brought together with silver sutures, and a pad of lint soaked in a solution of carbolic acid was applied. In a fortnight the boy was quite recovered.

Case 3.—A girl, ten years of age, was knocked down by a passing cart. She received several bruises, but the chief injury was on the inner side of the knee-joint, where there was an opening, the size of a penny, grimed with dirt, caused by the knee being bruised against the pavement. The leg was bandaged to a back splint, and the wound, from which it was impossible to wash the dirt, was covered with three or four folds of lint soaked in a solution of carbolic acid, and kept constantly moist with a similar solution by the following means: a bottle containing the solution was fastened to the top bar of a cradle, and hanging from it was a narrow strip of lint, from which drop by drop the solution fell over the lint covering the wound. For six weeks the dressing was not touched, There was an immense amount of discharge which worked its way from under the lint, but the child's general health continued remarkably good throughout, although the smell was very offensive. At the end of that time, the dressing and splints were removed, and the wound found to be quite healed. The child moved about on crutches for a few days, and then left the hospital as well as ever.

Case 4.—A farmer's boy, age 18, amusing himself with a gun, allowed it to burst in his hand. The result was the palm of one hand was split and torn in every direction, and the fingers were cleaned to the bone. The hand was bound up in lint soaked in a solution of carbolic acid, and bandaged to a splint. Opium was given in large doses and frequently to ease pain, and in a month he had recovered, the distal phalanges only being lost.

Case 5.—A boy, age 11, the son of a railway guard at Clapham Junction, in attempting to jump on a carriage in motion, fell and had his left foot crushed. All the bones with the exception of the calcis and astragalus, were either fractured or displaced. The surgeon under whose care he was placed decided to try what nature aided by carbolic acid would do for the boy, for the reason that, if any operation had been performed it would have been amputation of the leg, as the soft parts were so badly bruised as to render any operation of the foot or ankle impossible. The foot was covered with lint, and kept constantly moist in the manner referred to above. All the phalanges and all the metatarsal bones except that of the great toe gradually became separated from the healthy tissues, and came away. The parts then rapidly healed, and at the end of two months the boy left the hospital with a very useful foot.

Case 6.—A carpenter, age 47, thin and delicate, working at the London and Westminster Bank, feeling the platform under him giving way jumped backwards to the street, a distance of at least twelve feet. He was unable to rise, so his master brought him to the hospital. On examining his right foot, the astragalus was found to be dislocated forward and a little outward and turned upside down, the lower part being slightly fractured. There was no wound of the skin, but the parts were so tense and the bone so completely out of place that the suregon decided to remove it, which he did at once and every easily by a single incision over the bone. The edges of the wound were brought together with wire sutures, the limb was bandaged to a back splint with foot-piece, side splints being afterwards applied to render it more secure as he was a very nervous, fidgety man, and a solution of carbolic acid was kept constantly drip-

ping upon the lint covering the wound by the means of the bottle and strip of lint. There was slight bleeding for 24 hours with occasional shooting pain and slight feverishness. For seven weeks the dressings were not in any way interfered with, the man during that time enjoying perfect health, suffering no pain, sleeping and eating well. On the 49th day, the splints and dressings were removed, revealing the following state of things: about a dessertspoonful of pus, the wound completely filled up, a narrow line of exuberant granulations marking where the incision had been made, and an ankle firm and natural looking, with a slight amount of motion. With the aid of a boot half an inch thicker in the sole than the other, he was able to walk very well.

Case 7.—A thin strumous looking lad, 17 years of age, was admitted with disease of the cuboid. The bone was removed by a crucial incision the case, and was treated in a manner precisely the same as the last case alluded to. The boy suffered a good deal of pain, but when the dressing and splint were removed at the end of six weeks, the hole had completely filled up, the wound healed, and after a few days on crutches, the boy walked out as well as ever.

Case 8.—A little girl, age 10, was sent up from the country, with disease of the calcis. A semilunar flap was made from below upwards over the bone, and the diseased part, about the size of a walnut, was gouged out. The wound was covered with lint, the limb bandaged to a splint, and treated as described in the preceding cases. The discharge was very slight, no pain whatever, and at the end of five weeks the child was perfectly well.

Case 9.—A puny little boy, of eight years of age, was admitted with disease of the ankle-joint. The joint was excised in the usual way, and the after treatment was exactly the same as described above. At the end of two months the dressings were removed. Nothing but a surface sore remained, very fair union had taken place, and during these two months there had escaped not more than two ounces of pus.

Case 10.—A young man about 19, had a large fatty tumor removed from the back of his neck. The edges of the wound were brought together with silver sutures, a pad of lint soaked in a solution of carbolic acid was applied, and not interfered with for four days. At the end of that time, perfect union had taken place.

I could go on enumerating case after case, but I think those already given suffice to show that the plain and simple use of an aqueous solution, of a strength varying according to the case from 6 to 12 grains of crystals to the ounce of water, will prove quite if not more efficacious than the elaborate messes with putty and oil, etc., to say nothing of the spraying the patient as well as the surgeon during the operation and other manœuvres too numerous to mention, all of which have tended in a great measure to bring the use of carbolic acid into ridicule. In most London hospitals, such a solution is always kept at hand, both in the accident room as well as in the out-door surgical department, and all cases of wounds, etc., unless special orders are given to the contrary, are dressed with this solution. Unless there was some virtue in it, such a practice would not have been kept up for so many years under the directions of some of the ablest surgeons in the world.

To be Continued.

On the use of Alcoholic Stimulants by Nursing Mothers. By WILLIAM E. BESSEY, M.D.

Perhaps there is no more grave or pernicious error in the modern practice of physic than the habit of recommending the use of alcoholic stimulants to nursing mothers. It is unsound in principle, unwise in practice, and must appear, on a little observation, to an unbiased mind, to be not merely unsafe but positively harmful and pernicious in its influence upon both mother and offspring.

It is wrong in principle because administered or recommended as it is, to improve and augment the lactic secretion in the mother, it holds out a promise of being able to effect—in what way we are not told—an improvement in both the quality and quantity of the mammary secretion. How or in what manner has never been explained. The whole theory is a fallacy based upon mere assumption, and unsupported by the practical tests of observation and experience.

It is true that alcohol, and especially malt liquors, are powerful stimulants to the glandular organs of the body, although invariably followed by a state of reaction corresponding with the degree of excitement by which it had been preceded. The excitement thus produced in the mammary glands is, of course, attended with an increase in their secretion; but this has reference only to the quantity—an increase in the watery portion of the fluid takes place undoubtedly; but the casseine, on the contrary, or muscle-making element in the secretion, is diminished. This may be verified by any one who may be disposed to take the trouble. Alcohol, pure and

simple, also exists in the milk of women making use of alcoholic beverage of any kind; and by its presence there, being imbibed with the lactiferous secretion, it injures the delicate membrane of the child's stomach, lays the foundation of a future appetite for strong drink, and is productive of the most serious disorders which belong to infancy and childhood.

Upon the analysis of the milk of a nursing woman, after allowing for the effect of the various circumstances which may affect the relative proportions of the several constituents of the healthy human milk, such as age, temperament, period of lactation, position and circumstances in life, food, drink, &c., it will be found that the healthy quality of the secretion has been much deteriorated.

In milk of healthy women the water may range from 879 to 905; the solid constituents from 120 to 94; butter from 25 to 42; casseine from 15 to 39; sugar of milk from 31 to 45; salts from 1 to 4 parts in 1000. These proportions are materially altered by the use of Alchoolic heverages.

On the analysis of the milk of the same woman, a few hours before and after the use of a pint of beer, it has been found that the alcohol increases the proportion of water, and diminishes that of the *casseine* or curd, which is the muscle-making or nourishing element, and the presence of alcohol is very perceptible. As to the diseases produced by the influence of lactation vitiated by alcohol, Dr. Inman, of Liverpool, in his "New Theory of Disease," (1861, p. 44,) admits that, from this cause, "children have suffered severely from diarrhœa, vomiting and convulsions. I have known a glass of whiskey, to-day, taken by the mother, produce sickness and indigestion in the child twenty-four hours thereafter." Dr. Edward Smith, F.R.S., London, in his "Practical Dietary," (1865, p. 162,) says: "Alcoholics are largely used by many persons in the belief that they support the system and maintain the supply of milk for the infant; but this is a serious error, and is not an unfrequent cause of fits and emaciation in the child."

I have seen a case reported in the Newcastle *Express*, (England,) of the proceedings at an inquest at Monkwearmouth, where a surgeon stated that the child "had suffered from chronic inflammation of the bowels." And the coroner added that, "there was no doubt the child had died from convulsions arising from inflammation produced by taking the alcohol *in the mother's milk.*"

So long ago as 1814, Sir A. Carlisle, the celebrated surgeon, said of fermented liquors: "The next in order of mischief is their employment by nursing women, a common occasion of dropsy in the brain in infants. I doubt much whether the future moral habits, the temper and intellectual propensities, are not greatly influenced by the early effects of fermented liquors on the brain and sensorial organs."

That the vitiated milk secreted after using malt liquors may be productive of wasting chronic diarrhœa in infants, I am convinced, by repeated observations. I will relate a case in point, which occurred in my own practice. A mason's wife, in all respects a healthy-looking woman, consulted me in the autumn of 1867, in behalf of her child; seventeen months old, which had been suffering from chronic diarrhœa of an irritable character for the whole summer. It was the most haggard-looking and emaciated creature I had ever seen, and wore a remarkable senile expression of countenance. Its abdomen was very large, distended and tympanitic from flatulence. The skin hung in loose folds upon its emaciated frame, and its front teeth were already much decayed, giving a more ancient and haggard expression to the face. The child, I was told, was still nursing, and would not take nourishment. She added, however, that she had *kept it up* for some time by giving it, at first, a wineglass, then half a tumbler of porter, three or four times a day, and she drank freely of porter and ale herself, by her former doctor's orders, to enable her to keep up a liberal supply of good healthy milk, as she said. She took three pint bottles each day. She had consulted the best medical talent in the city, and was informed that, as the child was tuberculous and of unhealthy constitution it was a case incurable, but advised a continuation of the stimulants and the use of ale herself, to keep up the supply of milk. I regarded the case, at first, as one of starvation or inanition, from mal-assimilation; but, upon examination of the milk of the mother, upon which the child had been entirely dependent for nourishment, I found there was next to nothing in it to assimilate. It was almost entirely destitute of casseine or curd; the fatty matters were plentiful enough, but the quantity of sugar of milk present, I did not determine, as I have since wished I had done. In one specimen there was a sensible odour of alcohol; but in another, its presence could not be detected. Regarding the case now as one of *non-prehension*, instead of *non-assimilations*, before, I recommended an immediate change of nurses, and, although comparatively poor, the anxious mother at once fell in with my recommendation, and obtained a healthy

young woman as nurse from the Lying-in-Hospital, who nursed the child for three weeks. The nurse complained that, at first, the child was perfectly ravenous, and nursed too severely. However, it soon became satisfied, and gradually assumed a more natural appearance. Without any medicinal aid at all the diarrhœa gradually ceased, and at the end of the three weeks the child had lost its meagre, starved appearance, and would eat other food. They now continued to furnish it with more solid food and plenty of cow's milk, and the child grew strong and flourished. This is, although a strongly-marked case, only one of hundreds, which go to prove the impoverishing effect of alcohol upon the *feeding* and *nourishing* qualities of human milk. And I have no doubt many of the cases of presumed hydrocephalus from previous tubercular deposit, diarrhœa from accountable irritation of the *prima-viæ*; renal dropsy from nephritis or congestion; stagnation or impediment to the pulmonary circulation ending in congestion or bronchial affection; are directly traceable to the poisonous action of alcohol, either imbibed in the milk of mothers making use of fermented or malt liquors, or administered directly in the form of weak slings for the relief of wind-colic or some other presumed cause of restlessness, or as a diuretic, not to speak of the manner in which an occasional case is found to have been "strengthened" by the direct administration of porter or ale.

That the administration of alcoholic beverages and over-feeding together with a total changes in their accustomated diet is the cause of failure in numerous cases of hired nurses, there is, in my mind, not the slightest question; besides, deprave the whole being of the nurse to the extent of their besotting influence, and affects, in a similar manner, the child, by the directly injurious effect of the imbibed spirit upon its delicate brain tissue, laying the foundation of mental degradation and moral depravity.

On this point, Dr. Ellis, in his work entitled, "Avoidable Causes of Disease," says: "A frequent cause of failure in the secretion of milk is to be found in the use of an unusually stimulating diet, including fermented liquors, under the plea of having to support two. This is especially true of hired wet nurses when they are taken into the families of the wealthy. The change of diet from a coarse, plain, perhaps rather scanty diet, to rich stimulating food, with free use of meats, malt liquors, and often unusual in-door confinement, is sure to make the system feverish and lessen the quantity of milk as well as to impair its quality. In all such cases, instead of seeking to increase the milk by the addition of porter or ale, which disorder the stomach vitiate its secretions and promote indigestion the nurse should be put upon plain coarse diet, as near like what she had formerly used as possible, and she should be required to take active exercise, especially walks in the open air."

It may reasonably be supposed that Plato was cognizant of the fact twenty centuries ago, that even in the very womb alcohol perverts the brain of the unborn child, and strikes a blow at reason and at virtue, when we find that he forbade the use of wine to the newly married.

And does not common observation bear me out in the assertion that, with few exceptions, depravity is stamped, like the mark of Cain, upon the foreheads of the posterity of drunken parents, especially where the mother has been a victim to the habit, or has been in the habit of using alcoholics. Then why, amid the boasted enlightenment of this nineteenth century, and under the most favorable circumstances of our Anglo-Saxon civilization, should we, the members of an honorable profession, thus go on favoring the production of a future race of vicious and criminal persons, by recommending to mothers the use of that which can only injure and debase her infant, and may possibly degrade and besot herself.

There is a modern philosophy which teaches truly that the way to stop crime is to change the character of our reproductions, and that this is to be done by abolishing the condition of things which generates rascals. Formation, rather than reformation, is needed, *i. e.*, form the children to right models from the beginning, so will society save itself and physically regenerate the world.

Concerning the use of alcoholic stimulants by nursing mothers, Dr. Lees, F.S.A., says: "It is the real cause of so many ill-balanced minds, neither insane nor sensible; and, in its higher use, it is the teeming fount of the sad idiotcy which depresses and disgraces our boasted civilization."

Can further argument be needed to convince medical men of the great responsibility assumed in thoughtlessly recommending a plan of stimulating this glandular secretion which is capable of working so much mischief, both directly and indirectly, upon the whole future of the persons coming under its influence.

It is an acknowledged axiom in all rational medicine that we should always follow nature as closely as possible. This being the case, I think a glance at the animal kingdom, and a consideration of the habits of the mammalia, will be sufficient to convince any one that the animals of this class—the

cow, the goat, the mare, the dog, the cat, etc., require no artificial drinks or stimulating alcoholics to produce in them an abundant secretion of healthy milk; but, on the contrary, pure water, an abundant supply of healthy food, with fresh air and exercise, is all that is required. Let us secure at least this much for our patients, and omit alcoholics, over and unwholesome feeding, with impure air and want of exercise, and I will be responsible for results. Carrying out our comparisons with nature, or the lower animals, I would say that I think no one would venture for one moment to maintain that the milk of cows fed upon *disstilling slops* or *brewery grains*, is equal in quality, although greater in quantity, than that of animals fed upon grass and hay or other natural food; and to whom pure water is freely accessible, and who have free exercise and open air. It is, indeed, a well-known fact, that cheese *cannot* be made from such milk at all; the alcohol given to the animals in such food has impoverished the secretion of its *casein* or curd. On this subject Dr. Harley writes: "I have observed that, if a woman who is nursing eat heartily, but not immoderately, of plain food, avoiding that which is stimulating, she will, generally speaking, preserve her health, the result of which will be a healthy secretion of milk." And Dr. Condie, author of "Diseases of Children," says: "The only drink of a nurse should be water—only water or milk. All fermented and distilled liquors, as well as strong tea and coffee, she should strictly abstain from. Never was there a more absurd or pernicious notion than that wine, ale or porter, is necessary to a female while giving suck, in order to keep up her strength or to increase the quantity and improve the nutritious properties of her milk. So far from producing these effects, such drinks, when taken in any quantity, invariably disturb, more or less, the health of the stomach, and tend to *impair the quality* and *diminish the quantity* of nourishment furnished by her to the infant."

In short, the more simple the diet and manner of life pursued by the mothers of a people, the more healthful and successful will they be as mothers, and the better or higher will be the physical condition of the race which owes to them not only being itself, but also, in a very large measure, the character of the physical condition and vital powers with which they are endowed.

Dr. Wm. B. Carpenter, F.R.S., (now President of the British Medical Association,) says on this subject: "The regular administration of alcohol with the professed object of supporting the system under the demand occasioned by the flow of milk, is a mockery, a delusion, and a snare. For alcohol affords no single element of the secretion, and is much more likely to impair than to improve the quality of the milk." ..... "Under no circumstances, therefore, can we consider that the habitual, or even occasional, use of alcoholic liquors, during lactation, is necessary or beneficial."

Dr. McNish, in a few plain words, lets us have his opinion on this subject. He says: "If a woman cannot afford the necessary supply without these indulgences, she should hand over the child to some one who can, and drop nursing altogether." In such cases, where a nurse cannot be obtained, a much more judicious course is to support the child upon goat's milk, or, if that cannot be obtained, cow's milk, to which a little sugar and water has been added. I am totally averse to feeding children with solid food too soon, which overloads the feeble stomach, induces indigestion and often convulsions. I think nature plainly indicates the time when children are able to take without injury and digest solid food, by the appearance of the primary teeth; not before, but that up to that time nothing but milk diet should be given, from which none of the evils of indigestion, such as convulsions, diarrhœa, etc., are to be anticipated.

The innumerable flours, baby foods, pennadas and concoctions ignorantly fed to infants before the stomach has matured sufficiently to digest them, is, in my opinion, a fruitful source of infantile disease and mortality.

It has been asserted, and it is an undoubted fact that has been exemplified in the histories of thousands of families, that the children born after their parents have become abstainers are not only physically healthier, but mentally brighter and better than those born before. There can be no question about the fact that the offspring of drunkenness is a lower type of humanity—both physically and mentally than that of sobriety—and the degree of intellectual and moral elevation or degradation in the parent is, of necessity, imparted to the child, so that the children of a family are often true character representatives of Philip drunk or Philip sober; Philip singing or Philip sulky. At the same time, however, the mother, from her long connection with the child, has a greater influence upon its prenatal existence; and, consequently, her emotional nature is found to be most largely stamped upon the new existence, while the intellectual faculties, which are later in being developed, may more largely partake of the character of the father. Indeed, so great is the mother's influence over the offspring, both before

and after birth, that it has passed into a proverb, that "the mother moulds the man." Thus the most distinguished men of history have been men born of noble women. By this digression, I wish to make it appear how important it is—the connection being so intimate and the influence so perceptible—that the faculties of the mother should be clear, active and elevated in their tendency; instead of being kept in a state of chronic semi-stupor, accompanied by a depraved temper, and a state of chronic irritability of the system from the constant habit of imbibing alcoholic stimulants; whether, ale, porter, wine, gin or whiskey.

The evil effect is exerted upon the offspring in three ways: First, by deteriorating the quality and lessening the quantity of casseine in the milk, thus producing a slow degree of starvation of the albuminous tissues; the sugar and butter being also diminished in quantity, the child becomes emaciated, and its natural temperature has to be kept up by an increased supply of warm clothing in the absence of a lively action of the internal furnaces. Second: By the presence of alcohol in the pure state in the child's food, it is absorbed and acts injuriously upon the sensitive brain structure and nervous system and prevents a healthy development; favoring a lower form of cell growth, and consequently tissue structure, than nature, if supplied with healthy materials, would have furnished in the part. In this way, an inferior quality of brain is developed with an inferior caste of mind; a depraved tendency is given to the developing passions; an irritability and peevishness of temper, or, in other cases, a stupid vacancy of expression with defective memory and a general obtuseness or listlessness is developed. It is also well to remark here that the imbecility or idiotcy of children may often be traced to the drinking habits of their parents. In support of this, I quote from a report of the Inspector of Prisons and Asylums of the State of Massachusetts (Dr. Howe), from which it appears that 145 out of 300, or nearly one-half of all the cases of idiotcy and imbecility among children had drunken parents.

Third: By its direct action upon the delicate brain substanee of the child it produces a state of chronic irritation, or sometimes subacute inflammation, leading to and often ending in hydrocephalus; or the action upon the delicate brain structure and nervous system may be of a different nature, and convulsions, paralysis, or chorea, may ensue.

In support of the statements I have advanced, that children of drunkards are physically degenerate, I may quote from *Morel*, who states that "the degenerating effects of alcohol upon the system ultimately influences the procreative functions; in some by diminishing the vital standard of the offspring, and in others by *annihilating* the generative powers altogether." These are not the only bad results, for we find it asserted—and every-day observation confirms it—that the love of strong drink and alcoholic abuses are hereditary and transmissible. MOREL, in his "Traité des degenerescenes physiques, Intellectuelles et Morales, de l'Espice Humaune, etc.. etc., (1857), not only shows that the vice of drunkenness is transmissable, but proves also that imbecility, congenital or early acquired idiotcy, and other more or less complete arrests of development of the body and intellectual faculties, indicate the existence of children who have acquired the elements of their degeneracy during intra-uterne life. He points out eight different directions in which the degeneracy of the species from the influence of alcoholics is demonstrable. Of these, I may cite "The general diminution of the intellectual powers with the manifestation of the most depraved immoral tendencies." "The increase in the inmates of asylums and prisons," and "The increased development of nervous affections, especially of a paralytic and convulsive character." And to this I may add, as a result of my observations, that children, of drinkers, exhibit a predisposition to neuralgia. But not only is the vice of alcoholic abuse hereditary transmissable, (as shewn by Morel,) but it also frequently leads to insanity in the offspring of the drunkard. (Whitehead Adams.)

That an agent, whose action upon the subject is productive of such degenerative changes, should receive the sanction of medical prescription is, of itself, matter of surprise; but, that it should be so prescribed on the basis of false assumptions and fallacious theories, is matter for regret. And in no instance is the recommendation of alcoholic beverages more reprehensible than to pregnant or nursing mothers.

In conclusion, I will quote the writings of a few others on this subject. Dr. Trotter says: "The food of women who suckle their own children is often very improperly selected. The quantity of the milk not the *quality* is studied. It is a well-known fact that this secretion partakes very much of the nature of the diet used, *i. e.*, certain particles pass through the breast unassimilated. All drinks containing ardent spirit, such as wine, punch, ale and porter, must impregnate the milk; and thus the

digestive organs of the babe must be quickly injured."

Dr. Andrew Combe says: "If any mother should be unconvinced of the propriety of adhering to a simple and unstimulating diet while acting as a nurse, I would earnestly direct her attention to the unquestionable fact, that the best and healthiest nurses are to be found among women belonging to the agricultural population, who, although actively employed and much in the open air, scarcely ever taste fermented liquors of any kind, but live principally upon soups, tea and vegetables and farinaceous food. Among mothers so circumstanced, it is rare to meet with one who experiences any difficulty in nursing her child; while many have milk enough for a second."

Dr. Conquest says: "There is an evil too generally prevalent and most pernicious in its consequences upon individuals and on society; which cannot be too severely reprobated; it is the wretched habit of taking ale, wine or spirits to remove the langour present during pregnancy and suckling. It is a practice fraught with double mischief, being detrimental to both mother and child. The relief afforded is temporary, and is invariably followed by a greater degree of langour, which demands a more powerful stimulus, which at length weakens, eventually destroys the tone of the stomach, deteriorates the milk, and renders it altogether unfit to supply that nutriment which is essential to the existence and welfare of the child."

Dr. Bull says: "The practice of giving wine, beer, or indeed any stimulant to a healthy child, is highly reprehensible."

Mr. Courtney says; "I have under my own eye many mothers who are experiencing the ill effects of the *moderate* (not the immoderate) use of these falsely denominated 'strengthening' beverages, in the form of liver and stomach complaints, skin diseases, asthma, dropsy, etc., and every impartial and observant member of the profession must have noticed similar results. Thousands of children are annually cut off by convulsions, diarrhœa, etc., from the effects of these beverages acting through the mother."

It is unnecessary to accumulate the testimony of others upon this matter, suffice it to say, that the impartial, intelligent and observant physician will have little trouble in deciding against the use of any form of alcoholic beverage for this class of persons; and I hail with satisfaction the growing feeling against alcoholics as a class of remedies and alimentary substances, and in no instance would I hail their entire abandonment with greater delight than in the case of nursing mothers, whose habitual use of fermented or other liquors is, in the majority of instances, followed by what I cannot designate by any milder term than "a slaughter of the innocents."

Seeing, then, that alcohol is an agent whose synonym is *death, degeneration, decay;* whose effects upon the human system, either in embryo or in infancy; in adolescence, adult years, or old age; is productive of changes the opposite of life, growth, and repair; and, as I have endeavored to show, is deleterious in its action upon both mother and child, during the period of nursing—degrading and brutalizing both to a degree in strict proportion with the degree of indulgence. In view of these facts is it too much to expect of a philanthropic and learned profession that they will *at least* withhold their sanction from all those man-cursing, death-dealing compounds of which *alcohol* is the active principle.

Progress of Medical Science.

ON THE TREATMENT OF COMMENCING CHRONIC DIARRHŒA IN YOUNG CHILDREN.

By Dr. Eustache Smith, Physician to the North West London Free Dispensary for Sick Children, etc.

[Chronic diarrhœa in young children not unfrequently begins very insidiously, owing to a slight chill, or a meal of improper food. A chronic catarrh is often induced which becomes less and less amenable to treatment the longer it continues. Frequently, however, the purging speedily ceases, and the child appears to have recovered. The motions, however, are not healthy, they are large, sour, and pasty-looking. The child gets pale, is occasionally sick, and his breath is sour and offensive. After some weeks or months, during which he has got thinner and paler, the child is seized with an attack of purging, which becomes more severe, he looses flesh rapidly, and his state becomes one of great danger.]

These cases are often looked upon as instances of disease of the mesenteric glands, but the most careful examination of the belly will seldom furnish any satisfactory evidence of glandular enlargement. The temperature is lower than in health, and seldom rises higher than 98° Fahr. in the rectum. There is no particular desire for drink. The child is a little restless at night; he takes his food with a considerable appetite, and even sometimes with voracity; the food, however, does not nourish him, and appears hardly changed in the stools.

These cases, obstinate as they prove when not treated judiciously, will yet yield quickly to suitable measures; and unless the weakness and emaciation are very great, do not as a rule present any great difficulty in their management.

The object of the present paper is to describe the method of treatment applicable to these cases during

the period, often sufficiently extended, before the diarrhœa has become confirmed; when the child is becoming more and more listless and pale, is losing flesh and strength, while his motions, infrequent but copious, exhibit the characters which have been described above.

The presence of undigested food in the motions of a young child, especially if that child exhibits evident marks of deficient nutrition, is a sign that the diet is an unsuitable one and requires alteration. Whether the digestive weakness be a simple functional derangement, or be due to the existence of organic disease, in either case our object is the same—viz., to adapt the child's diet to his powers of digestion, so that the food he swallows may afford him the nourishment of which he stands in need, and may leave as little undigested surplus as possible to excite further irritation of his alimentary canal. In such cases, however, this accurate adaptation of diet is often by no means an easy task. Articles of food on which we are accustomed to rely, and from which a healthy child derives his principal support, will here often fail us altogether. Thus, farinaceous food should be given with the utmost caution, and will seldom be found to agree except in very small quantities. Even milk, our great resource in all cases of digestive derangement, in children, must be sometimes dispensed with. It is not so very uncommon to find cases where milk, whether diluted with water, or thickened with isinglass, or with farinaceous food, cannot be digested. So long as it is taken, the pale putty-like matter of which the motions consist, and which is passed in such large quantities, is evidently dependent upon the milk diet, and resists all treatment so long as that is continued. In such cases, which occur most commonly in children between one and two years of age, the milk must be replaced either wholly or partially by other foods.

Although farinaceous food is not as a rule well borne in these cases, yet Liebig's farinaceous food for infants (as prepared by Mellin of "Liebig's Patent Concentrated Milk Company") may always be tried, and seldom disagrees even with the youngest infants. In its preparation the starch of the wheaten flour, which forms one of its constituents, is already converted in great measure into dextrine and grape sugar, so that the most important part of the work of digestion is performed before the food reaches the stomach.

Whatever be the diet adopted our object is to keep up the nutrition of the body with the smallest possible amount of irritation to the alimentary canal; and the food, whatever it may be, which will produce this result, is the food best suited to the case. Without attention to this point little good can be effected by the use of drugs alone. The successful adjustment of the diet, an adjustment in which the quality and quantity of food to be allowed for each meal are accurately adapted to the powers and requirements of the patient, is a matter which can be properly learned only by experience, and which often makes large demands upon the tact, the ingenuity, and the patience of the medical attendant. This experience every one should labor to acquire, for without it success can seldom be attained in the treatment of the chronic functional derangements of young children.

In all cases, if the patient be a sucking child, he should be limited strictly to the breast; or if he have been only lately weaned, the breast should be returned to. If from any reason a return to the breast is impossible, our great trust should be placed in cow's milk, more or less copiously diluted with lime-water. With children under a year old milk is very seldom found to disagree. If the child be no more than six months old, nothing should be allowed but milk, or some preparation of milk, as milk and lime-water (equal parts), whey with cream, or milk and water thickened with isinglass, or with Liebig's food for infants, in the proportion of one teaspoonful to four ounces of fluid. By using these different preparations a certain variety can be introduced into the diet, and the meals should be so regulated that the quantity taken on each occasion, and the length of the interval by which the meals are separated, may be properly proportioned to one another and to the state of the patient. The Liebig's food should be given not oftener than twice in the day; and if it excite flatulence, or if any sour smell be noticed from the breath or evacuations, the quantity should be diminished, or the food should be even discontinued altogether.

Beyond the age of six months a little weak beef or veal tea, or the yolk of one egg unboiled, may be added to the diet. The egg is best digested when beaten up, with a few drops of brandy and a tablespoonful of cinnamon water, as in ordinary egg flip. As with younger infants, the quantity of food to be given at one time must depend upon the strength of the child and the condition of his stools.

If the child be over twelve months old, very small quantities of farinaceous food may sometimes be ventured upon, and will often agree. The best form in which this can be given is well-baked wheaten flour, of which one teaspoonful is all that should be allowed at one time, prepared carefully with milk.

So long as milk is well borne the arrangement of the diet is comparatively an easy task; but in the not uncommon class of cases where milk is difficult of digestion, and can only be taken in very small quantities, a different dietary must be adopted. These cases usually occur in children of eighteen months or two years old. A good scale of diet for a child of a year and a half old, in whom this peculiarity is noticed, is the following, consisting of five small meals in the twenty-four hours:—

1st Meal. One teaspoonful of Liebig's food for infants (Mellin's) dissolved in four ounces of milk and barley-water (equal parts.)

2nd Meal. Six ounces of beef-tea, of the strength of a pound of fillet of beef to the pint.

3rd Meal. Six ounces of fresh whey containing a tablespoonful of cream.

4th Meal. The unboiled yolk of one egg, plain or

beaten up with a tablespoonful of cinnamon water, a little white sugar, and fifteen drops of brandy.

5th Meal. Same as the first.

In this dietary the first and the fifth meals contain a small quantity of milk. If that be found not to agree, the food may be dissolved in barley-water alone, or diluted with an equal quantity of veal broth, or veal broth alone may be given. In any case the quantities recommended should not be exceeded; for it is wise, at any rate at first, to be sparing rather than liberal in regulating the allowance of food. It is better that the child should be hungry than overloaded, and so long as the stools retain their pasty character it is evident that the food taken remains in great part undigested.

If the milk agree, it can be gradually increased in quantity; and as digestion improves, which it will do after a few days of this carefully regulated diet, other articles of food can be introduced, as roast mutton underdone, and well pounded in a mortar; the flower of cauliflower well boiled in water, or stewed with gravy until very tender. In the use of farinaceous foods great caution should for some time be exercised, and they should be given sparingly until convalescence is completely established, and the stools have reassumed a perfectly healthy character.

In these cases, and indeed in all cases where a special diet is recommended for children, a dietary as given above should be written out by the medical attendant. Not only the kind of food, but the quantity to be given for each meal, and even the hour at which the meal is to be taken, should be duly set down, so that no excuse may be available for neglect or misapprehension. It cannot be too often repeated that in cases such as these it is upon judicious arrangement of his food that the recovery of the child depends, and that where the diet is properly selected the exact medicine to be ordered becomes a matter of comparatively secondary importance. Even without the aid of drugs at all, the digestive powers would no doubt in many cases speedily right themselves under such a diet as has been sketched out above, but recovery is materially assisted by a judidious selection of remedies. It is well to commence the treatment by an apperient dose of rhubarb and soda, to clear away any indigestible food which may have remained in the bowels, after which the laxative should be followed up by a mixture containing an alkali with aromatics. It is difficult to over-estimate the value of alkaline remedies in the treatment of digestive derangements in children. In all children, infants especially, there is a constant tendency to acid fermentation of their food. This arises partly from the nature of their diet, into which milk and farinaceous matters enter so largely; partly from the peculiar activity of their mucous glands, which pour out an alkaline secretion in such quantities. An excess of farinaceous food will therefore soon begin to ferment, and an acid to be formed which stimulates the mucous membrane to further secretion. Alkalies are therefore useful, firstly, in neutralizing the acid products of his fermentation; and, secondly, in checking the too abundant secretion from the mucous glands. Either potash or soda may be used; of the two the former is perhaps to be preferred, as being a constituent of milk, the natural diet of children, it may be considered less as a medicine than as a food. Five to ten grains of bicarbonate of potash may then be given, combined with an aromatic, several times in the day, and it is important that the dose should be taken an hour or an hour and a half after each meal, so that any excess of acid left at the end of digestion may be at once neutralised.

If the stools are loose and are passed frequently, two or three grains of the subnitrate of bismuth may be added to each dose of the mixture, and if much straining be noticed a drop of laudanum will be a useful addition to check the abnormal briskness of peristaltic action.

It is important that the aromatic be not omitted from the prescription. This class of remedies is of very great value in all those cases of abdominal derangement where flatulence, pain, and spasm, resulting from vitiated secretions and undigested food, are present to increase the discomfort of the patient. Such dyspeptic phenomena are usually rapidly relieved by the use of these agents; and the employment of aniseed, cinnamon, carraway-seed, or even of tincture of capsicum in minute doses, will be found of material advantage in combination with the other remedies which have been enumerated.

So long as the tongue remains furred, or the motions sour-smelling, the alkali should be persisted with, and the rhubarb and soda powder can be repeated every third morning. If it be thought desirable at the same time to administer iron, the citrate of iron and ammonia, in doses of five grains, can be added to the mixture. Tincture of nux vomica is also useful in one-drop doses.

The so-called alteratives are in these cases of little value, for it is no good attempting to stimulate the functions of the liver by cholagogues. Under the use of antacids and aromatics with an altered diet, food soon begins to be digested, and the appearance of the stools becomes more healthy. After a time, acid preparations, such as the penitrate of iron with dilute nitric acid, may be given with cod-liver oil.

A point which must not be overlooked in these cases is attention to the action of the skin. In all abdominal derangements in children the cutaneous secretion is apt to be suppressed early, and the skin soon becomes dry, rough, and harsh. When this is found to be the case, the child should be bathed every evening with hot water, and be then freely anointed with warm olive oil. By this means the suppleness of the skin is soon restored. Warm clothing should be worn, with flannel next to the skin; and as an additional precaution, to guard against the risk of chills, an ample flannel bandage should be applied as a protection to the belly.—*Practitioner.*

DISEASES OF THE EAR IN CHILDREN.

Dr. JULIUS BÖKE.—[*Jahrb. f. Kinderheilk.*, December, 1871.]—The author gives in this

article, the result of the treatment of eighty-four children for diseases of the ear. Diseases of this organ must be of great interest to all physicians engaged in the treatment of children, owing to the more injurious effects left behind than in cases of adults, the same pathological changes, which causes only deafness in the adult, preventing the child from learning to speak or to understand language, the development of the mind being checked, and many children having become deaf and dumb merely from neglect of diseases of the ear existing in earliest infancy. Pathological changes often cause such complications of symptoms as to render the diagnosis very difficult, sometimes impossible, without examination of the ear. It is not rare that loss of consciousness and high fever are caused by a collection of matter in the tympanum, the symptoms disappearing with its escape.

From the peculiarity of the anatomical structure of the ear in infancy, minutely described by the author, great care is necessary both in examination and treatment. Up to the end of the first year, great caution is required in the use of the syringe; in such cases, cleaning with pledgets of lint being preferable. Diseases of the external meatus in children up to seven years old are more frequently primary than secondary, after which age they are generally complicated with disease of the tympanum, and it is then difficult to decide which was first affected. It frequently happens that inflammatory symptoms make their appearance in the external ear passage simultaneously with the breaking through of a tooth. The treatment for external otorrhœa recommended is to wash out the external meatus with luke-warm water, or, if the secretion is very abundant, to use several pledgets of lint for cleaning the same. In many cases this suffices to cause the disappearance of the discharge in eight days. When this does not happen, the author uses a solution of plumbi acetatis, gr. ij., and aquæ. glycerinæ, aa ℥ ss., after each washing, five drops being dropped into the ear.

Foreign bodies in the ear rarely cause of themselves any particularly bad effects, such, when ensuing, being much more attributable to suppuration set up by too rough attempts for their removal. Removal should be attempted in the most gentle manner, and the best means is syringing with luke-warm water.

Inflammation proper of the middle ear, that is, where the discharge is purulent as distinguished from simple catarrh, was always ushered in by high fever, and sometimes severe cerebral symptoms preceded the appearance of the discharge. The treatment of suppurative otorrhœa in the middle ear, where of only few days' duration, consisted in syringing out the ear once to thrice daily, according to the amount of secretion; more frequent syringing or the use of astringents proved injurious. When suppuration had existed for any length of time, astringent solutions (zinci sulph., tinct. ferri muriatis, alum) were employed. Polypi were touched with argent. nit. The lapis, he employs previously melted in a porcelain dish and, to the size of a hempseed, hardened upon the end of a probe; also, in such cases, blowing in powdered alum has proved useful. The average duration of treatment was six weeks, the perforation of the membranum tympani not always having cicatrized in this time, this sometimes not taking place for several months after the cessation of the discharge. Catarrh of the tympanum occurred always in connection with tonsillitis or nasal catarrh, and disappeared simultaneously with the cure of these.

Borax and the Nitrate of Potassa in the loss of Voice from "Colds" in Public Speakers and Singers.—Dr. J. W. Corson (*Med. Record*, January 1, 1873) states that by the use of these two remedies he has had the pleasure, within the last few years, of restoring to a number of clergymen and lecturers the lost gift of speech within twenty-four hours. The paper contains a statement of several cases. He sums up the results of his experience in the following conclusions:

"1. That in sudden hoarseness or loss of voice in public speakers or singers, from 'colds,' relief for an hour or so, as by magic, may be often obtained by slowly dissolving and partially swallowing a lump of borax the size of a garden-pea, or about three or four grains, held in the mouth for ten minutes before speaking or singing. This produces a profuse secretion of saliva, or 'watering' of the mouth and throat. It probably restores the voice or *tone* to the dried vocal cords, just as 'wetting' brings back the missing notes to a flute when it is too dry.

"2. Such 'colds' may be frequently 'broken up' at the very commencement, and this restorative action of the borax to the voice may be materially aided by promptly taking, the evening previous to a public effort, dissolved in a glass of swaetened water, a piece of the nitrate of potassa, on 'saltpetre,' a little larger than a garden-pea, or about five grains, on going to bed, and covering with an extra blanket. The patient should keep warm next day. This both moistens the dry throat and further relieves the symptoms of 'cold' and slight blood-poisoning from suppressed perspiration, by re-opening the millions of pores of the skin more or less closed by cold.

"3. These remedies have the three recommendations of being easy to obtain, convenient to carry in travelling, and perfectly harmless.

"4. They are nearly or quite useless in the actual cure of any long-continued chronic disease of the throat, or acute inflammation or 'tonsillitis," both of which require other appropriate treatment."

Colds—Stop Them.—Dr. Dobell, in his recent work on winter cough, says, in emphatic italics, "*colds can be stopped without lying in bed, staying at home, or in ang way interfering with business.*' He says that his plan, if "begun directly the first signs of catarrh show themselves in the nose, eyes, throat or chest, . . . is almost infallible," but "will not answer if the cold has become thoroughly established."

"The plan is as follows:—

"1. Give five grains of sesquicarbonate of ammonia, and five minims of liquor morphiæ in an ounce of almond emulsion every three hours. 2. At night, give ʒ iss. of liquor ammoniæ acetatis in a tumbler of cold water, after the patient has got into bed and been covered up with several extra blankets; cold water to be drunk freely during the night should the patient be thirsty. 3. In the morning, the extra blankets should be removed so as to allow the skin to cool down before getting up. 4. Let him get up as usual, and take his usual diet, but continue the ammonia and morphia mixture every four hours. 5. At bed-time, the second night, give a colocynth pill. No more than twelve doses of the mixture from first to last need be taken, as a rule; but should the catarrh seem disposed to come back after leaving off the medicine for a day, another six doses may be taken and another pill. During the treatment the patient should live a little better than usual, and on leaving it off should take an extra glass of wine for a day or two.

Dr. Dobell says his patients call this the "magic mixture."

UNEQUAL DILATATION OF THE PUPILS AN AID IN DIAGNOSIS.—(*Arch. de Physiol.*, Jan.–Feb., 1872).—Dr. F. Rogue, after a series of prolonged observations made upon children, has come to the following conclusions with regard to the unequal dilatation of the pupils in unilateral affections of different organs;—

1. In many affections of the lungs, and also in case of swelling of the bronchial glands, as well as of the glands of the pericardium, the pupils are unequally distended.

2. The enlarged pupil corresponds to the affected side.

a. When both sides of the body are effected, the more widely dilated pupil corresponds to that side upon which the inflammatory process is the more recent.

b. In cases of inflammation of both lungs as well as that of the bronchial glands, the more widely dilated pupil corresponds to the side of the affected glands.

c. If an affection of the right lung is complicated with pericarditis, the right pupil is the more widely dilated.

This phenomenon is explained by one of the more recent discoveries of Claude Bernard, viz., that the irritation of certain nerves of sensation conveys a shock through the spinal cord to the radial muscular fibres of the iris, causing the contraction of these fibres and the consequent dilatation of the pupil. It may not be unreasonably inferred that analogous changes of the pupil accompany other unilateral affections in different portions of the body.

ON CROUP.

By Dr. ROBERT C. R. JORDAN, Assistant Physician to the Children's Hospital, and Prof. of Diseases of Children at Queen's College Birmingham.

In all my own early teaching it was so strongly impressed upon me that "croup" was always a membranous exudation in the larynx or trachea, that it became to my mind a great difficulty to throw off the trammels of this old belief, and it was long before I could feel fully persuaded of what I now know to be the truth—namely, that the majority of the cases usually called by this name have no false membrane formed at all, but that their essential nature is an inflammation of the mucous membrane of the larynx and trachea, accompanied with secretion of tenacious mucus, and also considerable swelling caused by effusion into the submucous areolar tissue. They are, in fact, catarrhal inflammation of the larynx and trachea. All other cases where exudation is really present are diphtheria; and it is in this sense, and with this definition only that we can regard croup and diphtheria as two distinct diseases. To make my meaning clear let me follow out the course of the two, and lay before you in general terms the broad distinctions between them, beginning with the disease which in my younger years was most familiar to me, because during times of cold or east wind it occurs sporadically in country practice all over the kingdom, and to which I was taught to give the name of croup. The early symptoms are very similar to those of an approaching attack of measles, save that there is no superabundant secretion from the lachrymal glands, and consequently no running from the eyes and nose, but there is fever and dry barking cough of that peculiar character which of necessity occurs when the rima glotidis is narrowed. This cough is indeed the crucial symptom, and yet it has probably existed for two or three days before its nature has been marked enough to alarm the mother. On questioning her you are likely enough to find that the child "has had a cold for a few days, but that she has thought nothing of it." To trained ears, however, the peculiar cough is very manifest almost from the commencement, and if the child be asked to draw a deep breath the stridulous sound completes the diagnosis. The cough and the inspiration are both pathognomonic of croup, but of croup in its abstract sense only; they tell you that there is narrowing of the passage which allows the entrance and exit of air to the lungs—that is, of larynx or trachea. The history of the case supplies the other evidence. It is acute, and this eliminates all the chronic forms of laryngeal disease to which children are prone, such as, for example, warty or other growths. A careful examination shows no exudation on the throat or fauces, and the history is not that of soar throat, but of cough; this makes diphtheria at least improbable. The symptoms have been those which would naturally take place in an attack of bronchitis and tracheitis, with a tendency to spread still further upwards and involve the larynx in the mischief; and it is the swelling of its mucous membrane, and the consequent narrowing of the chink at the outlet of the larynx, and the swelling of the lining of the vocal cords, that gives the more decided "croupy" character to the cough, to the inspiration, and to the voice, this last being often almost absent. It is

these also that give the danger to the attack; the same amount of congestion, the same amount of effusion into the sub-mucous areolar tissue elsewhere would be of no serious import. Hence the mother until closely questioned dates the attack from the commencement of the danger, and says that it came on "quite suddenly;" and in truth, when laryngeal symptoms do begin, they increase very rapidly, and every hour makes the danger greater—almost every breath is more and more difficult, respiration becomes more and more diaphragmatic, the sternum is drawn in with every breath, and in spite of the increased labour less and less air passes through the laryngeal opening; the lips and face became more purple, the lungs become congested, this further increases the dyspnœa, and the child dies suffocated. Such is the natural unchecked end of the disease—a termination which it is difficult to avoid in the cottages of the poor, where, from the very nature of the case, the child cannot get proper treatment, where there is no skilled nurse to follow out the doctor's advice, and where the temperature of the room varies with every opening door. Now, what are the post-mortem appearances? There is no false membrane in either larynx or trachea, but simply a swollen and congested state of their mucous membrane, which is generally spread over with a tenacious mucus nearly as viscid as pneumonic sputa. These changes extend more or less into the bronchi, and with a congested condition of the lungs, are the only signs visible to account for death. I have many carefully noted records of such post-mortem appearances written in old days, when the influence of what Bacon would call the "idol of the theatre," was so strong upon me that it is always stated, "false membrane in a perfectly diffluent state spread over the mucous surface." Now, this "diffluent false membrane" is, in reality, only a synonym for tenacious mucus. This is the disease which occurs sporadically in town and country alike, and which is commonly called "croup." The cause is generally exposure to cold, though some children are more predisposed to it than others and I have known many who have had several well, marked attacks, which for the most part decrease in violence as the child becomes older. It is also a decided fact that there is a clear predisposition to it in some families, though when a child is said to be "subject to croup" it is laryngismus that is most often meant. The essence of this disease is therefore laryngitis and tracheitis of a catarrhal character, and the danger is because the entrance and exit of air to and from the lungs is impeded; the object of treatment is therefore to make a decided and quick impression on the disease. Time does not admit of the least delay. You must at once place your patient in the best possible state for recovery—that is, let him be in a warm room with no drafts, and a uniform temperature of at least 70° Fahr., and let the air which he breaths be thoroughly saturated with moisture; a boiling kettle pouring out its steam into the room often manages this very efficiently. The plan which is adopted in the Children's Hospital here, is to boil a large iron kettle, to the spout of which is affixed a long tube ending in a rose like a watering pot, from which the steam pours out copiously; but as this cannot always be at hand your ingenuity must be taxed to find a substitute—but remember that the soft moist vapour acting locally on the swollen mucous surface is as important an agent in the treatment as any other therapeutic means. A linseed poultice to the throat helps also in this, and has certainly a soothing power. These enternal appliances being completed, then give at once an emetic of ipecacuanha, and repeat this every twenty minutes or half hour, until not only copious vomiting but copious perspiration is induced. As a result of this the secretion of the air passages also becomes thinner and more easily got rid of, and it will be borne in mind that the cough becoming looser is an excellent symptom. Increased mucous rale, without the power of cough, has of course a differsnt meaning, but a looser cough always bespeaks a lessened danger. In addition to the ipecacuanha, a very good prescription is a powder with calomel gr. $\frac{1}{4}$, compound ipecacuanha powder gr. $\frac{1}{4}$, and chlorate of potash gr. iij., every half hour or hour according to the severity of the symptoms. Of course the dose must be modified slightly accordding to the age of the patient. If the disease does not abate, next comes the question of treacheotomy; and in this case I would leave it as long as can be done consistently with safety. So frequent is the recovery, even when the case is seemingly hopeless, that tracheotomy may be fairly called a last resort. These attacks of laryngeal catarrh can fortunately be pointed out as marked examples of the efficacy of medicine in acute disease. They are amongst the few cases where the effects of remedies can be seen, and where we can say that, if left to nature, the tendency is rather to death than to recovery. It is not meant to undervalue tracheotomy in these cases: no patient should be allowed to die without the chance which it affords. Yet so marked are the effects of curative agents, that time should always be allowed for a full and decided trial of their power before resorting to the operation.

The following case illustrates this catarrhal croup forcibly:—Early in the morning of August 14th, 1869, I was called to Arthur B., a little boy aged two years eleven months. I found him breathing a hundred times in the minute, the croupal sound very loud, the distress and agitation very great; the pulse could not be counted, the face was commencing to be dusky, the skin was hot, dry, and burning. The operation of tracheotomy was proposed, but it was decided to try other means first. The room was therefore made warm with the steam of boiling water, the throat painted with liquor epispasticus, and a linseed poultice applied over it. A teaspoonful of ipecacuanha wine was ordered to be taken every twenty minutes, and half a grain of calomel every hour. A little before midday a slight improvement was noted, although there had been very frequent sickness, yet the pulse was stronger, the distress less, and the labour of breathing also lessened; but by the early evening the improvement was much more decided—the respirations were reduced to twenty-five, and though a loud croupal sound was audible

with every respiration, yet there were moist râles also heard, and the skin was warm, damp, and freely perspiring. The pulse was only 90, and from this time the process of recovery went on steadily. It is seldom that a case presents such a decided improvement as this in so brief a time, yet the period of extreme danger is always short. To the treatment used, I would now make one exception, viz., the blister. Had tracheotomy been necessary, as indeed at first seemed most probable, the blister would have complicated the operation, and rendered its after treatment more difficult. The linseed poultice alone seems to me, therefore, a safer remedy.

Now let us turn to the other form of disease. Where a false membrane is really present the whole category of symptoms is very different from those last described. This illness is not dangerous only from its position; it is not a mere catarrhal state of a mucous membrane, but it is a disease in itself, and the production of the false membrane is merely a phase in it. The patient, if he be old enough to complain at all, speaks of feeling ill, and of some soreness about the throat; but although there has been premonitory fever, there has not been, as in the last disease, premonitory cough. It is not, however, impossible that the croupal breathing, or croupal cough (for cough is then present) may be the first stage in the disease for which the mother requests the advice of her doctor, but the history will show that these have not been the first symptoms. On examining the throat, the uvula or tonsils are generally found more or less coated with the well known diphtheritic membrane which has caused the "croup" by extending into the larynx. The history of this case shows that the child has been depressed and feverish for a time varying from a few hours to as many days, and that this has been followed at first by symptoms of sore throat rather than of cough. The last was a chest disease, proceeding upwards to the larynx; this is, as far as its external signs show a throat disease passing downwards, and the difference in symptoms is to be looked for accordingly. All know that an elongated uvula does give cough; that a swollen epiglottis does the same; that the swelling of larynx would equally produce it, and that even before the invasion of a diphtheritic membrane; so that there may be a certain kind of cough history; but that has not been the special symptom —not, as in the case of laryngitis before mentioned, the only symptom in a child otherwise well. Sometimes, however, the little patient is not seen until urgent laryngeal symptoms are well set in, and then, if there be no history, and also, from the urgency of suffocation, much difficulty in examining the throat, the diagnosis is one of real difficulty; but it is not then of vital importance, since in such a case the immediate performance of tracheotomy is certainly necessary. It is my decided opinion that sometimes cases of diphtheria occur in which no false membrane is visible from the mouth; yet it must be confessed that I have never made any notes with a view to the investigation of this special point, and there is some difficulty in getting a thorough look at the throat of a living child when suffering from laryngeal dyspnœa. Moreover, post-mortem examinations are apt to slur over the mouth, uvula, tonsils and pharynx; yet I have notes of several cases where no throat diphtherite is mentioned, and where my firm impression is that none was present; and there certainly is no known reason why such should always be the case. There would, of course, be rather more difficulty in distinguishing these from catarrhal croup, yet this is in most cases rather an imaginary than a real difficulty. Albuminuria is a frequent symptom in diphtheria, but by no means constant enough to form a ground for diagnosis. If present in a doubtful case it might certainly clear it up; but, on the contrary, its absence would prove nothing. It is therefore, the early symptoms, and the presence or absence of exudation in the throat, on which we mainly rely. If the child has had shivering and fever with sore throat before the laryngeal symptoms began, if there is a history of general malais before the croup commenced, we have a right to expect the presence of exudation, and when present it will most frequently be easily seen.

The next question which arises is, Do the two diseases require any difference in treatment so as to make a clear diagnosis of importance? Such is most decidedly the case. Catarrhal laryngitis is dangerous only from its position, and we have to subdue it by prompt and active measures; but in diphtheria we have a depressing blood-poison, dangerous in itself, quite independently of its position, and our lowering treatment is useless, or worse—positively injurious. Emetics are even to my mind doubtful. Cases are on record, certainly, where tubes of false membrane have been said to be brought up by their action, yet these must have been in a very different state from that in which we generally see them, as they do not usually adhere so loosely as to be got rid of in this manner, and we have no right to expect any such result. Still, one or two full emetics may be tried; but, these failing, do not steam the child as in laryngitis. Do not add to the depression by mercury, but give him some supporting mixture, such as the tinctura ferri muriatis with liquor ammoniæ acetatis; and if laryngeal symptoms have set in and there is real dyspnœa, if the breathing be laboured and the sternum drawn in with every breath, do not wait for symptoms of impending suffocation, but operate at once—the earlier the better. The false membrane in the larynx will probably spread further downards; moreover, the blood poisoning continues, and to wait for blue lips means to wait for pneumonia also. When the larynx or trachea is thoroughly invaded you cannot operate too early: delay means death. It must be remembered that the operation does not check the disease; but as we have no specific treatment that can stop it, perhaps simple support after the immediate risk of suffocation is over is as good as any other.—*Medical Times and Gazette*.

A NEW METHOD OF TREATING HYDROCELE.

By S. Messenger Bradley, Esq., Manchester.

While the various plans of treating hydrocele

hitherto recorded possess the prestige of a high antiquity, they all alike suffer from being occasionally unsuccessful, or even hurtful, in their results. These objections hold good, though in a less degree, in speaking of the treatment by tapping and injecting the vaginal sac, which has practically superseded all other modes. This operation, first recommended by Celsus, who advised nitre as the best injection, fell into a long desuetude after his death, until revived by Munro the elder, and of late years popularised by Sir Ranald Martin, whose claim to originality lies in his choice of iodine as the most suitable stimulating agent. Other plans are, however, resorted to from time to time, either from their greater safety and simplicity, or from the occasional failure of the iodine treatment. Thus, briefly to summarise these methods, we have—1, *treatment by acupuncture* recommended by Lewis, and still sometimes adopted and found to succeed in cases of congenital hydrocele; 2, the mere *application of an evaporating lotion*, such as muriate of ammonia, vinegar and water, which, it is probable, has only been found of service by Keate, who, I believe, was the first to recommend it to the profession; 3, *simple tapping*, nearly always failing to effect a cure, and not always without danger, inasmuch as it is sometimes followed by a hæmatocele, or even sloughing of the scrotum; 4, *laying open the sac*, a plan approved by the fathers of medicine, but abandoned by their descendants of the present day; 5, *excision of a portion of the tunica vaginalis*, which has, in having been practised by Albucasis, an almost equal antiquity with the one last mentioned, and has met with quite an equal neglect; 6, the plan of *evacuating the fluid and introducing some caustic on the end of a probe*, of which Paulus Œgineta writes in warm praise, and which, though occasionally adopted, as Humphry states, at the present day, is not likely, either from its success or safety, to become more general than it deserves; 7, *the introduction of a tent into an open wound*, as performed and praised by Paré, Baron Larrey, and others; and 8, the somewhat similar plan, still, I believe, commonly practised by the Arabians, who were the first to adopt it, of *passing a seton through the vaginal sac, and there retaining it for twenty-four hours.* It is likely enough that this operation would succeed in cases which resist all milder treatment, but, from the by no means trifling danger attending it, it should not be resorted to if we can equally achieve our object by a safer mode of procedure; and this, I believe, can be done, as I will endeavour to show.

It very frequently happens that a hydrocele must be treated, if treated at all, in the out-patient department of an hospital or at the surgeon's residence; that is to say, at a distance from the patient's own home. Now the disadvantages arising from this fact are, that the walk home after operation is apt to induce considerable and even dangerous inflammation, or that a hæmatocele ensues as the result, not necessarily of wounding the testicle, but of a dribbling from the scrotal veins, which are turgid from their dependent position.

Pondering these circumstances, and also reflecting upon the fact that the walls of pyogenic membranes, such as those of abscesses, sinuses, and the like, will often agglutinate when brought into warm and continued apposition; and remembering at the same time, that the serous tunic of the testicle is from its physiological nature liable to take on adhesive action, and that, ftom the character of the secretion poured out in a hydrocele being inflammatory and not dropsical, it would be even prone to do so, I was led to the inference that simple tapping, followed by firm and equal strapping of the affected side, would probably be followed by an obliteration of the vaginal sac and a consequent radical cure.

It was not long before I was enabled to test the accuracy of this reasoning. A medical man applied to me with a large simple hydrocele, which had been tapped several times, and the last time injected with iodine without success. After explaining my object to him, I tapped the hydrocele, drawing off half a pint of fluid, and tightly strapped the affected testicle with soap plaster. This was done at my own house, and the patient walked home, a distance of about a mile, immediately afterwards, and continued to go about during the process of recovery, which probably took place in about ten days; I say probably, as I kept up the pressure for three weeks without allowing the testical at any time to remain unsupported. This case occurred eight months ago; since then I have followed the same course in three other instances, and in each with an equally satisfactory result. In no case was there any fresh effusion of fluid. Another case which came under my notice was of some interest in illustrating the advantages of strapping in what would beforehand appear quite unfavorable circumstances. A man came to consult me about a recent hydrocele of some magnitude; I tapped and emptied the tumour, but did not strap it at the time, as there was a strong force of pediculi encamped in the pubic and scrotal hair; ten days afterwards he visited me again, having got rid of his unwelcome guests, but with his tunica vaginalis as much distended as ever. I again tapped him; but, though I do not think I wounded the testicle, which could be plainly enough seen at the back of the tumour, I did not succeed in drawing off any fluid worth speaking of; nothing followed, indeed, but a few drops of bloody serum. In three days he came again with his scrotum larger than ever. The tumour had now, however, changed its character; it was now no longer transparent and pear-shaped, but opaque and rounded; it had also become very heavy, and much more painful than it had ever been before. In other words, a hæmatocele had formed. Without the anticipation of much good resulting, I resolved to try the affect of strapping in this case; suffice it to say that this proved effectual, not only in causing the absorption and dispersion of the vascular extravasation, but also in permanently curing the hydrocele. In spite, however, of the success in this instance, I am not inclined to think that the plan would prove generally efficacious, in the treatment of even recent hæmatocele, and I do not now at all desire to advocate it in such cases.

In regard, however, to hydrocele, it appears to me

that we have in this plan of tapping and strapping one which satisfactorily fulfils the idea of curing safely, quickly and pleasantly, and which, though perhaps not about to prove infallible, is one which should be certainly tried in all cases (especially, I would add, those treated away from the patient's home), before the injection of iodine or other stimulant is resorted to. If cases occur in which neither the mode I here advocate nor the iodine treatment is successful, I am of opinion that a combination of the two would be likely to prove so.—*British Medical Journal.*

THE USE OF PANCREATIC EMULSION IN THE WASTING DISEASES OF CHILDREN.

By Dr. Dobell, Senior Physician to the Royal Hospital for Diseases of the Chest.

[In 1871 Dr. Dobell intended to prepare an article for publication "On the Use of Pancreatic Emulsion in Tabes Mesenterica." He, however, gave up the idea on account of the difficulty of proving in the cases which recovered that the mesenteric glands had been the seat of disease.]

In this paper I propose to drop the question of disease of the mesenteric glands, and simply to speak of the class of cases constituting that wretched form of "atrophy and debility" and "marasmus" in children, in which every part of the body wastes away except the abdomen; the state described by Dr. Druitt, in the last edition of his *Vade Mecum*, in the following few and graphic words:—"Emaciation and voracity; the belly swelled and hard; the skin dry and harsh; the eyes red; the tongue strawberry coloured; the breath foul; the stools clay-coloured and offensive, sometimes costive, sometimes extremely relaxed; the patient usually dies hectic." I wish to bring prominently forward the fact that this state, provided there is no advanced lung disease, is rapidly cured by pancreatic emulsion given in doses of a teaspoonful every four hours, and regularly persisted in till fat and flesh are restored. It is, of course, necessary that a proper diet should be insisted on at the same time; but proper diet without the pancreatic emulsion will not do. This I have found over and over again in cases where everything judicious in the way of feeding and cod-oil had been carefully and perseveringly tried without avail, but which, on the addition of the emulsion to the previous diet, began at once to improve.

This fact has been familiar to me for a long time; and considering how largely pancreatic emulsion is now used in the wasting diseases of adults, I am surprised to find that it is not even referred to in the latest works on the diseases of children. Looking through these works and examining their indexes, one is led to the conclusion that their authors are not aware that there is such an organ as the pancreas, or that pancreatic juice has ever been used in any form in the treatment of disease. Yet scarcely a week now passes but some general practitioner relates to me cases of the successful use in his own practice of pancreatic emulsion in the wasting of delicate children; showing that in this respect the rank and file of our professional army are in advance of some of their generals, which ought not to be the case.

Dr. Prospero Sonsino's paper will, I hope, excite more general attention to this important subject. He, however, has laid all the stress of his observations upon the influence of the salivary and pancreatic juices on the digestion of *starch*. This is unquestionably a point of the greatest importance in the case of very young children brought up by hand, as showing the absurdity of attempting to nourish them upon starchy food, not artificially digested, before the period of life at which the saliva and pancreatic juice attain their functional activity. And even then, as Dr. Sonsino afterwards remarks, "good reasons make us now believe that really it is not proper to feed infants with copious starchy matters, however these may be rendered digestible." The principal results of Dr. Sonsino's investigations are summed up in the two following conclusions, which, however, are not new:—1. "Pancreatic juice in dogs, cats, and rabbits, in the first week of life—perhaps for some days more—is devoid of any digestive action on starch." 2. "In the early life of man, probably till the beginning of dentition, infants offer a true physiological dyspepsia for starchy aliments, caused by the inactivity of one at least—possibly of all—the humours that concur in the digestion of those aliments" (saliva, gastric juice, pancreatic juice, enteric juice.]

No doubt, when wasting occurs in these early periods of life, it is very often due to foolish attempts to nourish children upon farinacious foods, by which dyspepsia and diarrhœa add to the exhaustion of partial assimilative starvation. But, as a matter of fact, farinacious food is seldom depended upon without some addition of cow's milk or some assistance from lactation; and we see children suffer from wasting who are fed entirely upon cow's milk or nursed by their mothers, and in such cases the "physiological dyspepsia for starchy food" will not account for their decline. Therefore we must not forget, that although normal saliva only acts upon starch, normal pancreatic juice acts also upon fats; and it is probable that these two functions of the pancreas are sufficiently independent of each other that they may exist separately. This I pointed out in my paper to the Royal Society in 1868, "On the Special Action of the Pancreas on Fat and Starch" (Proc. Royal Soc. No. 97). It is there stated as the results of my experiments, that "in addition to the influence of the pancreas upon fat, it has the power of converting starch into glucose by simple mixture. This property remains to a certain extent *after the pancreas has exhausted its property of acting upon fat.* The quantity of pancreas which before mixture with fat will convert about eight parts of starch into glucose, after saturation with fat will still convert about two parts of starch into glucose." It is possible, therefore, that in different states of depraved health one or other of these properties of the pancreatic juice—that for the digestion of starch or that for the digestion of fat—may be deficient. And thus the depraved nutrition due to such deficiency will not be limited to the

period of life anterior to that at which, under normal conditions, the proper functions of the pancreas should be developed. It is evident that when the power of digesting fat fails to be developed at its proper time, the defect must tell with double force upon children already suffering from deficient digestion of starch.

The children who become the subjects of this kind of wasting of which I am now treating are especially (1) those who are sucked by mothers whose milk, though abundant in quantity, is extremely deficient in nutritive properties; (2) those who are brought up by hand; and (3) those who at a later period of childhood, have been subjected to similar chronic defects in diet. Now, it is especially when the mother's milk is poor in fat and lactin that the child becomes "dissatisfied," and "craving," and in the majority of cases it is this which first leads to the introduction of farinacious food, under the popular nursery belief that it is "*satisfying*;" and, as Dr. Sonsino states, if this is given before the power of digesting starch is established, of course nothing but mischief can result.

But organs, like individuals, do not rise to the full performance of their duties unless called upon by the necessity for their activity; and, as I pointed out in 1866 (*On Tuberculosis*, p. 40, second edition) "As the mother is deprived of fat elements by lactation, so is the child deprived of them by a persistence in a diet deficient in milk. In the case of the child thus deprived of fat, a double injury is done—first by cutting off the supply of fat elements necessary for the protection of the tissues; and secondly, *by paralysing the function of the pancreas by prolonged inactivity*." I venture to think that this is a point deserving of far more attention than it has yet received. It accounts in a great measure for the impossibility of restoring these ill-nourished wasted children by any kind of *natural* diet after they have been allowed to remain in a chronic state of defective nutrition. A child that has been long fed upon diet deficient in fat fails to develop the fat-digesting properties of the pancreatic secretion, and thus, when proper food is at last presented, cannot make use of it for nutrition.

It is probable, therefore, that it is due to this conjunction of circumstances that these wretched cases of fatal infantile wasting occur;—the food deficient in fat not only fails to nourish the child, but fails to develop the function of the pancreas for the digestion of fat at a later period of life; the craving of the child due to the deficiency of assimilated fat is met by starchy food which it has not the power to digest, and which if digested cannot supply the place of fat. Thus it is literally starved from first to last of those elements of nutrition especially essential in early life. We cannot, therefore, be surprised that such cases have proved obstinately fatal, neither is it anything but what one might expect, *à priori*, that they get rapidly well when pancreatic emulsion of fat is added to their diet, for by this means they are enabled to assimilate both fat and starch.

I have proved over and over again that, whether in children or adults, no amount of milk or cream, however good, will do instead of pancreatic emulsion; and I have tried to discover why this should be. Milk, so far as this part of its composition is concerned, is simply an emulsion of fat; and pancreatic emulsion, as I have shown in the paper to the Royal Society already referred to, is not, as formerly supposed, a chemical combination, but a true emulsion. Why, then, does not milk answer as well? I believe the explanation to be very simple, and that it turns upon the following points:—

1. The fineness of the particles of fat.

2. The permanent character of the molecular mixture of fat and water.

3. The proportion of fats having high melting points.

(*a*) In my first paper on Pancreatic Emulsion, *Lancet*, (September 10, 1864), I gave the measurements (made by the late Mr. Farrants, president of the Microscopical Society) of the particles of fat in cod-oil and beef-fat emulsions, as then prepared for me; showing that the majority of the particles in the cod-oil emulsion ranged from the 16,000th to the 1,200th of an inch in diameter, and those in the beef-fat emulsion from the 10,000th to the 2,500th of an inch; and, according to Bowman (*Practical Handbook of Medical Chemistry*, p. 174), "The size of the globules in healthy milk varies from a mere point to about the 2,000th of an inch."

Since I published Mr. Farrants' measurements, pancreatic emulsion has been made by a much more equal and satisfactory process than at that time, and I have just examined a chance specimen procured from Messrs. Savory and Moore, in which the large majority of the particles of fat range from the 21,600th to 14,400th of an inch in diameter, the prevailing size being the 18,000th of an inch; while in a specimen of good new milk (cold), which I have also just examined, the large majority of the particles of fat range from the 7,200th to the 3,600th of an inch in diameter, the smallest being the 10,800th.

(*b*) The permanent character of the pancreatic emulsion is very remarkable, far exceeding that of milk. It "differs entirely from all other kinds of emulsion of fatty matter, whether chemical or mechanical. All other emulsions of fat are destroyed by ether, the fat being restored at once to its original condition. The influence exerted by the pancreas upon fats, therefore, appears to operate by breaking up the aggregation of the crystals of the fat. It alters the molecular condition of the fat, mingling it with water in such a way that even ether cannot separate the fat from the water. A *permanent emulsion* is thus formed ready to mix with a larger quantity of water whenever it may be added." Proceedings of the Royal Society, already referred to.

(*c*) In the *Chemical News*, September 4, 1868, I have stated my reasons for believing in the importance of fats of high melting points, such as stearine, margarine, and palmatine, over those of low melting points, such as olein, as elements of food and medicine; although further experiments and investigations are still needed on this interesting subject.

Pancreatic emulsion of solid fat, consisting principally of stearine, margarine, and palmatine, is therefore quite a different thing from milk, the fat of which is principally olein.

Now, the nearest approach to a pancreatic emulsion is what may be called *nascent milk*, by which I mean milk just secreted—milk that flows from the mammary gland as it is formed, or, as mothers term it, "as the draught comes in." In this the emulsification is finest and most perfect, but every minute that elapses after the milk is secreted deteriorates this perfection of emulsification, until, as we know, whether retained in the lactiferous ducts or in an artificial vessel, but especially in the latter, and when allowed to cool, the cream separates from the water of the milk, never again to be susceptible of the same emulsification with water in which it first existed, *except under the influence of pancreatic juice.*

I submit that this is the secret of the superiority of lactation, and especially of lactation at the time "the draught comes in," over every other kind of infant feeding, whether in man or in the lower animals. It forms an important distinction between milk diet supplied by the natural process of suckling and milk diet administered artificially, and affords some reasonable colour to the old standing belief in the efficacy of "new milk, warm from the cow" for delicate children, and to the remarkable recoveries recorded to in ancient times of old persons nourished by lactation when everything else had failed.

The Author will be much obliged to any of his readers who will favour him with their clinical experience on the subject of this paper.—*Practitioner, Oct.*, 1872.

ON THE TREATMENT OF SCARLATINA.

By W. C. Williamson, Esq., F.R.S., Professor of Natural History in Owen's College, Manchester.

About the period when my attention was first directed specially to this subject, the treatment of scarlatina by ammonia was attracting notice. The success which was said to have attended the adoption of this plan suggested to my mind the possibility of preventing the lowering of the vital energies by the free and bold administration of stimulants from the very commencement of the attack, instead of waiting until symptoms of depression began to manifest themselves; and believing that it was the stimulating properties of the remedy, and not any imaginary power it possessed in rendering the blood more fluid, that made ammonia useful, I determined to try the effects of champagne, which I did in the next case of scarlatina that fell into my hand, which was at the commencement of 1859; the result was most satisfactory. Since that time I have attended a very large number of such cases, yet I have rarely given a dose of medicine of any kind during the last ten years. The moment I became satisfied that the case was one of scarlatina, I have administered the champagne regularly and freely. The more severe the febrile symptoms, being convinced that they resulted from an atonic rather than an opposite state, the more bold has been my administration of the stimulant, and these symptoms have always diminished in violence instead of being increased by the treatment. The rash has come out more freely; I have not had one solitary example of diseases of the ear, or of malignant sore throat; but one of unconsciousness, with a tyhoid condition; and also but one solitary instance of nephritic dropsy. The last case only confirmed my views. The young child of a professional man was seized with the fever, but the attack was very much masked in its early stage. Three days elapsed before I could satisfy myself that the case was really one of scarlatina; and I believe that the loss of these three days, during which champagne was not administered, had much to do with a *slight* attack of dropsy with albuminuria, which followed in about three weeks. Of course I do not believe in universal remedies of any kind, but I am convinced that in the disease under consideration, the true plan of treatment is to save the patients from the stage of depression instead of trusting to our power of lifting them out of it at a later period. One of the latest cases which I attended illustrated the possibility of doing this in a remarkable manner. A fine boy, seven years of age, was attacked very smartly in March, 1869. Within forty-eight hours after I first saw him his lips had become dry and brown, his tongue being the same. Sordes gathered about his teeth, and his throat was rapidly assuming an alarming condition, both as regards its appearance and his inability to swallow; but during that interval the child had taken two full-sized bottles of the best champagne, and in the forty-eight subsequent hours he drank two more. The result was that all the typhoid symptoms disappeared a rapidly as they arose, and in the evening of the fourth day the child was sitting up in bed merrily rejoicing over a basinful of boiled milk. I have not the slightest doubt that any delay in the administration of the stimulant would, in this case, have been fatal. The suddenness with which the formidable symptoms sprang up, and the rapidity with which they progressed during the first two days, were most significant of a serious result. They passed away again more rapidly than they arose.

Two points alone have I found requiring to be watched in connection with this plan. These are the possibility of sickness and of diarrhœa. Occasionally I have found it necessary to suspend the champagne for a few hours, falling back during the interval upon old port wine, but such cases have been rare. The fact that a young child of seven or eight years of age can take an entire bottle of champagne within twenty-four hours, not only without intoxication but without any signs of excitement, is, in itself, significant of the atonic condition of the nervous system and of the necessity for upholding it *from the beginning.*

In addition to this plan of treatment I believe it difficult to exaggerate the importance of caution in the after treatment. After the first week I gradually diminish the stimulant, but rigorously enforce confinement to bed during the first three weeks, and

to one room for three more. During the present spring I have seen the first case of a death occurring in spite of this treatment. It was that of a boy who had been delicate from infancy, and in whom some low muttering delirium set in on the second day; yet even here the power of the stimulant was exhibited. Early in the morning of the fourth day I was summoned to him, and found him apparently dying. For some hours previously the nurse had very improperly relaxed the administration of champagne; I immediately resumed it, and the constant rally was most remarkable, again giving me hopes of a favorable result, but the boy sank early on the seventh day.—*Manchester Medical and Surgical Reports, p.* 61.

THE CANADA MEDICAL RECORD

A Monthly Journal of Medicine and Surgery.

EDITOR:

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

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MONTREAL, APRIL, 1873.

TO OUR SUBSCRIBERS.

We have to return thanks to a very great many of our Subscribers for the prompt reply they made to the Bills enclosed in the February number of the Record. There are, however, some who have not done so, and we believe we have only to remind them of the fact, to cause them, without more delay, to remit to us the small sum of two dollars, the subscription of the Record for the year.

WORDS OF ENCOURAGEMENT.

The work of conducting even a monthly Medical Journal is a much more laborious task than at first sight would be supposed. This is especially the case with ourselves, where, in addition to the editorial duties, we act as proprietor, bookkeeper, and dispatcher. In other words, where every duty pertaining to the publication of the Record is performed by the Editor. Unfortunately pecuniary recompense, at all events to any adequate degree, is beyond expectation, for a time at least, and for our reward, we have to look to our patrons for kind words of sympathy, and a recognition of the value of the *Record* to the practitioner, engaged in busy general practice. We have tried to make the *Record*, as far as is possible, a thoroughly practical periodical, one that would be anxiously looked for each month, and we are proud to say that, so far as one can judge from the letters received, we have fully succeeded. One young man writing from near Huntingdon, says: "No two dollars that I have spent since I graduated has repaid me so much, as the two I now send you for the *Record*." Another writing from the Townships says: "I like the *Record*; it is so practical. From every number I have gained some information, which I have found very useful to me in practice." Another in Cumberland, Ont., writes. "I hope the profession generally will sustain you." A subscriber in Sherbrooke writes: "There are many things I like the *Record* for, and hope it will be a success." Another in Seaforth, Ont., says: "I think a good deal of the *Record*, and wish to have it on my list of periodicals." A friend in Fergus, Ont., says, "I am sure the *Record* will receive that support, which it so well deserves, while it keeps up to its present standard. A Quebec subscriber says: "I like it well, better than any Canadian Medical Journal I have yet seen, and wish it every success." From Glanford, Ont., a subscriber says: "From a careful perusal of the numbers issued, I feel confident that such a Journal cannot but meet with the approbation of the profession at large." From the good old city of Kingston, one of its prominent medical men writes: "I like your Journal, and wish you much success in your enterprise." A medical man in London, Ont., who had seen the *Record*, when ordering it to be sent to him says: "Allow me to say to you by way of encouragement, that I am much pleased with the numbers of the *Record*, that I have seen. In my humble opinion, your Journal is far in advance of any other Medical Journal published in Canada." We could add many more, but our modesty prevents us. We, however, thank our friends, for their kind words of encouragement—they have done much to cheer us in our laborious duties. We are glad that the *Record* has pleased so many, and our endeavour in the future, as in the past, will be to present to our readers what we promised in our first number, viz. "A live Journal."

UNIVERSITY OF MCGILL COLLEGE.

The annual convocation for conferring degrees in medicine took place in the William Molson Hall on Friday the 25th March.

Dr. George W. Campbell, Dean of the Medical Faculty of the University, announced the following gentlemen as having passed their Primary Examination on Anatomy, Chemistry, Materia Medica, Institutes of Medicine and Botany or Zoology.

Bigelow, H. C., Boston, Mass., U. S; Cameron, J. C., Montreal, Quebec; Chevalier, N., St. Gregoire le Grand, Quebec; Cline, J. D., B. A., Cornwall, On-

tario; Cutter, F. A., Hopkinton, New York, U. S.; Harvey, W. A., Newbridge, Ontario; Henderson, E. G., Belleville, Ontario; Hickey, S. A., B. A., Aultsville, Ontario; Hockridge, T. G., Bradford, Ontario; Hume, W. L., Leeds, Quebec; Jones, C. R, Hastings, Ontario; Jones, G. N., St. Andrew's, Quebec; MacDonald, R. A., Cornwall, Ontario; McBain, J., Williamstown, Ontario; McCormick, A. G., Durham, Quebec; McDonell, A. R., Loch Garry, Ontario; McMillan, Æ. J., Edwardsburgh, Ontario; Mines, W. M., Montreal, Quebec; Molson, N. A., Montreal, Quebec; Monk, G. H., Montreal, Quebec; Moore, C. S., London, Ontario; Moore, J. T., Holbrook, Ontario; Norton, T., Montreal, Quebec; Pattee, R. P., Hawkesbury, Ontario; Phelan, J., Stratford, Ontario; Prossor, W. O., Lunenburg, Ontario; Rattray, J. C., Portage du Fort, Quebec; Reddick, R., Prescott, Ontario; Ritchie, J. L., Halifax, Nova Scotia; Rogers, A., Bradford, Ontario; Sinclair, St. Thomas, Ontario: Speer, A. M., Richmond, Quebec; Wales, B. N., St. Andrew's, Quebec; Wallace, I. W., Milton, Quebec; Woolway, C. J., St. Mary's, Ontario.

The number of students who passed their final examination for the Degree of M. D. C. M., was 35, alphabetically arranged as follows with the subject of the thesis:—

Alguire, D. O., Lunenburg, Ont., Auscultation; Bell, R. W., Carleton Place, Ont., Post-partum Hæmorrhage; Brown, H., London, Sleep and its Derangements; Carmichael, D. A., Beechburg, Chronic Bright's Disease; Chevalier, N. E., St. Gregoire le Grand, Q., Intermittent Fever; Cutter, F. A., Hopkinton, N. Y., U. S., Cerebro-Spinal Fever; Edwards, O. C., Clarence, Ont., Sph. Affections of Nervous System; Ellison, S. R., St. Thomas, Ont., Lobular Pneumonia; Ewing, W., Hawkesbury, Ont., Urinary Calculus; Farley, J. J., Belleville, Ont., Physical Diagnosis; Fortune, L. M., Huntingdon, Quebec, Erysipelas; Gaviller, E. A., Bond Head, Ont., Erysipelas; Guest, T. F., St. Marys, Ont., Tubercular Meningitis; Hills, J., St. Gregoire, Quebec, Diabetes Mellitus; Hurlburt, R. N, Mitchell, Ont., Syphilis; Jackson, W. F., Brockville, Ont., Diphtheria; Jones, H. J. M., Montreal, Quebec, Aphasia; Kelly, T., Durham, Ont., Epilepsy; Kittson, E. G., Hamilton, Ont., Alcohol; McGuire, B. D., Joliette, Quebec, Asthma; McConnell, J. B., Chatham, Quebec, Bronchitis; McDiarmid, J. Prospect, Quebec, Variola; McDonald, J. D. A., St. François du Lac, Q., Phlegmasia Dolens; McLeod, J. Wigg, P. Ed. I., Pathology of Inflammation; O'Brian, R. S. B., L'Orignal, Ont., Hygiene of Childhood; O'Brien, D., Almonte, Ont., Acute Rheumatism; Perry, H. R., Coteau Landing, Quebec, Rickets; Richmond, P. E., N. Y. State, U. S., Acute Rheumatism; Shepherd, F. J., Montreal, Quebec, Hospital Reports; Stephenson, J. A., Cayuga, Ont., Puerperal Fever; Tracy, A. W., Island Pond, U. S, Vaccination; Walcon, G. O., Montreal, Quebec, Progressive Locomotor Axtaxy; Ward, W. T., Boundary Line, Quebec, Ovariotomy; Young, R. C., Barton, Ont., Erysipelas, Whiteford, J. W., Belleville, Ont., Cholera Infantum.

Three of the above-named gentleman, Messrs. Alguire, Ewing, and Jackson, have not yet completed their twenty-first year, and cannot, on that account, receive their Diplomas at this Convocation.

MEDICAL FACULTY, UNIVERSITY OF BISHOP'S COLLEGE.

The following gentlemen successfully passed their primary examination for the degree of M.D., on the 24th and 25th of March, viz.:—George F. Slack, M.R.C.S., England, Montreal; Robert Costigan, Montreal; Robert Frederick Godfrey, Montreal; Mr. George B. Shaw, Ottawa, Ontario; Mr. F. C. Lawrence, Richmond, Quebec; and Mr. William M. Hunter, Cornwall, Ontario. The following gentlemen successfully passed the final examination for the degree of M.D., on the 27th and 28th of March, viz.: George F. Slack, M.R.C.S., England, Montreal; Robert Frederick Godfrey, Montreal; Mr. George B. Shaw, Ottawa, Ontario; Frederick C. Lawrence, Richmond, Quebec; William MacDonald, Montreal; Godfroi Dubuc, Chambly, Quebec; Isaac Fontaine, St. Barnabé, Quebec; G. Upton Peltier, St. Guillaume, Quebec.

The Convocation for the conferring of Degrees in Medicine took place at Lennoxville, on the 3rd of the present month.

CREDITABLE TO CANADIANS.

At the last Annual Meeting of the American Pharmaceutical Association, Mr. Grassly, Chemist of Chicago, reported on query No. 33, "In how far do the Seidlitz powders of the market agree with the quantity and quality of the formula of the United States Pharmacopœa?"

The reporter collected 165 samples from 14 different States of the Union, and the Dominion of Canada, (representing 19 of the principal cities,) and subjected them to an exhaustive quantitative and qualitative examination.

In the explanatory remarks appended to the tables containing the result of the analyses, the reporter says: "all those received from Canada were made of good materials, and free from impurities." In contradistinction to which, the samples from the United States were generally very far below the official standard, and not at all creditable to American pharmacy.

We are glad to see our Canadian pharmacists compare more than favorably with those of the United States. It goes to shew that men who can conscientiously fulfil such minor duties as the making of a

simple Seidlitz powder, may well be trusted with the more important ones, which they are daily called upon to perform.

ORBITUARY NOTICES.

DR. ROBERT NELSON.

Many of our readers will regret to hear of the death of the late Dr. Robert Nelson, at the ripe age of 79. He had been suffering from hemiplegia for some twelve months past; the disease, however, did not show any very dangerous symptoms until seven weeks ago. He died at his private residence Staten Island, near New York, on Sunday, the 2nd March. After having secured a handsome competence, he had retired from practice some four years ago, and was succeeded by his only son, Dr. Eugene Nelson, M.R.C.S., England, who still practices in New York. Dr. Robert Nelson was born in January, 1794, and at an early age was apprenticed to the late Dr. Arnoldi, of Montreal, and even before he was admitted to practice he had raised a reputation for himself as a talented and clever young man, and one likely to rise to the head of his profession. He served through the war of 1812, as surgeon to a regiment called the "Indian Warriors." Being fond of Surgery, cool, and having plenty of nerve, he soon made a name, as one of the most celebrated surgeons of the day, patients coming to him from all parts of Canada and the adjoining States. He was one of the attending physicians of the Hotel Dieu Hospital, and there had an ample field in which to exercise his liking. He operated during his residence here some *sixty-five* times for urinary calculi, very successfully. In 1823, an attempted suicide divided the carotid artery, Drs. Robertson, and Caldwell, ex-army surgeons, (one had been through the wars of the Peninsula) were called in, and refused to ligature; Robert Nelson, still very young in his profession, being only 29 years old, was sent for, and successfully ligatured the artery, and saved the patient's life. He was, we believe, the first surgeon to ligature that vessel in Canada. This patient afterwards suffered from asphonia, and proceeded to England, where he consulted some of the London celebrities of the day, one of whom stated that nothing could be done for him, and remarked, "fortunate is the country that possesses such a man."

On another occaion, an influential patient of his had a ball lodged in his thigh for a considerable time, and which Dr. Nelson was unable to extract, proceeded to England, to consult some of the surgeon's there. These, on ascertaining who had attended him in Canada, said "if Dr. Nelson is unable to do anything for you, we are perfectly sure we can do nothing." The gentleman returned, and died without having the ball extracted.

He was for a time President of the Medical Board for the District of Montreal.

He was twice returned to Parliament, having been mixed up with the politics of the day. Mr. Papineau's friends were exceedingly anxious that he should be returned to Parliament, but he did not possess the necessary influence, and Robert's name was added to the ticket, he having an immense practice, and great influence, and through that influence, and the assistance of friends, they were jointly returned. The elections, at this time were almost invariably made scenes of riot and disturbance. At his last election for the West Ward, in 1834, the polls were closed before all the votes were taken owing to the violence of the mob, and the following proclamation was issued :—

"Proclamation.—It being impossible to continue the elections of the West Ward of the City of Montreal with security to myself or the citizen electors, I think it my duty to terminate the election, and I do proclaim duly elected, to represent in Provincial Parliament the West Ward of the City of Montreal, the citizens Louis Papineau and Robert Nelson, as having the majority of votes, as it appears by the poll book of the West Ward of the City of Montreal.

(Signed,) Charles André Lusignan,
Returning Officer."

During this year, Montreal was again visited by the Asiatic cholera, which raged with equal, if not greater severity, than in 1832; during these periods he was Executive Officer of the Medical Board, and received daily reports from the City practitioners, collected statistics, etc., from various sources, from which he has since written and published a book, entitled "Nelson on Cholera," which gives a clear and succinct account of the invasion of cholera in the periods named, its history, modes of treatment, etc. This work was not published until 1866, and appeared first in New York.

He translated Hupeland's System of Medicine, and has written several valuable articles for Medical publications, as well as a disqusition on the difficult subjects of Contagion and Infection. He also published a treatise, in pamphlet form, on Ovariotomy.

He did not take any active part in the troubles of 1837, but was arrested, and cast into prison, on the news arriving of the result of the fight between his brother the late Dr. Wolfred Nelson, who commanded the Rebels at St. Denis, and the Royal Troops, in

which the latter were defeated, and had to retire with their dead and wounded. After a time he was liberated on bail.

The year 1838 was the most eventful period of his career, when he played a conspicuous part in the affairs of his country, and figures in its history for that period. He was induced by a number of dissatisfied and disloyal persons of Canada, as well as some "sympathisers" from the States, to take up arms against his country, and thus entered into the chimerical scheme of invading Canada. He was chosen President of the Republic, as it was termed, and issued a long Proclamation, which bears his name as such, which our readers will find in Christie's History of Canada. He commanded at Odelltown; the attempt proved abortive, and awfully disastrous to those engaged in it. His property was seized and sold, and he was compelled to leave the country, and proceeded to California, where by patient industry he amassed a considerable fortune. After years of practice he left for New York, on a visit; and on his return found that all his hard earned savings had again been lost, through being carelessly managed by his agent in his absence. He again returned to New York, and after an absence of three years in Europe, where Mrs. Nelson died, he again returned and practiced as a consulting physician and surgeon, up to some four years ago, when he retired, on a handsome competence, as we have already stated, to a beautiful residence, that he had erected on his private property on Staten Island.

Robert's brothers Wolfred and John also studied medicine, all three obtaining licenses to practice from the Medical Board, as it was then termed, of the City of Montreal, in the early part of this century. He was the third son of the late Mr. William Nelson, a native of Newsham, England, and a grandson of the late Mr. George Nelson, of Shields, England. He was named after a great uncle, Robert Nelson, one of the projectors and the architect of the original London Bridge over the Thames. His brother, Dr. John, was drowned, while crossing from Sorel to Berthier, in 1833. The late Dr. Wolfred Nelson, the late Mayor, Chairman of Board of Prison Inspectors, etc., etc., etc., died in 1863.

His grandfather, George, was a first cousin of Lord Nelson's, with whom he played in his youth. The family is connected with the Heads—the family of our late Governor General, Sir Edmund Head.

Dr. Robert Nelson was a man of small figure, active and energetic, with a quick piercing eye, eccentric in habit and manner, concise in his way of speaking, his remarks being few and full of meaning, and to the point, as many of his former confreres and political adversaries could testify.

To this date, there have been eight doctors in the family. Of the sons of the late Dr. Wolfred, Dr. Horace, formerly Professor of Practice of Medicine in the old St. Lawrence School, died in Dec., 1863, and Dr. Alfred Nelson in February of this year; the remaining three are practicing. Dr. Henry Nelson, in Sacramento, California, Dr. Eugène Nelson, in New York, and Dr. Wolfred Nelson, St. James Place, in this City.—*Communicated.*

CHARLES PICAULT, M.D.

Not a few will hear with regret that Dr. Charles Picault is no more. After an illness—not of very long duration—he expired on the 23rd of March, and on Wednesday, the 26th, his remains were followed to their last resting place in the Catholic Cemetery, Cote des Neiges, by a large number of sorrowing friends. Charles Picault, M.D., was the son of Dr. P. E. Picault, for a great many years a practitioner in Montreal. He pursued his studies at McGill College, and graduated in 1857, since which time he practised in connection with his father. He was warm-hearted and impulsive, and among his fellow-students at College was a universal favorite.

PERSONAL.

Dr. Lewis G. Hunt, graduate of McGill College, 1871, is at present in charge of a practice in Stockbridge, Hull, near Sheffield, England. We, however, believe, that it is his intention to return to his native city, Halifax, N.S., during the course of the ensuing summer.

We understand that the Hon. Dr. McNeill Parker has returned to Halifax, after a year and a half passed in Europe, principally in Edinburgh.

Dr. Wallace Clarke (M.D. McGill College, 1871) now of Marquette, Michigan, was in Montreal last month, on a visit to his friends. We are glad to hear of his success in the West.

Dr. Geo. Ross, late House Surgeon of the Montreal General Hospital, has been appointed Professor of Clinical Medicine in McGill College, and Dr. Roddick, the present House Surgeon of the Montreal General Hospital, has been appointed lecturer on Hygiene in McGill College,

J. Baker Edwards, Ph.D., D.C.L., Professor of Chemistry in the University of Bishops College, has resigned his chair, owing to ill health. He how-

ever, still remains on the Professorial staff, as Professor of Practical Chemistry and Microscopy.

Dr. James J. O'Dea, (McGill College, 1859), formerly of Toronto, is practicing at Clifton, Staten Island, New York, the position he has attained is such as would have been anticipated by those who knew his talent and his application when a student of medicine. An admirable article from his pen on the abstruse question of the "Physiology and Psychology of dreams," appears in the February number of the *New York Medical Journal.*

Dr. Rottot operated for ovariotomy at the Hotel Dieu Hospital, on Saturday, the 29th March. The case was, we believe, a favorable one, and at the time we go to press the patient, we are glad to learn, is doing well.

Dr. Perrigo Montreal, reports a case of premature labour at six and half months, occurring in his practice, where the child presented by the breech and where there was nearly spontaneous amputation of the right wrist by the cord being twisted around it. The child had also a cleft palate and an enormous hare-lip. The child was still-born.

Reviews.

Clinical Lectures on Diseases Peculiar to Women, by LAMBE ATHILL, M.D., Univ. Dub., Fellow and Examiner in Midwifery, King and Queen's College of Physicians; Vice-President Dublin Obstetrical Society; Obstetric Physician to the Adelaide Hospital, Dublin; and formerly Assistant Physician to the Rotundo Lying-in-Hospital. Second edition with six lithograph plates and wood-cut illustrations; Philadelphia, Lindsay & Blackiston; Montreal, Dawson Bros., St. James Street.

The fact that a second edition of this little compendium of diseases of women has been called for within one year attests the high estimation in which it is held by the general profession. The wood-cuts are good, and the printing neatly executed on tinted paper. The whole get up is, in fact, in Lindsay & Blackiston's best style.

Dr. Athill divides his book into fifteen lectures. The 1st lecture treats upon the importance of and the ways in which we can make a thorough diagnosis, of uterine diseases. There can be no doubt that many valuable lives are lost or rendered miserable for want of this class of diseases being more correctly understood by the general practitioner. The bivalve speculum is recommended as preferable to any other, an opinion which every one will endorse who has had much to do in the treatment of uterine disease. Ferguson's instrument is preferable only sn those cases where the entrance to the vagina is so mall as to prevent the use of the bivalve. The importance of the uterine sound is dwelt upon as an invaluable aid to our diagnosis, and its mode of introduction illustrated.

Lecture II. is occupied with Leucorrhoea; its characteristics, sources, varieties of (i.e. vaginal, cervical, and uterine) vaginitis, treatment, vaginismus. The author in this chapter has not only given the latest theories and practice connected with the above named subjects; but has laid before us new and valuable modes of dealing with Leucorrhoea, but more especially with regard to the treatment of vaginitus. Infusion of tobacco a drachm to a pint of boiling water as an injection is highly recommended, especially when coexistent with pruritis of the vulva. The application of glycerine on cotton wool is also advised, and other means are brought before us to render our treatment of this very troublesome disease successful.

Lectures III. and IV. are upon Amenorrhoea and Dysmenorrhoea, and are up to the latest views.

Lecture V., on Menorrhagia, is one of the most valuable in the book. The treatment recommended in those cases not due to tumors or polypi, places valuable suggestions before those who have to deal with that often severe, and sometimes almost intractable disease.

Lecture VI., on Uterine Polypi, is all that could be desired. The various ecraseurs are mentioned, and the value of steel wire over iron wire rope is pointed out; also the author's ecraseur (a modification of Gooch's) is illustrated, and seems to be the *best* instrument extant for the removal of intra-uterine polypi.

Lectures VIII. and IX. are upon Fibous Tumors and Ovarian Cystic Disease, and embrace all the known facts connected with these subjects.

Lecture XI., on Inflammation of the Cervix, is of great practical value, and contains many important suggestions with regard to the treatment. The use of the scarificator is insisted upon as the best means we possess for relieving a congested os, and preparing it for the application of astringents or caustics. With regard to caustic applications to the cavity of the cervix and body of the uterus, the author strongly recommends that the canal be dilated by means of sea tangle, so as to allow of the surface being

thoroughly touched and the free escape of the subsequent discharge. The mode of applying caustics is worthy of attention, and we would commend a practice long adopted by ourselves, which is at once cheap and efficient, viz., to use a splinter of ash or elm wood 12 or 15 inches long, and as large as a pipe-stem, having the end to be introduced reduced to about one-eighth of an inch and notched near the end. On this rough end a fine even piece of cotton-wool is carefully rolled to any desired size, according to the patency of the cervical canal. This holder thus prepared is charged with any kind of fluid and applied with ease to any desired part. Dr. W. Playfair recommends a soft metal bougie of similar shape, but it possesses no advantage over its wooden competitor, and is not so good for the use of the mineral acids, as it is acted upon by them. Before leaving this subject we may say Dr. Athill strongly commends nitric acid as a local application in this disease.

Lecture XII. is devoted to the consideration of Chronic Inflammation of the Cervix, and endometrits and endo-cervicitis, and their treatment, and is replete with all that is known upon the subject.

The remaining three lectures are devoted to the subjects of uterine displacements, enlargements and the different forms of malignant growths, and are in keeping with the general excellent tenor of the work.

No one can rise up from the perusal of this work without feeling he has gained many valuable suggestions with regard to the treatment of diseases of women. We cordially commend the work to every member of the profession as the best small work extant. The book is to be had of Messrs. Dawson & Brothers, St. James street, Montreal.

Report of Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

MEETING HELD MARCH 7TH, 1873.

Dr. R. Palmer Howard in the chair.

Dr. Thomas Simpson read a case of a woman who had been in labour twenty-six hours, and had been attended by an ignorant midwife. He found her exhausted; countenance anxious; pulse rapid and small; genitals swollen and contused; vagina tumid, dry and hot; all intolerant of pressure and manuel examination. Both arms of child protruding, flaccid; the right humerus broken. The child lying across pelvis, shoulders forced into brim, its head flexed backwards, and the occiput resting between the scapulæ. The uterus was in a state of continuous contraction and embracing the child. The midwife had been pulling at the child for hours. The alarming symptoms demanded immediate delivery, and as he was far out of the reach of professional advice he had to act entirely on his own responsibility without assistance. Version was impossible, child in all probability dead. The blunt hook was passed over the neck steadied by an assistant, and the neck severed little by little by means of strong scissors. The delivery was rapidly effected, and the placenta came away immediately.

Dr. Simpson said, there has been a great deal of difference of opinion as to the relative merits of decapitation and evisceration in these cases. British practitioners were, as a general rule, averse to the former and older operation; the chief objection being that after the delivery of the body the extraction of the head was often attended with considerable difficulty and delay. Of late years, however, decapitation has come into favour, and is practiced by some of the leading accouchers in Europe. Sir James Simpson considered it a safer operation than evisceration, and easier of performance. It must be remembered in favour of evicceration that throughout we maintain a control over the head, and are able to exert considerrable extraction force by means of the attached body, and if further instrumental assistance be necessary, the crotchet, or perforator or forceps may be more readily and expeditiously used.

A brief discussion ensued, and a vote of thanks having been passed to Dr. Simpson, the Society adjourned.

BIRTH.

At Cornwall, Ontario, on the 22nd instant, the wife of T. B. Tracy, M.D., of a daughter.

DIED.

In this city, on the 23rd inst., Charles Picault, Esq., M.D., eldest son of P. E. Picault, Esq., M.D, Vice-Consul for France.

At Longueuil, on the 26th instant, at the age of 34 years and 4 months, Rosalie Brauneis, beloved wife of Dr. Larocque, M.P.P.

On March 9th, at St. Germain, P.Q., after a short illness, Thomas E. Foster, second son of Dr. W. E. Foster, of West Shefford, P.Q., aged 15 years.

At Philadelphia, on the 26th February, Hugh L. Hodge, M.D., aged 77 years, late Professor of Obstetrics in the University of Pennsylvania. He entered upon the duties of this chair in 1835, and fulfilled them till 1863, when advancing years compelled him to resign. In 1860 he published a work "On the treatment of Diseases of Women and Children;" and in 1864, "On the principles and practice of Obstetrics."

At his residence Staten Island, New York, on Sunday, the 2nd March, Robert Nelson, M.D., aged 79 years, formerly of Montreal, brother of the late Dr. Wolfred Nelson.

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