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CERTAIN ANÆSTHETICS.

By W. H. HINGSTON, M.D., L.R.C.S.E., D.C.L., Surgeon to Hotel Dieu, Montreal.

Read before the Medico Chirurgical Society, Montreal.

There would seem to be much similarity of action on the economy in the ethyls, methyls, and formyls, and in their adaptability to anæsthetic purposes.

Chloroform for many years held its sway, undisputed save by ether; and in the claims of each the Atlantic Ocean seemed to divide the two camps.—British practitioners holding, in great measure, to the discovery of Simpson; and American practitioners to the anæsthetic of the Boston school. (I name not *his* name, for the modern Athens has not yet decided to whom to award priority in the introduction of ether.) In Canada, chloroform has been more generally used. I may say, until within the past few years, it has been used almost exclusively in hospitals and dispensaries. As I have not had any serious accident in the administration of either anæsthetic, I have come to regard *both* with confidence, and without misgivings.

Still, deaths are now and then recorded from ether, and more frequently still from chloroform; and in the hands, too, of the most competent. But I am satisfied these untoward results would be less frequent were the administrator of either anæsthetic to give his *undivided* attention to his work, and not occupy

himself, as too often happens in surgical cases, with the doings of the operator.

Still, as already observed, deaths are recorded, and will doubtless continue to be recorded in the future. To reduce that number to the minimum is the desire of us all.

A couple of years ago, at the recommendation of Spencer Wells, I made use of the bichloride of methylene (C H Cl₂) using that prepared by J. Robbins & Co., Oxford street, London. It has the color, nearly the taste, and very nearly the smell of chloroform. I could see no difference in its action, and seeing no difference in its action but much difference in the price, discontinued it. Spencer Wells claims that vomiting is less frequent with the bichloride of methylene than with chloroform, but as I have not observed vomiting from the latter to be frequent when properly administered I could see no difference in that respect. In the hospital, and out of it, I have used chloroform and ether indifferently; in long and tedious operations, generally inducing complete anæsthesia with chloroform, and continuing that condition with ether.

Not long ago attention was drawn in the columns of the medical press, and chiefly by Dr. R. J. Levis in the *Philadelphia Medical Times*, to hydrobromic ether. I procured a quantity of Wyeth's of Philadelphia, and the results I shall briefly state to you.

It was administered, as I have been accustomed to administer chloroform, on a thick towel folded into a cone. The air was excluded as I have been accustomed, except in old per-

sons, to exclude the air when giving chloroform or ether. But while never measuring the quantity of chloroform, nor watching the pulse, some attention was paid to these matters with the new anæsthetic, measuring the quantity and often noting the pulse.

I was first struck with the rapidity of action of the Bromide as compared with that of ether or chloroform, in inducing complete anæsthesia; and more still with the suddenness of the return to consciousness. So sudden indeed was this return that it appeared to some of those present on certain occasions that the patient had not slept at all.

In only one case was there difficulty in inducing anæsthesia. Upon a stout muscular young man an attempt was too suddenly made, and without any warning by my assistant, to bring him under the influence of the bromide. Considerable cerebral excitement was manifested, and the violent muscular resistance offered, rendered the proper application of the towel extremely difficult. This was the only exception to what was observed in all the other cases, and could have been easily avoided by making an equally rapid influence, but with a more thorough assent on the part of the patient,—the greater ease with which this anæsthetic is inhaled facilitating its use. With the exception noted there was scarcely any emotion, and no struggling, save in the case of an infant, who could form no appreciation of the ordeal to which it was being subjected. As is the case with other anæsthetics, there was increased rapidity of the heart's action, and greater general arterial tension, as Dr. Levis terms it. With the increased frequency of the heart's action, there is, as might be supposed, increased frequency in respiratory movements, but less than with ether or chloroform; and less heaving than with the nitrous oxide gas.

In not one case have I noticed vomiting, and this alone would seem to give it a great advantage over chloroform, which, though occurring more frequently with the latter than it should, due in great measure to faulty administration, yet sometimes occurring notwithstanding every effort to prevent it.

The following notes of the exhibition of the new anæsthetic are not so complete as could be desired. They may be premised by stating that I was never accustomed to measure the quantity of chloroform or of ether administered to a

patient; nor during the employment of either anæsthetic to pay any attention whatever to the pulse. Rarely if ever do I feel the pulse at the wrist or elsewhere, being firmly of opinion that when death does take place, the heart is always the last to register the untoward event.

In the trial of the bromide of ethyl I, for the most part, disregarded the pulse, but when noted it was recorded either by my colleague, Dr. Brunelle, or the interne Mr. St. Jacques or my student, Mr. Bastian, or myself but not by them or by myself, and for the reason given, with anything approaching that exactness which obtained in Paris when the anæsthetic was undergoing trial there. The first trial were at the Hotel Dieu, then in the city, and also at Belœil.

1st. Mrs. P. M., æt. 26. Reduction of femoral hernia. 3 iiss. Bromide of Ethyl, (C₂ H⁵ Br.) Complete anæsthesia in two minutes, which lasted seven minutes. Five seconds after I announced reduction, i.e. after removal of the anæsthetic, patient was perfectly conscious. Pulse was not noted in this case, but breathing was scarcely increased in frequency. No stertor; no vomiting; and return to perfect and sudden consciousness was as quickly as after laughing gas. One of the Sisters of the Hospital and Mr. Bastian were present.

2nd. Scirrhus Breast.—Mrs. —æet. 38 Pulse before operation was 74, and at no time during operation above 80. Respiration was scarcely influenced; and anæsthesia was complete in 55 seconds; and was kept up for 18 minutes, with 3 vss. of C² H⁵ Br. Hospital staff present.

3rd. Double Club Foot.—Patient, æt. 6 weeks, Complete anæsthesia in 30 seconds. Continued during division of plantar-fascia and posterior tibials of both sides. Removal of anæsthetic was followed in less than four seconds by complete consciousness, and full and entire wakefulness. Dr. Perrault, of St. Hyacinthe, besides Hospital staff, present.

4th. Hon. Mr. O., æt., 55, for examination of elbow joint. 3 ij. was administered; considerable excitement and struggling, from anæsthetic having been too early removed. An additional two drachm induced desired condition, and almost immediately after its removal entire consciousness returned. Dr. Brunelle present.

5th. Amputation above wrist joint.—Patient L. M., of Belœil, æt. 72. Dr. Perrault, who

kindly administered anæsthetic, was not informed of its nature, and found its action satisfactory. No record was made of quantity in this case. Complete consciousness on removal of napkin.

6th. Talipes, double, same as case 3, above alluded to. It was now for division of both tendon achillis. The anæsthetic was given up same as in former instance, but the little patient was allowed to sleep after the operation, as is advisable after chloroform or other anæsthetic. The above two operations were performed at Belœil. Dr. Perrault present.

7th. Examination for stone in the bladder.—I handed the anæsthetic in this instance to Dr. Finnie, who administered it without having been made aware of its nature. I believe Dr. F., was quite satisfied with it.

8th. Operation for hæmorrhoids.—A woman aged 30. The quantity used was small, not more than 3 iss. Anæsthesia was quickly produced, and the piles removed, but not till complete relaxation of the sphincters of the bladder and rectum had occurred. Notwithstanding the complete anæsthesia which this accident denoted, intellection was almost instantaneous on removal of napkin.

9th. Anæsthesia for the removal of a portion of the lower jaw bone in a middle aged person.—The operation was a tedious one, and the anæsthetic was continued during its performance, the nose and a part of the mouth being covered with the napkin while the operation was being performed. Intoxication continued in this case long after the operation was over and the bromide withdrawn; the patient being somewhat demonstrative in her friendship. Several of hospital staff present.

It would serve no good purpose to mention other cases where no features of special interest were observable.

Bromide of ethyl has now, for a time at least, taken the place of other anæsthetics at the Hotel Dieu; and as no features of special interest have been observed, none are here recorded. In private practice I have had occasion to use it many times since I commenced its use at the hospital, and from my experience, so far, I am disposed to give it the preference over chloroform, on account of its milder and pleasanter action. Over ether it has one great advantage: pure bromide ethyl is non-inflammable. By the surgeon who adds, to his usual armamentaria,

lamps and atomizers, that disease germs may be brought to understand: "So far shalt thou go, and no further" this quality of the new anæsthetic will be duly appreciated.

As the introduction of bromide ethyl is recent, and is already being extensively used in the adjoining States, manufacturers are vying with each other in placing the article before the profession. It is evident they have not all been equally successful, and several varieties are said to have been exhibited; one containing so much ether that it ignited; another so disagreeably pungent and irritating as to be not easily inhaled. So far as I have learned, but one kind has reached Montreal, that of Wyeth, of Philadelphia. I had first from Mr. Gray, and afterwards from the manufacturers, an article which seemingly possesses the peculiar yet not disagreeable odor, and the quality of non-inflammability which should characterize the proper article.

It will suffice to say that I have used chloroform or ether in hospital or private practice but once or twice since I commenced using the bromide of ethyl, and the conclusions at which I have arrived after a short, yet I believe a sufficient trial are:

1st. That bromide of ethyl, or, as it is indifferently called, hydro-bromic ether, is an anæsthetic of great value.

2nd. That being less pungent than ether, and less irritating than chloroform, it can be administered with greater facility than either.

3rd. That it is far more rapid in its action than ether, and even more rapid than chloroform.

4th. That the pulse and breathing are less influenced than with ether or chloroform.

5th. That there is less resistance and struggling on the part of the patient.

6th. That, judging by limited experience, vomiting is less frequent than after chloroform or ether.

7th. That in no case was there disposition to fainting.

8th. That it is eliminated from the body much more rapidly than any anæsthetic except laughing gas.

If the above propositions are fairly stated it follows as an obvious corollary: that bromide of ethyl is one of the, and in some respects, the most valuable anæsthetic hitherto used.

I confine my observations, advisedly, to the use

of bromide of ethyl in surgery. What aid the accoucheur may obtain from it remains, in great measure, to be seen. Dr. Turnbull claims that, when used in tablespoonful doses when the pains are most intense and distressing, it gave as prompt relief as ether, and yet it did not interfere in the least with the expulsive efforts. The quantity given appears large, and would indicate that it had been administered as chloroform usually is in obstetric cases, largely diluted with air; whereas, in all my surgical cases, I have endeavored save in old persons to have the air excluded as much as possible.

A CASE OF NERVOUS INFLAMMATORY PUERPERAL FEVER CAUSED BY A VIVID DREAM.

By DR. CASSELS, Three Rivers, P. Q.

Every practitioner who has had any considerable midwifery experience knows how susceptible even the healthiest women are to any untoward influence while convalescing from childbirth; and how, even in those cases where, under the best sanitary conditions, every possible precaution has been taken, a patient will, from an apparently trivial, or perhaps without any obvious cause, suddenly fall into an alarming condition.

In my own experience I have often been puzzled to account for puerperal patients developing dangerous symptoms, and have long been of opinion that mental emotions, particularly dreams, are more important factors in the causation of childbed fever than the generality of the profession give them credit for, although all the standard authorities are unanimous in laying considerable stress on mental emotion as a predisposing cause.

The following is a well-marked case, and I venture to hope will be found of interest as bearing upon what I have above stated.

On April 11, I delivered Mrs. P.— of her second child, a fine boy of about 10 pounds weight. She is a large, healthy, well-made woman, and not in the least nervous or timid. During gestation she was unusually well, and, to use her own words, "would not have known she was enceinte except by the cessation of her menses, and the gradual increase of size."

Slight cutting pains came on at about 8 o'clock

p.m., to which she paid scarcely any attention, remarking "that she did not see why women made such a fuss about childbirth."

At 12.30. a.m., the os being well dilated, the first bearing down pain ruptured the membranes, and the second brought the child into the world. The placenta followed immediately, and in less than half an hour after the first forcing pain the patient was ready to be left for the night.

Very little blood was lost, and no ergot was given. I literally did nothing but make one examination, when I first arrived, to determine the position, tie the cord when the child was born, and apply her binder.

I have described the labor thus extensively, as I desire to show how much reason I had to anticipate a speedy recovery, more especially as the patient is of the upper class, with every comfort surrounding her.

Up to the following Thursday night she continued exceptionally well, pulse never exceeded 80, no headache or chill, lochia natural and profuse, milk plentiful from first day, bowels moved freely with castor oil the third day, tongue clean, appetite fair but restricted to semi-solids and fluids, slept well.

During this time she never sat up in, or was out of her bed, nor did she see any visitors, in fact she took every precaution in her power, and was a model patient.

On Friday morning I was sent for at 6 a.m., and told that at about 11 o'clock the previous night the household had been aroused by a piercing scream, and that, on rushing to the patient's room they found her trembling with fear, and bathed in perspiration. All night she continued to grow worse, tossing about, and talking wildly.

I found her in the following condition: Skin hot and dry, temperature in axilla 102.5, expression anxious and distressed, cheeks crimson, eyes wild and frightened looking, lochia and milk totally suppressed, considerable tympanites, tongue brown and dry. When spoken to would answer rationally, but if left alone muttered unintelligibly; complained of great pain in the head, and all over abdomen, most acute over right ovary; had not urinated since the previous evening.

On asking her the cause of her fright, she said that she had dreamt that there was an earthquake, that she fancied the house was

tumbling down, and that that the nurse was pulling her down stairs by the legs.

In trying to arrive at a reason for her thus dreaming I found that there was no physical cause, but that it was altogether mental.

A month or two before, a shock of an earthquake was felt at Quebec, and had been mentioned in the daily papers. She read this at the time, but it had passed from her memory until I spoke to her. How the idea came to the surface, as it were, during sleep is a psychological question, but given the idea, the details of the dream are easily explained.

I need not enter into a detailed account of the treatment, as that is not the point I wish to bring to the notice of the profession, suffice it to say that it was some days before, under active treatment, the fever abated and the functions completely re-established, and over a fortnight before she was well enough to get on the sofa.

I consider that, practically, the dream was as dangerous to this patient as if the events had really happened.

Correspondence.

OUR LONDON LETTER.

LONDON, ENGLAND, June, 1880.

The following amusing episode occurred not long since and not a hundred miles away. A learned physician, very clever and well up in his profession, and, knowing that he is, has a very nonchalant way with him of letting everybody see that he knows that he is, passing through the wards, surrounded by his class, always a large one and this time rather more numerous than usual, he stopped at the bedside of a newly admitted patient and inquired, "What case is this?" His clinical replied, "That case of phthisis you told me to admit, sir." "Ah! true," said he; then turning to the class: "Gentlemen, this poor man is suffering from pulmonary tuberculosis and is a musician. I have no doubt you will remember my frequently trying to impress upon you in the theatre my conviction that the extra strain and exertion caused to the respiratory organs by blowing musical instruments, more especially when commenced in early life, and the consequent fatigue and subsequent reaction, are frequent and fruitful sources

of phthisis, and here we have an apt illustration of my theory. Now, my friend," addressing the patient, "what instrument have you been in the habit of performing with?" "The *cymbals and the big drum* almost from infancy," replied the man. The collapse of the Professor and the merriment of the class were of "those things that we read about but very seldom see."

A friend of mine coming home early one dark winter's morning from an accouchement at which he had been using the long forceps, was assailed by two roughs; he knocked them both down with the forceps, took to his heels and arrived home safely,—quite a new mode of delivery with the forceps!

The following is amusing and interesting in a medico-legal aspect, but I cannot, of course, vouch for the truth of the paragraph. Lord Cairns, when travelling from Oxford to London, was unfortunate enough to get into a compartment which had to be slipped at the Hanwell station. Finding himself thus left behind, and that he would have to wait, his lordship thought that he would kill time by making an inspection of the famous lunatic asylum. He accordingly presented himself at the gate, rang the bell, and was speedily accosted by a porter attired in the well-known uniform of the asylum, who asked him what he wanted. "Oh," said the Chancellor, "I merely want, as a matter of curiosity and interest, to look through the establishment!" "Where is your order?" demanded the porter. To this his lordship replied that he had not obtained one, but added, "I shall not want one, and you will merely have to take my card as your authority for admitting me." "My orders," said the porter, "are not to admit any one without a properly signed order; and I must not leave my post to carry in any cards." "But, my man," responded Lord Cairns, "I am the Lord Chancellor of England;" upon which the porter burst into a loud laugh, and, with a comic leer in his eye, said, pointing with his thumb backwards, "We have three or four Lord Chancellors here, and Archbishops of Canterbury too." However, subsequent explanation secured his lordship admittance and smoothed his ruffled plumes.

The vacant seat in the House of Commons for the University of London, caused by the elevation of Mr. Lowe to the peerage, is not it seems after all to be contested by Sir William

Gull, who, I am informed, in common with the Master of the Rolls, has bowed to the decision of the majority of the liberal graduates, and retired in favor of Sir John Lubbock. Whilst admitting the brilliant talents and the brilliant services rendered by his rivals, it is very much to be lamented in the interest of the medical profession that Sir William Gull should not have been elected. The presence of such an eminent member of the profession in the House would have been of incalculable benefit, as his opinion would have carried great weight when some of these burning questions so momentous and of such paramount interest to the well-being of the public were brought forward. So far as my recollection serves me, we have now no representative to watch and look after our interests (if there be one I trust he will pardon me). Dr. Lush's retirement, his health having given way, was much to be regretted, as he supported many useful motions. After an interval of rest and relaxation, I hope he may be induced to come forward again, for although many professed to feel a doubt, I think he would have been again returned for Salisbury, and we certainly require a few more such men as he in the "House" to watch our interests, for alas! most men think "three faces wears the Doctor: an angel's when first sought; a god's, the cure half wrought; but when, the cure complete, he seeks his fee, the devil looks less terrible than he!" One of Sir John Lubbock's measures is in my opinion of very questionable benefit,—I mean the bank holidays, which have now universally become general holidays, at least in my neighborhood; they are productive of more harm than good, and many deserving individuals have to go without their hardy earned money that these holidays may be taken,—holidays which generally end in drunkenness and illness for the present, and pinching and hardship in the future.

I have great hope of being able to report favorably of the chian turpentine in my cancer case, and have found marked benefit from it in two or three obstinate cases of gonorrhœa in the chronic (gleet) stage. The subject of Hospital reform, by establishing "provident dispensaries" in connection with them, is now agitating the public mind. There is not the slightest doubt that Hospitals are very much abused: hundreds, nay thousands of people who can well afford to pay for private attendance flock to and

obtain advice and medicine gratis from them; but on the other hand there are many thousands who could and would pay moderate charges, but cannot pay a (too often) heavy doctor's bill. I am not at all sure that a good private dispensary, conducted by properly qualified medical men and on a conscientious principle, where, when in ill-health, by paying moderate fees weekly in advance, they can receive proper medicines and attendance, do not meet the public wants and requirements better and with more satisfaction to the doctor. The Medical Associations that have sprung up so numerously within the last few years amongst Friendly Societies are to my certain knowledge very much abused. Men in good position enter themselves, their wives and families in them purely for the sake of the medical benefits attaching to them, and don't they expect a lot of it too! and I quite expect that the hospital dispensaries will be open to the same abuse.

Progress of Medical Science.

BENZOATE OF SODA IN GONORRHOËAL OPHTHALMIA.

The *Lyon Med.*, March 7th, tells us that Dr. Dor, who for the last two years has used the benzoate of soda with great success in the purulent ophthalmia of infants, has recently had the opportunity of treating a well marked case of gonorrhœal ophthalmia, recovery taking place in a few days, without any opacity being left. He kept iced compresses constantly to the eye. The benzoate of soda was employed in a 20 per cent. solution, and tannin in a 10 per cent. solution, ten drops being instilled every three minutes. All secretion which issued from the eye was removed by means of a wash consisting of 100 per cent. solution of the benzoate.

SPRAINS AND WOUNDS.

Dr. Brinton says that, to treat sprains, the injured limb should be placed in hot water, and boiling water be slowly added until the highest endurable temperature be reached. The limb is to be retained in the water a quarter of an hour, when the pain will have gradually disappeared.

Tannic acid, in powdered form, applied to wounds constituting compound fractures, will convert them, when the wounds are not extensive or torn, into simple fractures, by rapidly forming a cicatrix, and thus save from one-third to one-half the usual time of healing.—*Med. and Surg. Rep.*

HYDROBROMIC ETHER.

Hydrobromic Ether, the new anæsthetic, has been made the subject of careful study by Dr. R. J. Levis, and the results of his observations have been published in the *Philadelphia Medical Times*, January 17, 1880. The agent is a colorless liquid, of peculiar odor, intermediate between chloroform and ether in density and volatility, and its vapor is neither inflammable nor irritating to the air passages. Anæsthesia is usually induced in two or three minutes, and recovery of consciousness is of equal rapidity. The mode of administration is by inhalation from a covered napkin, and the quantity required varies with the necessities of the case between one drachm and eleven drachms. The preliminary muscular excitement is moderate and transitory, and is attended with slight acceleration of pulse and slight increase in vascular tension. Respiration is not affected beyond the characteristics of ordinary ether narcosis. Nausea and vomiting do not occur often. The pupils dilate when complete anæsthesia is induced, and resume their normal dimensions upon the return of consciousness. They may be taken as the guide. Ordinary caution should be observed in using the agent, although Dr. Levis has never discovered any tendency to the production of syncope.—*Chicago Medical Gazette*.

BENZOATE OF SODA IN ULCERATIONS.

In scrofulous and syphilitic ulcerations Schuller and Berkart have derived decided benefit from the internal use of benzoate of soda (*Medical Press and Circular*, December, 1879.) The latter recommends it in the following formula:

R. Sodii benzoatis, ʒ ss
Tr. cardam. comp., ʒ ss
Aq. menth. pip., ad ʒj. M.

For one dose, to be taken twice daily.

The latter thinks it is valuable in many forms of constitutional syphilis.

POP-CORN IN THE NAUSEA OF PREGNANCY.

Dr. F. A. Burrall, of this city, writes: "One of the best remedies for the nausea which attends the parturient state is the quickly roasted grain of the *Zea mays*, or Indian corn. It is too familiarly known as 'pop-corn' to require any description. Many physicians are not aware of the beneficial results which may be derived from the use of this simple agent. It should be white and light, and may be eaten freely, sprinkled with salt. I think it is no exaggeration to say that it will be found of the greatest service in many cases where the products of the chemist's art have proved unavailing."—*Medical Record*.

THE VALUE OF THE DEPENDENT POSITION OF THE HEAD IN OPERATIONS ON THE MOUTH AND THROAT.

Professor Thomas Annandale, of Edinburgh, in the *Lancet* of Nov. 8th, 1879, states that eighteen months ago, when removing the greater part of the lower jaw, including its symphysis, he tried the plan of allowing the patient's head to fall over the edge of the table. Although the tongue immediately fell back toward the posterior wall of the pharynx after the attachments of the tongue to the jaw had been freely divided, the man's breathing was perfectly easy—much more so than when the head was raised or lay level with the trunk. Before the patient left the theatre, he demonstrated this fact several times to the students present, and thoroughly convinced them and himself of its correctness.

The experience of this case led him to place the head in the same position in his next operation on the throat (thyrotomy); and since then he has performed many operations in this way on the mouth and throat with complete success, and with great facility as regards the prevention of blood passing into the air passages, the obtaining a good view of the parts, and the carrying out of the necessary manipulations.

Among the operations in which he has used this method, have been a second case of thyrotomy, two cases of tumor of the palate, one case of large epulis, and three cases of cleft palate. In all these operations he has been impressed with the advantages of this position of the head. Complete anæsthesia, by means of chloroform, or a mixture of chloroform and ether, has been kept up without any inconvenience during the whole proceedings.

His present method of keeping the head in this position is to have it hanging over the end of the table and supported there by the hands of an assistant; but he is having a little addition made to his operating table, which will allow the head to be supported in this position more efficiently.

DIGITALIS HYPODERMICALLY IN FLAGGING HEART.

In a recent clinical lecture Professor Da Costa called attention to the use of digitalis hypodermically for the purpose of sustaining a flagging heart. Two drops of the fluid extract are equivalent in strength to fifteen minims of the tincture. This amount (gtt. ii.) well diluted with water, is what he generally uses, and he has always found that it answers all the purposes of hypodermic medication excellently. This dose can, of course, be repeated as often as necessary.

CURE FOR VOMITING OF PREGNANCY.

Dilatation of the cervical canal for the vomiting of pregnancy is now regarded not only an efficient means of treatment, but reasonably safe. The dilatation should not, however, be carried to the interior of the uterine cavity, but should rather be confined to the lower portion of the constricted part of the cervical canal, and even here need not be extensive. It may be accomplished with the index finger, which should be gently carried through the external os with the rotating movement, until one-half of the first phalanx has been introduced. This may be easily accomplished with the multipara, but with the primipara it will generally be necessary to enlarge the os by previous dilatation, until room enough has been gained to admit the finger. The statistics of this method of treatment are not sufficiently large to warrant us in saying that it is wholly unattended with danger of abortion, but from records of several cases, since 1875, it may be said that it is a safe and sure remedy. It was discovered by Copman in 1875, when he dilated for the purpose of producing an abortion for the relief of vomiting, and instead of causing the abortion he cured the vomiting.—*Chicago Medical Gazette*.

ON THE THERAPEUTICS OF ACUTE RHEUMATISM.

A clinical lecture delivered at the Jefferson College Hospital. By ROBERTS BARTHOLOW, M.D., professor of Therapeutics and Materia Medica in Jefferson Medical College, Philadelphia.

GENTLEMEN: In no disease is the influence of fashion in therapeutics more conspicuous than in the treatment of acute rheumatism. Now it is a therapeutical nihilism, as the "mint-water method" at Guy's Hospital; again it is the application of blisters to the affected joints; now it is the alkaline treatment; again it is salicylic acid. Whatever it may be, the remedy has almost universal sway for a time, until supplanted by some other fashion. I need hardly say that we should not abandon an old and well-tried remedy for a new one, simply because it is new: but the new one should be distinctly better. It may be useful then, in view of the cases which have been before us, to examine into this subject of the therapeutics of acute rheumatism, and come to some conclusions, if we can, in regard to the relative merits of the various remedies which have occupied professional attention for several years past.

First of all, gentlemen, I cannot too strongly insist on this fundamental fact, that no single remedy can be rightly applied to every case of acute rheumatism. In this disease, notwith-

standing it pursues a pretty uniform plan, there are wide differences in origin, in the type of individual cases, and in the constitutional state and bodily condition of patients—all of which must have due recognition if we would employ our therapeutical expedients wisely. Let me illustrate: Rheumatism seems sometimes to be of distinctly nervous origin. We now know that certain changes in the spinal cord, and injuries of nerves, are followed by joint inflammations similar to those of acute rheumatism. Again, the circulation of some organic acid in the blood has seemed to excite rheumatic inflammation; at least we know that the sweat and the urine are very acid, that endocarditis has been excited by injecting lactic acid into the peritoneal cavity of animals, and that rheumatic attacks have been induced by the administration of lactic acid for diabetes.

Furthermore, the most superficial inspection of the cases which have been shown must have satisfied you that there are three classes of subjects who are attacked by rheumatism: the cachectic, feeble, and nervous; the obese, florid but flabby, drinkers of malt liquors; the vigorous and able-bodied, who have inherited or acquired a rheumatismal diathesis.

These forms and types are so distinct that he who fails to take heed of them cannot properly adapt his means to the end in view, and must pursue merely routine methods.

We are greatly aided now in our attempts to arrive at just conclusions respecting the therapeutical value of our remedies for rheumatism by the exact knowledge we possess of the natural history of this disease. Thanks to the "mint-water treatment" of Guy's Hospital, we know that rheumatism has a tendency to get well about the fourteenth day, and again but more decidedly about the twenty-first day, but that it usually continues on to the sixth week and does not really cease earlier, as I think Dr. Fuller conclusively shows. The traditional "six weeks and blankets," under the spoliative treatment formerly employed, seems to be about the natural limit of rheumatism, and hence, if under our remedies the duration of the disease is distinctly less, they have exerted a curative influence. It is very apparent, therefore, that we have several remedies which possess curative value in this disease, for under their use the duration of it is materially abbreviated.

Taking up for consideration, first, the type of feeble, anæmic, nervous subject—what method shall we pursue? If I were governed merely by the fashion of the time I would direct salicylic acid or salicin—an undeniably efficient remedy in many cases. But in this class of subjects it does not succeed well; they are much depressed by it, and have a tedious convalescence with a strong tendency to relapses. In these cases I decidedly prefer the tincture of the

chloride of iron, in half-drachm doses, well diluted with water. We owe chiefly to Dr. Russell Reynolds the important fact that the tincture of iron is an efficient remedy in acute rheumatism. It cuts short the duration of the disease, and what is even more important, lessens the danger of cardiac complications. Dr. Anstie pointed out another fact—that the tincture of iron has the power of prophylaxis—of preventing attacks that are impending. Whether it acts by virtue of its acid or its iron is not known, but it is probably the former. Dr. Ridge has shown that the mineral acids are decidedly curative in acute rheumatism. Alkalies are curative in rheumatism! mineral acids are curative in rheumatism! What strange contradiction is this? After all, gentlemen, this opposition of agents is more apparant than real. It is not difficult to conceive that whilst alkalies neutralize the acid of rheumatism, the mineral acids may prevent its formation. We may, therefore, assume that the virtues of the chloride of iron are due to its acid; but we should not obtain the same good results from chlorhydric acid, for iron aids in the restoration of the blood, and is useful for this reason.

I direct, as I have already indicated, and as you have witnessed, thirty minims of the tincture well diluted with water, every four hours. The affected joints are wrapped in cotton if the patient desire it, but otherwise are simply kept at rest, and if the pain is severe, some small blisters are applied around the joint, but not on it. I have treated many cases with the iron alone, and with iron aided by moderate doses of alkalies and blisters. The best results have been obtained in these weak and anæmic subjects by the iron and blisters, and an occasional laxative of Rochelle salt. The treatment by blisters alone is a highly efficient plan, and is by no means so painful and disagreeable as it appears at first sight. The blisters remarkably relieve the pain, and patients soon learn this and ask for their repetition. But the blisters do more—they bring about a more alkaline condition of the blood, and render the urine less acid or bring it to neutral, or even to alkaline. I do not, as the French physician (Dr. Dechilly) who proposed the method, apply large blisters over the whole of the affected joints, but as Dr. Davies, of the London Hospital, who introduced the method into England, apply smaller blisters to encompass the joints. To be more explicit: I have small blisters, the size of a silver dollar, placed around the joint, leaving an interval between for succeeding applications,

In these weak subjects a few blisters are applied, and the joint is supported at rest, but the tincture of iron is the chief remedy. Managed in this way, the duration of the cases rarely exceeds two weeks; heart complications are infrequent, and the patient's strength is

conserved so that convalescence is rapid and relapses uncommon.

The cases of the second class require different management. They are the fat and flabby subjects, often excessive consumers of malt liquors, who suffer habitually with acid indigestion and the usual concomitants of this state. Such subjects present a delusive appearance of good health, but they have a weak circulation, are easily put out of breath, tire on the least exertion, and often suffer from lumbago, myalgia, and other so-called rheumatic troubles. When attacked with acute rheumatism, they are very apt to have endo- or exo-cardial complications. These cases are most successfully treated by the alkaline plan. In, I believe, almost the last paper written by the late Dr. Fuller, which was in opposition to Drs. Gull and Sutton's "mint-water treatment," he insisted strongly on certain points in regard to the use of alkalies, inattention to which had been the cause of failure in the treatment. He says we must give not less than an ounce and a half of the alkaline carbonates, either alone or in combination with a vegetable acid, during the first twenty-four hours of the treatment. This may be prescribed as a drink—a lemonade—by adding lemon juice or citric acid to the solution of the carbonate—two drachms of the carbonates, an ounce of lemon juice, or half a drachm of citric acid, dissolved in four ounces of water, and taken every three or four hours. If the bowels are constipated, he gives compound cathartic pills at bedtime. As soon as the urine, when passed, ceases to exhibit an acid reaction, he reduces the alkali one-half. This reduction of the daily quantity of alkali goes on each day, until the fourth or fifth day, when, if the urine continues to be alkaline, he prescribes bark preparations or quinia, at the same time continuing the alkalies in moderate quantity. If treated on this plan, the class of cases under consideration get well within two weeks, and are often up in a week. Instead of giving the quinia in the small doses of three grains advised by Dr. Fuller, the results are much better if twice that quantity is given every four hours. In these cases, instead of quinia I usually give, after the alkali course, the tincture of iron; and if the attack is a severe one, apply blisters about the principal joints.

The third group of cases consists of vigorous subjects having, in a considerable proportion of them, an inherited tendency. According to my experience, cases of this type are adapted to the action of salicylic acid, and are often relieved with remarkable promptitude by means of it. Salicin is probably nearly as effective, but it must needs be given in such quantity as to be difficult to manage. Scruple doses of salicylic acid seem to be sufficient for most cases of rheumatism, provided they are often enough

repeated. The patient should receive not less than two drachms every twenty-four hours, and considerably more may be required. I have found that salicylic acid is more effective if given in solution or contemporaneously with an excess of alkali, than if administered in powder by itself. If kept for a few hours in solution with sodium bicarbonate in excess, the solution becomes brownish or greenish-brown, and emits an odour of wintergreen. Take it all in all, the most satisfactory procedure is to give wafers containing the salicylic acid, and alternate with an effervescing draught of an alkaline carbonate—the officinal effervescing powder answers the purpose. The amount of relief given by this remedy in many cases, is amazing, and in a few hours, a cure being effected not unfrequently in three or four days. When good is being accomplished by it, the evidence is quickly afforded in relief to pain and decline of temperature. If, therefore, after several days—three or four—persistent and efficient administration of salicylic acid, the signs of improvement are wanting, it is probable that nothing will be accomplished by its continued use. If the stomach will not bear it, or if the considerable doses necessary depress the action of the heart, or cause great irregularity in the pulsations, it must be discontinued.

Notwithstanding the importance of these remedies, or methods of treatment, there are accessories scarcely inferior in the influence which they exert over the progress of the case. The diet must be carefully regulated. Solid food of any kind seems to be hurtful, and there is usually great repugnance to it. Milk, and beef, mutton, or chicken broth, are the chief components of the diet. Large draughts of milk are useful by maintaining free action of the kidneys. Coffee and tea may be allowed, but wine, beer, and spirits are highly injurious.

Shall any attention be given to the joints? Experience does not justify the local treatment of the rheumatic inflammation. The curvative effects of blisters are not due to the notion at one time entertained, of the withdrawal of a morbid material from the affected parts, or to the counter-irritant action, but to their systemic effects in increasing the alkalinity of the blood, and lessening the acidity of the urine, and their power to relieve pain. Wrapping the joints in cotton is comforting to the patient, but it is questionable practice, as the heat is retained, and the temperature of the joints kept above that of the neighboring parts. The application of alkaline lotions, at one time much used, owing to the theoretical notions then entertained, is now rarely employed. Painting with iodine tincture, does not influence the course of the case in any way. To maintain immobility of the affected joints, is a measure of the highest utility. Motion increases the pain and swelling, which react in turn on the systemic

state, and conversely, an absolutely quiescent state of the joints, diminishes pain, and lessens fever. To secure the necessary quietude has been attempted by mechanical means—by starch or plaster bandages; but there are many joints so situated that this method, if desirable, would be impracticable. In fact, the desired immobility can be secured only by moral and medicinal means. The necessity for quiet—for absolute quiet—should be impressed on the patient, but moral suasion must be aided by means to quiet pain and restlessness. It is the sedative influence of the bromides on the centres of conscious impressions, and on the reflex and motor centres, which gives them importance as remedies in acute rheumatism, and by some of our best authorities they are assigned the highest place.

Relief to pain and restlessness is best afforded by the agents which exert a curative influence, but if pain persists relief must be given in some other way—by anodynes. If the bromides are active enough to allay pain, to bring sleep, and to quiet the restlessness, they are to be preferred; but it will generally be found, I think, that they do not possess sufficient anodyne power. Morphia or Dover's powder are usually resorted to, but the relief which they afford is at the expense of a protracted convalescence. By checking elimination, opium retards improvement. There is an agent which happens to have a decided effect in relieving pain, whilst at the same time it promotes elimination; that is, atropia, which, for this purpose, was first used and recommended by Dr. Harley. It should be administered hypodermically and in the neighborhood of the affected joints. The dose for each injection need rarely exceed the $\frac{1}{4}$ grain a day.

I have probably occupied sufficient time in giving this summary of the treatment of rheumatism, yet I ought to say something of important complications. It is by no means an unusual circumstance to have endo- or exocardial inflammations occur—in, probably, one third of all the cases. To combat it, there are three remedies of chief value—morphia, ammonia, and digitalis. As soon as the fact of the cardiac complication having arisen is known, the carbonate of ammonia in solution of the acetate (5 grains to a tablespoonful), should be freely given, with the object of securing prompt solution of the fibrinous exudation or deposited fibrin. To check the inflammatory process, and lessen the work of the heart, morphia and digitalis are prescribed. The morphia is most efficient when administered hypodermically, and the digitalis when in the form of infusion. As there is no therapeutical incompatibility, these agents may be given contemporaneously. When the acute symptoms subside, to relieve the immediate and prevent the ulterior bad effects of the inflammation, the

tincture of iron and quinia should be given freely, and the heart should be kept steady by digitalis. The extent to which restoration of these injured parts, delicate in structure as they are, can be carried by rightly seconding the efforts of nature, is very surprising. Shall counter-irritants be used? Although we are told that a blister applied to the bony walls of the chest cannot affect the condition of organs within, yet experience is in favor of the practice, and the patient's subjective sensation of relief is more valuable testimony than the deductions of theory. Neither need we be concerned about the blistering point, but put on one over the præcordia, to interfere with auscultation, but on the side of the chest, in the subaxillary space.

There is a complication of rheumatism—fortunately very rare—in which, without any apparent cause, the temperature suddenly leaps up to 106°, 108°, even 109° Fahr. This state of *hyperpyrexia*, as it is called, is accompanied by delirium and by cardiac and respiratory disturbances. That the grave symptoms of hyperpyrexia are due to the high temperature is now admitted on all sides, but no adequate explanation has thus far been given of the causes producing it. We only know that in some cases hyperpyrexia comes on, and paralysis of brain and heart quickly ensues if the excess of heat cannot be removed. Until the value of the cold bath had been made known there existed no means of diminishing the extraordinary heat, and these cases were always fatal. Now, however, the cold bath affords us the means of rescuing some cases from impending death. The method of the application is the same as for fevers, but, if the bath is not available, the wet pack is a resource which can always be utilized.

THE SIGNIFICANCE OF JAUNDICE, ITS DANGERS; IMPORTANCE OF PROMPT TREATMENT, MANAGEMENT OF CHRONIC HEPATIC DERANGEMENT.

Clinic of Professor ROBERTS BARTHOLOW, M.D., Jefferson Medical College Hospital.

GENTLEMEN: I think the most casual inspection of this young man will show you that he is laboring under hepatic derangement. He has had several attacks of jaundice at various times, the results of which are still seen in his sallow complexion; although there is no marked jaundice this morning, his face shows the evidence of chronic biliary derangement. A passing attack of intense jaundice may depend upon very casual agencies, and, as a rule, indicates only a functional disturbance of the liver; but where the discoloration of the skin remains permanently it indicates always a change in the

structure of that organ. I wish to emphasize this fact, which was originally pointed out by Graves, and since then has received much attention. The point is, that, in some forms of biliary derangement, there may not be marked jaundice of the general surface, but only a fawn color of the skin; whereas most intense jaundice may be due to causes that are temporary, and fugitive in their character. The light fawn color, then, would indicate that the biliary trouble is structural and permanent, and not transitory. This will aid in making our prognosis. This discoloration of the skin is caused by the circulation of the biliary coloring matters in the blood, due to re-absorption of bile from the biliary passages. Besides staining the skin, they make their appearance in excess in the urine, where they may be recognized by the ordinary Gmelin test. (Urine tested by nitric acid, showing a play of colors.)

The problem before us for solution in this patient is: What may be the disorder of the hepatic organs producing or accompanying these changes in the complexion, the urine and the blood. The integument of this man's body, generally, has not the appearance of health, but is a dirty fawn color. Observe that it is not the dark-greenish and olive hue of jaundice, properly speaking. We have said that this indicates a degenerative change of the liver. How shall we account for it here? He has not been a hard drinker, but he has been a steady drinker for years, from day to day and from year to year, although he is still a young man. The constant stimulation by alcohol has finally produced a condition of things of grave import.

Let us for a moment consider the state of the intestinal canal, and the functions of digestion and assimilation. His appetite is poor, he complains of indigestion and flatulence. He is restless at night. What is very significant, gentlemen, is that his stools are of the color of pine wood. What is the color and appearance of a perfectly normal stool? This is a question that I often ask students, and is a point too often neglected by medical men. A normal stool will not have this pine-wood color, but is of a dark, brown appearance, from the presence of bile. The clay-colored, or white stools, of hepatic disease, indicate that certain constituents of the bile are absent, which should normally pass into the dejections.

He says that some time ago the discharges were of a lead color, at which time we may assume that no bile whatever was present. What, then, becomes of the bile pigment? We found it in the urine, being secreted or separated by the kidneys from the blood, where it had accumulated. This indicates that the liver is so far at fault that it is not capable of performing its functions. What is the significance of this fact? and what is the danger?

Suppose a catarrhal condition of the common

ducts or the biliary passages of the liver, produces an obstruction to the discharge of the bile into the duodenum, or a gall-stone, or other agency impedes its passage; the blood then reabsorbs the accumulated bile, and the condition of obstructive jaundice appears. Now, recent researches in pathology have shown that there cannot be for any length of time an obstruction to the outlet of the bile into the intestinal canal, without there being set up important changes in the structure, which ultimately lead to loss of power by the liver to functionate. Modern researches have shown that the structure of the organ rapidly degenerates, the proper secreting cells undergo fatty change, then atrophy and disappear, and at the same time the connective tissue increases in quantity, both relatively and absolutely. This danger is imminent in all cases of liver disturbance, characterized by jaundice. It will, therefore, not do to be indifferent to any of the forms of jaundice, if they continue for any length of time. You will not be doing justice to your patient, if you pass it by as of little moment; the skilled practitioner will treat the case in time, and prevent this areolar hypertrophy and cell degeneration, which will, if neglected, go to such an extent that the organ will be prevented from performing its functions ever afterwards.

What has been the pathological condition here? The habits of life of this man and the chronic indigestion have led to duodenal catarrh. This was followed by swelling of the mucous lining of the bile-ducts, which is continuous with that of the intestinal surface. First, we have simple catarrhal condition of the bile passages, and jaundice (catarrhal jaundice); secondly, we have the mucous inflammation and swelling preventing the exit of the bile, and, hence, interference with the function of the liver. What is the effect? In the light of late investigations by Charcot and Legg, we know that this cannot continue for any length of time without the occurrence of organic change. His steady drinking, moreover, has favored contraction of the liver, which is demonstrated by physical examination; percussion shows that the liver is decidedly contracted, the area of dullness is reduced materially, and does not extend below the ribs.

Shall we conclude that our remedies will be unable to bring about a change? Can we do nothing for this cirrhotic liver? You remember that I told you the other day that nature has been bountiful in her gifts; that every individual is provided with more liver, more lung, more brain, than is necessary for his ordinary existence. This is well exemplified in the reproductive function. One testicle is sufficient for impregnation, as much so as two, or, indeed, a dozen for that matter.

This fact is equally true of the secreting structure of the liver; a considerable part of it may

be destroyed without fatally interfering with its functions. In this patient, if there be a sufficient quantity of healthy liver substance remaining to carry on the function of the organ, the interference of the morbid process being removed and its progress arrested, we may succeed in restoring the man to comparative health.

We will, therefore, treat this patient. The problem is to restore the production of bile, and secure the discharge into the intestinal canal. How shall we proceed? What will arrest this over-production of connective tissue, which is contracting upon the liver cells and causing their destruction? We have therapeutic agents that will do this. We may use the phosphates and phosphites, particularly the former, with a good prospect of success. The lacto-phosphate of lime and dilute phosphoric acid make a good combination. Indeed, the best, in view of its ready assimilation, is the phosphate of lime; but, on account of its insoluble character, the question is how to introduce it into the system. When freshly prepared, it is soluble in lactic acid. In this form it is readily absorbed, and promotes digestion and assimilation. Phosphorus, you know, exerts an elective action upon the connective tissue of the liver; for in phosphorus poisoning we find the hepatic connective tissue in the state of fatty degeneration and destructive change. The metals, also, are generally thrown out by this channel, and in poisoning by the metallic salts, such as copper or antimony, the substance may be detected in this organ. In medico-legal cases we always secure the liver, in order to examine it for poison. Arsenic particularly acts upon the hepatic structures, and after arsenical poisoning it may be detected in all the viscera, but is principally found in the liver. With this in view he shall have two drops of Fowler's solution three times a day, given after meals.

℞. Syrup. calcii lacto-phosphatis..... ʒj
 Liq. potassii arsenitis ℥j
 S. Ter in die.

We employ the arsenic in order to act upon the nutrition of the liver, and for its specific effect upon the connective tissue.

A most important part of the treatment in hepatic disorders is careful regulation of the diet. Here is the problem. Given a damaged liver, what shall be the alimentation in order to secure digestion and assimilation? Evidently his diet should mainly consist of such articles of food as do not require bile for their assimilation. Now, shall we direct him to eat fatty, saccharine, or starchy articles? If we understand anything whatever about the action of the different secretions upon the function of digestion in the upper portion of the small intestine, we know that the bile emulsifies fats and favors their absorption, it also prevents fermentation in the starchy and saccharine elements. We must

therefore, give this patient substances that are converted into peptones in the stomach, and are thus readily absorbed. He shall have milk, fresh meat, eggs, and the succulent vegetables, such as contain but little sugar or starch (spinach, cabbage, cauliflower, etc.).

We will direct our patient to keep up the treatment systematically. It would be folly for him to expect that in a few days or weeks we will be able to entirely restore him; especially if he disobey our instructions in regard to alcoholic drinks, which must be absolutely discontinued. Unless he faithfully carries out his treatment he will go on from bad to worse until the organ will be irretrievably damaged. —*The College and Clinical Record.*

THE TREATMENT OF HYSTERICIS.

Hysteria is a disease to which every woman is liable, and which every physician will be, some time or other, called upon to treat. Most of you will find it very hard, in most instances, to distinguish between hysteria and organic disease, for it in many instances mimics exactly grave structural diseases. There is no difficulty in forming a diagnosis when you meet a real hysterical attack, attended with screaming and groaning and kicking.

When you are called to treat a young girl with a hysterical attack, there are three things which you had better do: (1) Institute at once firm pressure in the neighborhood of both ovaries. This is very apt to quiet the patient at once. (2) Administer an emetic. I have found that a woman who is well under the action of an emetic has not the opportunity to do anything else than be thoroughly nauseated. Give a full dose of ipecac, with one grain of tartar emetic. (3) And this method of controlling the spasm will often act charmingly—take a good-sized lump of ice, and press it right down upon the nape of the neck. This produces quiet by its powerful impression on the whole nervous system.

When the attack is entirely under control, the best method of preventing the occurrence of another attack is to administer a full dose of assafetida—none of your small two or three grain doses, but ten grains, all at once.

There is everything in a doctor's manner in the sick room; and he who looks and speaks hopefully, saying: "take this, and you will get well," and "do that, and you will feel better the next moment," is much more likely to cure his patient than the man who magisterially goes through the motions, without a ray of light or hope in his face, "ordering this pill to be taken in half an hour," and "so many teaspoonfuls of that prescription to be given at such and such times."—*Dr. Wm. Goodell, in Clinical News.*

THE THERAPEUTICAL ACTION OF COLD.

A Lecture by W. H. THOMSON, M.D., Professor of Therapeutics and Materia Medica in the Medical Department of the University of the City of New York.

GENTLEMEN: Remedial agents are of two kinds: First, drugs; and second, other therapeutic measures, such as temperature, electricity, etc. For the sake of convenience, we will here consider those remedial agents which are not drugs, and first, among them, we will study one of the physical forces or imponderables—cold.

Physically, cold is the absence of heat. Therapeutically, it is a positive agent, and has five actions:

1. Tonic.
2. Styptic.
3. Antiphlogistic.
4. Anæsthetic.
5. Antipyretic.

In the first three, cold acts only upon the vasomotor system as a pure irritant neurotic. In the last two it acts simply on physical principles.

COLD AS A TONIC.

We have said that cold, when it acts as a tonic, is an irritant. Every irritant produces a shock and causes an expenditure of the energy of the part irritated. The energy of the part irritated, therefore, becomes depressed; but this depression differs from that produced by a simple sedative, in that it is followed—provided the shock is not so great as to cause exhaustion—by a reaction to or beyond the condition in which the part was prior to the irritation. Thus, cold, as an irritant, affects the vaso-motor system and produces a shock which is followed by a reaction. In other words, this system is exercised, and all moderate exercise tends to strengthen the organ called into action, and permanently to improve its nutrition. Cold, then, is a vascular tonic, and may be used generally or locally. When the circulation is feeble, and there is loss of muscular power, the general use of cold will arouse the heart, restore arterial tone, and thereby improve the nutrition of the whole body. For this purpose either the dip-, shower-, or sponge-bath may be used, according to the strength of the patient, taking care never to cause exhaustion by its too frequent or too protracted use. A thorough reaction, as indicated by a glow of the skin, should always follow the bath, and never a sensation of lassitude or fatigue. When the irritant effect produced by the cold water alone is not sufficient, salt or some mild rubefacient may be added. If the patient is too feeble to bear even the sponge-bath, simple exposure of the surface of the body to cold air will often prove beneficial. In all cases reaction may be assisted by friction with a rough towel.

A cold douche to the nape of the neck is indicated in the following conditions :

1. When, after sunstroke, the arteries of the head remain dilated, and there is headache and dizziness on exertion or exposure to the sun.

2. In all cases in which headache is confined to one side, and is attended by dilatation of one temporal artery and suffusion of one eye.

3. In false croup, or the crowing respiration of children.

4. In tinnitus aurium, when the throbbing is synchronous with the beating of the heart, and the tympanic arteries are distended, the cold douche to the nape of the neck, aided by the internal use of hydrobromic acid, may afford relief.

Sponging the chest of a phthisical patient with cold water lessens the susceptibility to cold.

Local applications of cold water are useful in promoting absorption of inflammatory effusions and exudations in the subacute and chronic stages; also in restoring the balance of the circulation in the liver and spleen when enlarged in malarial poisoning.

The hip- or sitz-bath is useful in hemorrhoids, prolapse of the rectum, and congestion of the pelvic viscera.

COLD AS A STYPTIC.

As a styptic, cold acts by constricting the arteries through its influence on the vaso-motor nerves. It is preferable to astringent drugs or other hæmostatics, because it obviates the necessity of applying irritant substances to the bleeding part. Nor need the cold always be applied directly to the seat of the hemorrhage; for it will also affect distant parts in accordance with the laws of the vaso-motor system, the most important of which are the following :

First.—An impression on the afferent nerves of a given part will cause a variation in the calibre of the arteries of that part.

Second.—An impression on the afferent nerves of a given part will cause a variation in the arteries of all organs situated directly beneath that part.

Third.—In the case of organs which are in pairs and perfectly symmetrical, as the eyes, ears, hands, and feet (the lungs, kidneys, and testicles are not), variations in the calibre of the arteries of one will cause a similar variation in the other.

Fourth.—Variations in the calibre of the arteries of certain parts are accompanied by corresponding changes in the arteries of certain other parts, and these particular associations are to be determined by experiment: for example, the relation between the circulation of the feet and that of the pelvic viscera and the pharynx, and the relation of the circulation at the nape of the neck to that of the head and face.

The following instances will suffice to illustrate the application of these laws in the use of cold :

1. Cold water applied directly to a bleeding surface.

2. Ice-bags to the epigastrium to check hæmatemesis.

3. Holding any cold body in one hand to arrest hemorrhage in the other.

4. Cold foot-baths to arrest metrorrhagia.

In post-partum hemorrhage the best means of applying cold is by ether spray, for the sudden and intense impression produced causes effectual contraction of the uterus, without chilling the patient. If ether spray is not available, cold water should be poured upon the abdomen from a height of two or three feet, the shock of the falling water materially assisting the action of the cold. Either of the above measures may be used for hæmoptysis.

COLD AS AN ANTIPHLOGISTIC.

As an antiphlogistic, cold may be used to arrest an acute inflammation, unless suppuration has occurred, or to prevent inflammation when threatened. This it does by causing a protracted constriction of the arteries, thereby preventing the active congestion essential to all acute inflammation. It should be invariably applied as dry cold, directly to the part affected, in sufficient intensity to relieve pain, and continued so long as the exciting cause exists. If, before the tendency to inflammation has entirely disappeared, a neuralgic pain occurs, it is a sign that the vaso-motor nerves have become exhausted, and the use of cold must at once be discontinued, or gangrene will result; moreover, the patient will feel more comfortable without than with the cold applications. This neuralgic pain is continuous, and, if the injured part be one of the extremities, it extends from the part injured toward the trunk. Inflammatory pain, on the other hand, is local throbbing, accompanied by local heat, and is relieved by more thorough applications of cold. In fractures, or other severe injuries near joints, the injured parts should be surrounded with pounded ice placed in pigs' bladders or rubber bags, two or three layers of perfectly dry muslin being placed between the skin and bags, lest the parts be chilled too suddenly. A bottle filled with ice-water makes a good antiphlogistic splint for injuries of the hand. Inflammation of the eyes may be controlled, and its spread from one eye to the other prevented, by means of cold applications. Ice-bags should be applied to the head and spine in epidemic cerebro-spinal meningitis. Cold applications will control the spread of erysipelas, and are the best means for relieving febrile headache. Headache from uterine trouble is best relieved by moist warmth. Cold should not be used antiphlogistically in

any acute inflammation of internal organs except peritonitis with vomiting, and meningitis.

COLD AS AN ANÆSTHETIC.

The use of cold as an anæsthetic depends upon its physical property of freezing tissue and deadening sensation without injuring vitality. It is most useful in operations where no great thickness of tissue is involved, as in opening abscesses, amputation of fingers, Cæsarean section, and ovariotomy. In all cases the action of the cold should be secured as rapidly as possible. Apply ether spray to the part alone which is to be operated upon. Anæsthesia is complete as soon as the skin becomes white and glistening.

COLD AS AN ANTIPYRETIC.

When the abnormal elevation of the bodily temperature is due to insufficient radiation of heat, as in some nervous disorders, it is not generally in itself dangerous; for it has been known to reach 123° F., and remain there for several weeks. But if, as in fevers, the rise of temperature depends upon excessive chemical changes, then the heat itself is injurious, causing arrest of gland-secretion, as well as extensive destruction of tissue. In every fever there is a certain point beyond which, if the temperature rises, certain structural changes will take place. The glands become affected with cloudy swelling, and fatty degeneration ensues, and the muscles affected in the same manner become remarkably brittle.

The point at which these changes occur differs in each fever. In scarlet fever it is 105° F., in typhoid fever 106° F.; in relapsing fever from 107° to 108° F.; and in erysipelas still higher. Beyond this dangerous point in each fever the temperature should not be allowed to rise, but must be lowered by the use of cold, the result of which is simply the abstraction of heat. This may be effected by immersion in a cold bath or by the cold pack. Place the patient in a bath at 75° F., and gradually cool the water down to 65° or 60° F.—never lower, and at the same time use cold affusions to the head continuously. At first the temperature will rise slightly, owing to the blood being driven from the surface of the body into the viscera, which are always a little warmer than the skin; but the bath should be continued until the temperature is reduced to 100° F., provided the fall is gradual—that is, one degree in six, five, four or three minutes. If it falls one degree in two and a half minutes, stop the bath when the temperature has reached 101° F.; for in most cases a further reduction of one degree will occur after the bath is discontinued. If the fall in temperature during the bath be one degree in two minutes, the patient should be taken out at once, whatever the actual tempera-

ture may be; for in such cases there is danger of the subsequent fall becoming uncontrollable, reaching perhaps 97° F., and the patient passing into collapse. Should this at any time occur, wrap the patient in hot blankets, apply hot saucers to the epigastrium, and give brandy or other stimulants.

When, for any reason, the bath is impracticable, the cold pack may be used, always, however, with the same precautions as in the use of the cold bath. First wrap the patient in a sheet wrung out of water at an ordinary temperature, say 70° F., and then lay on other sheets wrung out of ice-water. The cold bath or pack should be repeated often enough to keep the temperature below the point of danger for that particular disease. If necessary, use one every hour. If, however, two or three a day are sufficient, one should be so timed as to be given just before the highest rise of the fever-heat—that is, usually between two and three o'clock in the afternoon.

The contraindications to the antipyretic use of cold are hemorrhage from the bowels and notable variations of temperature from the regular course. Bronchitis and pneumonia are not necessarily contra-indications. *N. Y. Medical Record.*

RECTAL MEDICATION.

A new method. F. E. Stewart, P.H.G., M.D., in "*New Remedies*" for December, proposes the oleates for rectal medication and the rectal capsule, or cylindro-conical case of gelatin (suppository-shaped) as a vehicle. This vehicle, he says, is entirely unaffected by the heat of any climate, and yet is very soluble in the secretion of the rectum. The facility and rapidity with which the oleates are absorbed, has been abundantly verified, since they were first brought prominently into notice, by Prof. Marshall, in 1872. Some of the advantages of the capsule enumerated, are,—that it is ready for use immediately; that it liberates its contents in the rectum in three minutes after introduction; that it does away with the necessity of rectal injections, which by their amount, provoke the natural irritability of the rectum, often causing their expulsion, and also with the necessity of suppositories, the fat of which coats the bowel, and greatly retards absorption, as Dr. E. Wallis Wallace has proven. The medicine employed may be equally diffused in the oleic acid, if irritating; if it be mild and in the form of powder, soluble or with an active principle soluble in the rectum, it may be placed dry in the rectal capsule, for immediate insertion. The author states that this method has been thoroughly tested in private and hospital practice in New York and Philadelphia.

THE ACTION OF REMEDIES ON THE LIVER.

From the Chemist and Druggist.

Dr. William Rutherford, of the University of Edinburgh, assisted by M. Vignal and Dr. William J. Dodds, has for some time past been examining by scientific methods the effects produced on the liver and the biliary secretion of the dog by a long series of drugs. The investigation has been assisted by a grant from the British Medical Association, and a lengthy and interesting report has been published in recent numbers of the *British Medical Journal*. The following short account is founded on the summary of results. The authors state carefully that "all the conclusions are based on experiments performed on the dog, and have no reference to any observations made on the human subject." But in the few cases in which the results thus obtained have been relied on in suggesting experiments on men, the results seem to be trustworthy, and much light is thrown on the comparative action of remedies. It is impossible to avoid much disagreeable repetition in reports of this kind, but attempts have been made by classification to reduce this as much as possible.

Calomel stimulates the intestinal glands, but not the liver. Mercuric chloride is a powerful hepatic stimulant, and has only a feeble action on the intestinal secretion. When administered together the liver and intestinal glands are both excited.

Castor oil does not stimulate the liver, and croton oil does so but slightly. Both excite the intestinal glands.

Jalap is a powerful hepatic and intestinal stimulant, scammony very feebly excites the liver, gamboge stimulates the intestinal glands only.

Colocynth and ipecacuanha both largely increase the secretion of bile. Ipecacuanha slightly augments the secretion of intestinal mucus, while colocynth powerfully excites the intestinal glands.

Taraxacum and senna are both feeble hepatic stimulants. Rhubarb increases the secretion of bile—certainly though not largely; aloes is a powerful stimulant of the liver.

Podophyllin is "a very powerful stimulant of the liver," the bile secreted under its action retaining its normal percentage of solids.* If the

* This result is singularly discordant with the observations of Dr. E. H. Goolden, which attracted considerable attention in the medical journals of the past year. For more than 35 years he had employed it with great success in cases of liver disease, especially those coming from the tropics. He was led to use it by a note in Pereira's "Materia Medica," then first published, to the effect that the stomach and intestines of rabbits killed by poisonous doses of the salt were found to be filled with pure bile. Dr. Goolden says, from 10 grains to a scruple will produce large bilious evacuations, and "produces no more irritation to the intestines or anal glands than is caused by a flow of bile."—*En. C. & E.*

dose be too large, the secretion of bile is not increased. It is also a powerful intestinal irritant. Eunonymin, sanguinarin, and iridin are all powerful hepatic stimulants, and they also increase the intestinal secretion, but not so violently as podophyllin. Leptandrin, baptisin, phytolaccin, hydrastin, and juglandin have similar but milder effects. Menispermis slightly stimulates the intestinal glands, but not the liver.

Magnesium sulphate and manganese sulphate* stimulate the intestines, but not the liver; sodium sulphate has a considerable effect on the liver, and a lesser one on the intestinal glands; potassium sulphate is a hepatic and intestinal stimulant of considerable power, though its effect on the liver is uncertain, owing probably to its sparing solubility.

Sodium phosphate is a powerful hepatic and moderately powerful intestinal stimulant; ammonium phosphate is a moderately powerful stimulant of the liver, but does not excite the intestinal glands; Rochelle salt is a feeble hepatic, but a powerful intestinal stimulant.

Dilute nitro-hydrochloric acid is a hepatic stimulant of considerable power; sodium chloride is a feeble stimulant of the liver; ammonium chloride excites the intestinal glands but not the liver. Potassium iodide has no notable effect on the biliary secretion.

Calabar bean, in moderate doses, stimulates the liver; atropine sulphate antagonises its effect, but when given alone does not actually affect the secretion of bile. Morphia does not appreciably affect the hepatic secretion, and does not interfere with the stimulation produced by such a substance as sodium salicylate. Hyoscyamus resembles morphia in these respects. Pure diluted alcohol does not affect the biliary secretion, and jaborandi is a very feeble hepatic stimulant.

Lead acetate, in large doses, diminishes the secretion of bile, probably by direct action on the liver. Tannic acid does not affect the biliary composition.

THE LATEST FROM TRUTH.

Dr. R— was one who could seldom resist telling a good story, even when it turned the laugh against himself. On one occasion a manservant, whom he had recently engaged, astonished him by appearing to wait at breakfast with a swollen face and a pair of unmistakable black eyes. "Why, John," said he, "you seem to have been fighting?" "Yes, sir, I have," was the reply. "And who may your opponent have been?" "Why, sir, Dr. M—'s man," naming a rival Æsculapius. "And what did you fall out about, pray?" "Why, sir, he said as you was'nt fit to clean his Master's shoes." "And what did you say?" "Well, sir, I said as you was."

THE TREATMENT OF HÆMOPTYSIS.

Willis E. Ford, M.D., of Utica, N.Y., in a paper on hemorrhages from the lungs, read before the Oneida County Medical Society, Oct. 14, 1879, and published in the *Buffalo Medical and Surgical Journal*, Jan., 1880, says—

Where there is great relaxation of the walls of the blood vessels, with continuous oozing of blood, the so-called hemostatics do but little good. Dry cups to the chest are of immense service. Five or ten may be added at once, and repeated once or twice, if necessary. Next in importance is opium, given in such doses as to contract the pupils, to allay pain and nervousness, and to reduce respirations to from fourteen to seventeen per minute, and this should be continued for several hours after all hemorrhage has ceased. Ergot is useful in connection with opium, for it undoubtedly assists in stimulating the vaso-motor nerves to give contractility to the arteries. Absolute rest must be enjoined in every case. Where there is any ulcerative process going on within the lung, and it is reasonable to suppose that the walls of a blood vessel have given way, then ice to the chest, together with ergot and opium, will do best.

In all cases of profuse hemorrhage the patient should lie upon the sound side, pretty well over upon the face, and should avoid, as much as possible, the act of coughing, so that blood will neither settle backward into the air cells, nor be drawn in by forced inspiration.

Of course the after-treatment in those cases in which the pleura is involved is of vastly more importance than the immediate relief of symptoms; rest to the lung, so far as possible, should be secured. Counter-irritation by means of iodine or dry cups should be applied every other day, together with the administration of tonics, and in some cases stimulants.

TREATMENT OF CARDIAC DYSPNŒA.

Professor Sée (*Concours Med.*; from *Lond. Med. Record*, 1879) has found the iodide of potassium work well in all cases of continuous cardiac dyspnœa, particularly when this is connected with some structural lesion. It is equally useful in valvular lesions. No evil results can occur from its use, even if a mistake is made, and the affection is asthmatic. The iodine liquifies the bronchial secretion. The dose is twenty grains a day, gradually increased to two or two and a half scruples. A good formula is—

℞ Potas. iod., ʒ vss;
Syr. aurantii cort., fʒ iv.—M.

Sig.—Two to four teaspoonfuls a day in a tumbler of water.

Patients suffering from heart disease are more

tolerant of iodide of potassium than other patients. The contra-indications to its use are—1, tendency to hemorrhage; 2, loss of flesh; 3, loss of strength; 4, loss of appetite. Opium may be added to prevent iodism. Another useful combination is digitalis with iodine, as one has a soothing influence on the dyspnœa by acting on the lungs, and the other increases the action of the heart and modifies the arterial tension. The following formula will be found to answer well:

℞ Potas. iod., ʒ ss;
Tinct. digitalis. fʒ ss;
Syr. acaciæ, fʒ iv.—M.

Sig.—Dessertspoonful four times a day.

When digitalis is unsuitable, chloral may be substituted.

MARITAL RELATIONS IN UTERINE DISEASE.

A factor in the etiology of uterine disease not always considered is the relation which the size and direction of the male organ assume in coition. An obstinate case of ulcerated os has been related to us by a medical friend, which resisted all treatment until the husband was directed to wear a large rubber ring during the marital relations, thus preventing intromission beyond a certain extent. The subject was lately brought before the Berlin Gynecological Society by Dr. Löhlein. He narrated a case of injury to the urethra, causing intense pain and dread of coition, produced by an erroneous direction of the penile organ. Unusual size or length of the organ is no doubt a frequent source of irritation, and until met by appropriate measures, such cases are next to incurable.—*Phil. Medical and Surgical Reporter*.

NITRATE OF URANIUM IN THE TREATMENT OF DIABETES.

J. Y. Dale, M.D., of Lemont, Pa., writes to the *Boston Medical and Surgical Journal* that he has found nitrate of uranium, given in from one to two-grain doses, three times daily, to be an efficacious remedy in diabetes.

REMEDY FOR CORNS.

Mr. Gezow, an apothecary of Russia, recommends the following in the *Pharmaceutish Zeitung* (says the *British Med. Journal*) as a "sure" remedy for corns, stating that it proves effective within a short time and without causing any pain: Salicylic acid, 30 parts; extract of *cannabis indica*, 5 parts; collodion, 240 parts. To be applied by means of a camel-hair pencil.

ASPIRATION FOR ABSCESS OF THE LIVER.

At the last meeting of the Medical Society of Virginia, Dr. J. Marion Sims read a paper on abscess of the liver (*Virginia Medical Monthly* for January, 1880). In it he gives an account of the operation by Dr. W. A. Hammond, of New York, on Dr. E. S. Gaillard, the well-known medical journalist, who was relieved of a very uncomfortable series of symptoms by the aspiration of an abscess in the right lobe of the liver, which Dr. Hammond had diagnosed from brain symptoms only. He also relates the subsequent history of another case operated upon by Dr. Hammond. The patient recovered health, went abroad, and having a recurrence of his former symptoms, by advice of Dr. Sims, consulted Dr. Brown-Séguard, who said positively that he had never had abscess of the liver. Subsequently a physician in the south of France wrote to Dr. Hammond for information, and having the history confirmed, repeated the aspiration with the same satisfactory results as before. Dr. Hammond has aspirated the liver for abscess twenty-six times in the last two years, and has drawn off pus in fifteen of these with good results to the patient's health. In the other eleven cases no bad effects followed the operation. He was, it is believed, the first to introduce this operation for the relief of the special hypochondriacal and cerebral symptoms often met with in this country and rebellious to all other treatment, and with the success that has followed it in his hands its employment is a notable advance in therapeutics. His method of diagnosis is to place the patient on the back, put the points of the index and middle fingers of the left hand between the eighth and ninth ribs, a little in advance of the line falling from the middle of the axilla; then by gentle percussion at a point about two inches above the umbilicus, a little to the right of the median line, fluctuation may be detected by the fingers of the left hand. His method of operating on the right lobe of the liver is to pass the aspirator needle, antiseptically with carbolized oil, through the intercostal space between the eighth and ninth ribs, and about an inch forward of a line dropped from the axilla to the pelvis, pulling up the skin beforehand so as to make a valvular opening. It may penetrate the liver one and a half to two and a half inches; if no pus is met with at the latter depth, it may be concluded that no abscess exists. Abscesses, it is claimed, rarely occur elsewhere than in the right lobe.—*Chicago Medical Gazette*.

A REVOLUTION IN THERAPEUTICS.

Attention is called to the original communication in the last number, on the action of mercury. Previous to the appearance of this paper,

the therapeutic action of this drug had been mainly conjectural. The attempt had been made to explain it on the basis of vague hypotheses. It seems now to have been demonstrated that the salts of mercury, whatever be their form of administration, have a tendency, by reason of their unstable composition, toward decomposition and never toward recombination, and that all of the salts are reduced to the form of metallic globules either before or soon after entering the circulation, except when administered in toxic doses. It seems clearly to have been demonstrated that the drug does its work, not in virtue of any catalytic or chemical property, but in virtue, rather, of the mechanical property of these microscopic globules of the metal. It is shown that these globules favor the elimination of morbid material by pushing it through the lesser tubules of the body in which it may have accumulated, and thence into the various excretory channels. In a word, the therapeutic action of mercury is mechanical. This paper will be found to have been based, not upon conjecture or hypotheses, but upon actual demonstration in the chemical and physiological laboratory and under the microscope. The discoveries brought out in this paper may prove important to histology and pathology, and especially to the pathology of syphilis. The conclusions of this paper, unless disproved, must necessarily lift the subject out of its obscurity and place it upon a definite scientific basis.—*Chicago Medical Gazette*.

THE VALUE OF WARM WATER IN SURGERY.

Dr. Goelet illustrates by cases the value of the use of warm water in erysipelas, especially traumatic; lacerated and contused wounds in general, but especially those of the scalp, which are so prone to take on erysipelas, and those of compound fractures, gun-shot wounds, and traumatic gangrene. The warm water may be applied in two ways, 1st, by means of the water bath, in which case the limb is submerged in water kept constantly at the same temperature (generally at about 100° F.), disinfected when so desired, and changed as often as necessary, about twice a day will generally suffice; 2nd, by means of hot fomentations, which consist of a layer of cotton batting, or two thicknesses of sheet lint, saturated with hot water (previously disinfected if so desired), applied closely and evenly to the part, and kept at a constant temperature by a covering of oiled silk. In this case it will be necessary to re-wet the dressing about every two hours, and change it twice a day, or oftener in cases where there is profuse suppuration. In cases of erysipelas the dressing must extend a little beyond the limit of inflammation.—*The American Journal of Medical Science*.

TREATMENT OF DYSENTERY IN CHILDREN.

Dr. Charles Bell, in the *Edinburgh Medical Journal*, September, 1879, after condemning the treatment recommended by Dr. Meigs for this disease, proceeds to say:—

The most useful treatment will be warm baths, poultices, and leeches, and small doses of calomel and James' powder, to be repeated every two hours until the fever subsides, and the bowels are gently moved, and their evacuations become more natural. If they are much tinged with blood, a few drops of the liquor ferri pernitratris, in a little sugar and water, may be given with advantage every three hours, the dose being from one drop upward, according to the age. It is only in the most extreme cases, when there is much pain, that opium should be given, and even then it should be in very small doses. If counter-irritants are to be had recourse to, which is doubtful, the most suitable are mustard poultices, or the spirit of camphor sprinkled on spongiopiline, and closely applied over the stomach. The diet should be light and nourishing as soon as the little patient shows any inclination for food. If stimulants are required, the best is a drop or two of brandy in a teaspoonful of milk, or a little port wine diluted with water.

LUNAR CAUSTIC IN THE TREATMENT OF OPHTHALMIA.

Dr. W. A. Macnaughton writes to the *Medical Times and Gazette*: There are certain inflammatory conditions of the eye which, owing perhaps to constitutional causes, are often very perplexing in their treatment. There is, for example, no complaint of its kind more obstinate than the serofulous ophthalmia of children. In these, and in all cases where the simpler remedies have failed, I would recommend the application of the solid nitrate of silver to the supra-orbital surface as a speedy means of cure. Seeing that the remedy is applied in close proximity to the affected organs, it will be admitted that this is a more rational mode of relieving ocular inflammation than the distant counter-irritation behind the ears recommended in the more obstinate forms of this disease. As a matter of fact, I have observed excellent results in cases where the irritation and intolerance of light had persisted for months. The mode of application is simple. The caustic point is firmly applied over an inch or so of the previously moistened integument above the affected eye, but when both are concerned, I cauterize a narrow strip across the whole supra-orbital region. This causes a slight smarting sensation at the time, which soon passes away. The stain which results can readily be removed afterward

with a strong solution of iodide of potassium. It is advisable, while this treatment is being progressed with, to exclude the light from the eyes by means of a shade.

AN IMPORTANT DECISION.—DR. MALLORY VS. THE ONTARIO MEDICAL COUNCIL.

The *Canada Lancet* for January says: The plaintiff, Dr. Mallory, a Canadian graduate, who subsequently qualified and registered in England, applied to the Council of Ontario for registration. This was refused, and the Dr. issued a process in the Court of Queen's Bench calling upon the Council to show cause why he should not be registered. The case was heard before Chief Justice Hagarty, who recently gave his decision in favor of the plaintiff. The learned judge was pretty severe upon the Council, and warned that body not to attempt to extort a four hundred dollar registration fee from duly registered British graduates who desire to practice in Ontario.

SPEEDY CURE OF NASAL POLYPI.

To the Editor of the (*N. Y.*) *Medical Record*.

DEAR SIR:—The painless method of removing nasal polypi, never before made public by the originator, is an apology for taking a small space of your valuable journal.

Mr. G. M.—, æt. 60, ten years ago applied to me for relief from a soft polypus in the left nostril. I proposed evulsion; but not liking the proposition, he left, and I never heard of him until last May, when he returned with another polypus in the same nostril. I advised evulsion once more; he declined it again, and desired me to cure him the same way as did Dr. G. Ceccarini the first time (ten years ago). On inquiry, Dr. C. kindly answered: "The medicine which I use for removing nasal polypi is four or five drops of pure acetic acid injected with an hypodermic syringe within the body of the polypus once only, very seldom twice; the polypus generally drops off within three or five days without discomfort or pain. Disinfecting lotion will correct the offensive odor." With this information, on the 12th of August, in presence of my friend Dr. J. L. Little, I injected the polypus with six drops of chemically pure acetic acid, and instantly we saw the discoloration of it from red to white. Business preventing him from returning, I could not observe the daily progress; but when he called on September 2d, he had only a small portion of it yet adhering to the middle turbinated bone, the other having dropped off the fourth day after the injection; this remaining portion was injected with four drops of the same acid, and

on the third day dropped off, leaving his nose clear, without sore or a vestige of it. Neither of the two operations were followed by any unpleasant symptoms, save a slight smarting from the pricking by the needle when the acid was injected. The offensive odor arising from the decaying mass was corrected by a weak carbolic wash. The long interval from the destruction of the first and the appearance of the second—ten years between—precludes the possibility of this last being a portion of the first, but a new one.

Respectfully yours,
S. CARO.

17 West Ninth St., N. Y.

HOOPING-COUGH.

Dr. J. J. Caldwell's mode of treating this disease (*Brit. Med. Jour.*) is to place a steam atomizer in a position on a table before the patient, charged with the following mixture: ℞ Extracti belladonnae fluidi, gtt. vi—xij; ammonii bromidi, ℥ j; potassii bromidi, ℥ ij; aque destillate, fl. ℥ ij. This spray is rapidly carried over into the face, mouth, and lungs of the child, and applied ten to fifteen minutes, until the pupils are dilated by the effects of the belladonna mixture. The applications are made morning, noon, and bedtime. This has, it is said, cut short the spasmodic cough within two or three days uniformly and almost to a certainty.

HENNING ON THE APPEARANCE OF THE TONGUE IN DISEASE.

From London Medical Record.

1. The elongated and pointed tongue invariably indicates irritation and determination of blood to the stomach and intestines. The extremities are often cold. It is also associated with excitation of the nerve centres. This tongue is often found, but more especially among children. The indications are to allay irritation and divert the blood from the stomach and bowels. We should be very careful how we make our prescription in such cases, if we give an irritant cathartic it invariably aggravates the disease.

2. The pinched and shrunken tongue indicates atony of the digestive organs, often found in dyspepsia and kindred diseases. The treatment is plain, the pathological conditions being evident at a glance from the appearance of the tongue.

3. The coating (*saburra*) or fur should be well studied. It may be greater or less in thickness, dry or moist, or clammy, more accumulated at the posterior portion. It is said that when the tongue is heavily coated at the base with a deep yellow coat the liver is at fault. This is not

always the case, and from my observation more often not the case. I have seen cases of jaundice with a white-coated tongue. Tobacco chewers nearly always have a yellow-coated tongue, and their liver may be sound.

4. The dry tongue has a very important significance. When we have patients who are suffering from some form of fever, pneumonia, or any other acute disease, with such a tongue, they are in danger and require close attention. In such cases nutrition and assimilation are suspended and food cannot be taken, and if taken cannot be properly assimilated. When given it should be in fluid form, and always above the temperature of 100°, and of a character nutritive and digestible. The digestive organs can do but little work, yet proper food given at proper intervals does good, but these organs need all the rest they can get until the disease is subdued. Dryness of the tongue is also associated with vascular excitement, and particularly with excitation of the ganglionic and nerve-centres. Hence the arrest of secretion and this dryness. Here we readily read the state of the nervous system. In many cases the sympathetic nerve is not only excited and irritated, but there is involuntary contraction of muscular tissue, thus suspending the secretions of the several organs. The indications are proper sedatives for the vascular excitement and diaphoretics for contractions or excitement of the nerves, associated with other proper treatment. By this course we shall soon see our patient with a moist tongue and some of the secretions re-established.

5. Often the tongue changes in the disease from the dryness above referred to to a brown or black color, with sordes about the teeth. The common idea is that the system is in a typhoid condition. This is true, yet it undoubtedly means also that the blood is in a septic condition—a very important fact for us to know. Then our best antiseptics should be given, with stimulants and tonics. Thus we can readily read, from the appearance of the tongue, the condition of the digestive organs, function of nutrition and assimilation, the condition of the nervous system, and the state of the blood. Of course we must take all other symptoms into consideration. Yet the appearances of the tongue as pointed out seldom fail in giving us at a glance valuable information as to the true condition of the system.

SOUP.

Sir Henry Thompson, in the *Nineteenth Century*: Some regard it as calculated to diminish the digestive power, on the theory that so much fluid taken at first dilutes the gastric juices. But there appears to be no foundation for this belief; a clear soup or the fluid constitution of a *purée* disappears almost immediately after

entering the stomach, being absorbed by the proper vessels, and in no way interferes with the gastric juice, which is stored in its appropriate cells ready for action. The habit of commencing dinner with soup has without doubt its origin in the fact that aliment in this fluid form—in fact ready digested—soon enters the blood and rapidly refreshes the hungry man, who after a considerable fast and much activity sits down with a sense of exhaustion to commence his principal meal. In two or three minutes after taking a plate of good warm *consommé* the feeling of exhaustion disappears and irritability gives way to the gradually rising sense of good-fellowship with the circle. Some persons have the custom of allaying exhaustion with a glass of sherry before food—a gastronomic no less than a physiological blunder, injuring the stomach and depraving the palate. Soup introduces at once into the system a small instalment of ready-digested food and saves the short period of time which must be spent by the stomach in deriving some portion of nutriment from solid aliment, as well as indirectly strengthening the organ of digestion itself for its forthcoming duties.

THE FIRST INSENSIBILITY FROM ETHER.

For the short operations of minor surgery, and the reductions of dislocations, or opening of abscesses, it is extremely useful and of everyday application. Such a patient wishes to be operated upon without pain, or, from being incapacitated from attending to business during the remainder of the day. He lies down upon the sofa, and with one hand places the ether inhaler, on a sponge wet with ether, over his face, mouth and nose, and holds the other arm and hand up in the air.

This arm, after the ether has been breathed for a few minutes, will drop, and from thirty to fifty seconds of unconsciousness will be had, in which to operate. The sponge being removed, the patient is ready to go about his business. It gives rise to no headache, nausea, or other unpleasant symptoms, and is particularly useful in children. The chief source of disappointment is in not recognizing the right moment, for, if this is allowed to pass, unconsciousness will not occur until full etherization. The first insensibility is sure to come. When the arm moves, be ready, and as soon as it drops perform the operation; no pain will be felt.—*Medical Times*.

BLEACHING SPONGES.

This may be done without injuring the texture by first soaking them in a solution of mu-

riatic acid, made by adding a pint of acid to a gallon of water; this dissolves out the limestone, shells, etc. After this, rinse thoroughly, and then immerse the sponges in a solution of permanganate of potassa, containing an ounce of the latter to a gallon of water. Wring out the sponges, and put them into a solution made from one pound of hyposulphite of soda, one gallon of water, and one ounce of muriatic acid. This will immediately bleach them, after which they should be well washed with water to remove all traces of acid, etc.

A REMARKABLE CASE OF MALPRACTICE.

The *New York Hospital Gazette* gives the history of one of the most extraordinary procedures which has come to its knowledge. A patient affected with ankylosis of the cervical vertebræ falls into the hands of a homœopath, who evidently possesses about as much knowledge of his profession as an old woman. The deformity caused by the ankylosis is so great that the patient's head touches his chest. The physician, or, rather, attendant, accepts the patient's diagnosis of "rheumatism," concludes that the trouble is in the muscles, and advises an operation for the removal of the deformity. On the appointed day the patient is etherised, and his body and shoulders bound to the table by bandages. Additional bandages having been applied to the head, traction was made on these with all the strength that two men could exert, until the neck was straightened. During the pulling, sudden cracking noises were heard twice, but this caused no alarm to the surgeons (?) present, who continued their efforts, and finally succeeded in taking a human life by breaking the man's neck. The ancholysed union was fractured, and the patient died on the table.

If (says the *Hospital Gazette*) cases such as this do not incite the people to insist upon a higher standard of attainments for those to whom their lives are entrusted, we do not believe that college conventions, societies, or learned addresses delivered periodically by men connected with diploma mills will have the slightest effect. The case referred to gives evidence of the grossest ignorance and most barefaced assumption on the part of a person duly accredited an M.D. by the State laws. It is thus proven that the law fails to properly provide for the lives of the people by granting a licence to practise to men of this stamp, who, in defiance of all knowledge of anatomy, surgery, and pathology, apply the rude principles of mechanics to correct the deformities of a fellow-creature. We should expect more from a barbarian, about as much from an idiot.

COLD AND HOT WATER IN POST-PARTUM HEMORRHAGE.

Dr. Lombe Atthill says (*Dublin Journal Medical Science*) that in the lying-in hospital of Dublin this method has been adopted as a regular routine treatment.

The method of carrying out the practice is exceedingly simple. An ordinary syphon-syringe is the only instrument required, though we now use one with a long vulcanite nozzle specially constructed for vaginal and intra uterine injection. This is carried up to the fundus, and, with the usual precautions against injecting air, and securing a free return, we inject water as hot as can be conveniently borne by the hand—*i. e.*, 112° F.—in a full stream into the cavity, continuing thus until a good contraction is secured, and the water returns quite clear and colorless.

The following are some of the results of our experience in the use of hot water:—

1st. In cases of sudden and violent hemorrhage in a strong and plethoric woman, it is better first to use cold.

2d. Where from the prolonged or injudicious use of cold, the patient is found shivering and depressed, the beneficial effect of injecting hot water is rapid and remarkable.

3d. In nervous, depressed and anæmic women, hot water may at once be injected, without previously using cold.

4th. In cases of abortion, where from uterine inertia the ovum, although separated from the uterine wall, is wholly or in part retained, the injection of hot water is generally followed by most satisfactory results.

5th. Where the injection of the perchloride of iron is considered necessary, previous injection of hot water clears the uterus of clots, etc., permitting the fluid to come directly in contact with the bleeding surface, and lessening the chance of septic absorption.

FORMULA FOR GUAIACUM.

As a good combination for administering this drug, a correspondent of the *British Medical Journal* recommends—

℞. Tinct. guaiaci (Ph. U.S.A),
 Liq. potassæ, aa ℥ xv
 Glycerinæ, ʒ j
 Aquam cinnamomi, ad ʒ j. M.

This is a clear solution, mixing with water in all proportions, and disguising the burning flavor of the drug.

VINEGAR AS A POST PARTUM HEMOSTATIC.

At a meeting of the American Gynecological Society, Dr. Penrose, in a paper on vinegar as

a remedy in the treatment of post partum hemorrhage, presented the following advantages:

1. It could be easily obtained.
2. It could be easily applied, and instantly, without special apparatus.
3. It always cured the hemorrhage, at least it had not failed in his practice.
4. It was sufficiently irritating to excite the most sluggish uterus to contraction, and yet not so irritating as to be subsequently injurious.
5. It was an admirable antiseptic.
6. It acted on the lining membrane of the uterus as an astringent.

The remedy was applied as follows: saturate a rag with vinegar, carry it into the cavity of the uterus and squeeze it.

In the vast majority of cases the hemorrhage ceased as if by magic, when the vinegar passed over the surface of the uterus and vagina. It could be easily repeated if the first application failed.—*Cincinnati Medical News*.

TREATMENT OF RHEUMATISM BY IODIDE OF POTASSIUM AND OPIUM.

I have been in the habit of using, both at home and abroad, iodide of potassium in large doses—five to twenty grains every three hours, with ten grains of Dover's powder at night. I have pursued this practice for at least thirty years—*i. e.*, since the remedy was first introduced, and have treated many hundred cases on this system without disappointment or failure, and generally the treatment only lasts a week or ten days, even in acute articular rheumatism. I have a case now just recovered, of articular rheumatism in the shoulders, elbows, knees, ankles, etc., which under this treatment was convalescent in a week. Mustard plasters, if applied the first day the pain is felt, will stop rheumatism at once, without medicine; where mustard fails, blister may be used. In a late case of very severe rheumatism in the joints, I found cold water was the only thing which gave relief, locally applied.

In rheumatic inflammation there is a deposit of lymph into the joints and tissues, which, if not removed speedily, becomes hard and organized, causing severe pain by its pressure. Iodide of potassium has the power of removing this deposit by absorption, and is, to my mind, the most scientific and appropriate remedy that can be used. It has the great advantage of not exposing the person taking it to cold, which the old calomel and opium treatment did, by opening the pores of the skin. Another advantage of this treatment is that complications seldom follow. In fact, I have seldom seen it occur when this remedy has been freely used in the beginning of the disease.—*Dr. Barton in London Lancet*.

INNOCUOUSNESS OF CERTAIN HEART LESIONS—ACUTE ARTICULAR RHEUMATISM—SALICYLIC ACID AND ALKALIES.

A clinical lecture delivered in Bellevue Hospital, by AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College.

GENTLEMEN:—When this man was admitted to the hospital he had general dropsy, cardiac hypertrophy with murmur, and pallor, but no dyspnoea, cyanosis, nor suffusion of countenance. There was no evidence of renal affection. The general dropsy was of cardiac origin. It has disappeared under the use of half-ounce doses of the infusion of digitalis administered every three hours. And we may now ask ourselves, what is the explanation of this man's good condition, with hypertrophy and valvular disease of the heart? When we read his history, we find the explanation in certain facts, which go to show that there is not enough cardiac disease to produce the dropsy; but that certain accessory circumstances taken in connection with the cardiac lesions, produced it, and, that these accessory circumstances being removed, the cardiac lesions alone remaining, the dropsy has disappeared. I think this case will prove a very useful one in illustrating what I wish to impress—namely, that certain heart lesions are so well tolerated that the patient makes no complaint of symptoms having reference to the heart, provided we can control all accessory circumstances which, added to the cardiac affection, produce certain effects, such as dyspnoea, dropsy, etc. That is the practical point which this case exemplifies. Naturally, an unfavorable prognosis is usually given in such cases as this.

Now, let us obtain the physical signs relating to the heart. The apex beat can be felt in the sixth intercostal space, an inch and a half to the left of the mammary line, and there is a corresponding increase in the area of cardiac dulness. There is a murmur which begins after the second sound, and ends abruptly with the first, and is limited to a circumscribed space around the apex of the heart—a presystolic, or mitral direct, or mitral obstructive murmur. There is no other murmur. In this case, then, a certain degree of mitral obstruction has led to enlargement of the heart, and that hypertrophy and valvular lesion are borne by the patient perfectly well when in good general condition, but not when in the bad general condition to which his history refers; that is, he was anæmic, felt weak, was poorly nourished, and general dropsy, to a considerable extent developed. But the repose of the hospital and the regular nourishment which he has received, and the digitalis—for he had feeble action of the heart, just that

condition which furnished the indication for the use of that drug, without salines, without alcoholics—apparently produced free secretion from the kidneys, which undoubtedly tended to cure the dropsical affection, and whatever of serious trouble proceeded from the cardiac disease.

I will now read the history of the case, and it will at once become apparent what the accessory circumstances were which contributed to the development of the condition which he was in when he entered the hospital.

He is twenty-four years of age, and a moulder by occupation. He says he never had rheumatism. I have had occasion to observe this particular murmur many times in patients who have never had rheumatism. He has been a moderate drinker for several years, but during the three months immediately preceding the development of the general dropsy, being out of employment, he went on "daily spruces," and was exposed to cold and all the vicissitudes incident to such a career. In that fact we find sufficient reason why a young man of this age should become sadly depreciated in vital force; and in it also we find the etiology of the factors of the condition associated with the cardiac disease.

The valuable practical lesson to be learned from this case is this: the danger from enlargement of the heart with mitral obstruction is estimated beyond the importance of those lesions. If this man has sufficient sense to enable him to appreciate the importance of regular habits of life, will abstain from the use of alcoholics, and do such work as he can do with comfort, that affection of the heart may be of service to him. The lesson is, that the cardiac affection is well borne, and may continue to be well borne indefinitely, if the associated circumstances do not produce an impoverished condition of the general system.

ACUTE ARTICULAR RHEUMATISM—THE ALKALINE TREATMENT AND THE TREATMENT BY THE USE OF SALICYLIC ACID—CARDIAC COMPLICATION.

CASE II.—James C—, an Italian laborer, æt. 30, was admitted to the hospital January 23d. His mother died of causes unknown to him. He has five brothers living and healthy. His habits are good, and he has always enjoyed good health until three years ago, when he had an attack of rheumatism attended with great pain in the knees and feet, and the joints of both lower extremities were red, swollen, and hot. It was seven months before he fully recovered from this attack, and to his knowledge no cardiac lesion was developed at that time. On January 7th he began to suffer from pain in the right shoulder, wrist, and thigh.

Symptoms relating to the joints, such as were noticed in the previous attack, again developed. On January 17th began to suffer from an "uneasiness" in the cardiac region, most severe at

about the middle of the sternum. A physical examination revealed a mitral systolic murmur, soft and blowing in quality, and not conveyed into the carotids; and to the left of the nipple a pericardial friction sound was heard. Salicylic acid was given every three hours in twenty-drain doses. Opium was administered in such doses as were necessary to relieve the pain and give the patient rest.

This case is interesting from the fact that there has been only one attack prior to this, and that we have no history of cardiac complication occurring at the time of his previous sickness. It is also interesting from the fact that he is going through his present cardiac complication with but little inconvenience, and with the effusion of so slight a quantity of fluid in the pericardium. In some cases the only evidence of pericarditis we have is the friction sound, but it does not necessarily imply effusion of fluid. The dulness on percussion in the præcordial region is most marked in the fifth intercostal space, to the right of the sternum. Now, to distinguish between pericardial dulness over an effusion of liquid, and enlargement of the heart, is an important point. It is done by physical signs. In enlargement of the heart the enlarged area of dulness is chiefly to the left of the sternum; it extends to the right of the sternum, but little beyond the normal situation of the right border of the heart. At the lowest point of this area, on the left side, the apex beat is felt, or the first sound has its maximum at that point. On the other hand, the enlarged area of dulness from pericardial effusion extends more or less to the right of the sternum; the apex-beat, if felt, is above the lowest point of the area; the heart-sounds are distant, and the first sound is feeble, short, and valvular.

SALICYLIC ACID AS AN ANTI-RHEUMATIC REMEDY.

But to return to our clinical history: there is an important point in practical medicine to which I wish to direct your attention, and it consists in the use of salicylic acid as an anti-rheumatic remedy.

It seems to me that it should not supersede the alkaline treatment which has been employed to diminish the liability to cardiac complication. It has not as yet been proved that salicylic acid has any effect in the way of preventing cardiac complications except by way of shortening the duration of the rheumatic fever. I have had occasion to observe several cases of pericarditis occurring in the course of cases of articular rheumatism under treatment by the use of salicylic acid exclusively.

Because a remedy has been found that apparently causes the disease to abort occasionally, or, if not that, shortens its duration, we are not to relinquish the accepted alkaline treatment, but should carry it to its full extent as we

have been accustomed to do heretofore. The alkaline treatment does not exert a marked effect upon the duration of the disease; but the weight of evidence showing that it diminishes the liability to pericarditis and endocarditis is overwhelming. Fortunately, the two plans of treatment do not conflict with each other.

ACUTE ARTICULAR RHEUMATISM—REPEATED ATTACKS—TREATMENT BY SALICYLIC ACID AND BICARBONATE OF SODA—NO CARDIAC COMPLICATIONS.

CASE III.—This case has certain points of interest clinically, and also illustrates the two plans of treatment referred to for acute articular rheumatism.

John M.—, æt. 23 years, single, was admitted to the hospital on the 25th. His habits have been good. He does not remember any severe illness except rheumatism, from which he suffered severely five years ago. The attack began in the feet, and soon extended to all the large joints. He was then confined to his bed most of the time for four months. This was a duration which, at present, we are unable to explain. Recovery, however, finally took place, and he enjoyed a good degree of health up to five weeks ago, when he was again attacked by rheumatism. He entered the hospital, and was discharged at the end of three weeks. He was out of the hospital three days, when he returned suffering from the present attack of rheumatism. When admitted, his temperature was 104° F; his urine was scanty, acid, sp. gr. 1034, but no albumen. The apex of the heart was beating in the sixth intercostal space, a little to the left of the mammary line, and there was a very slight mitral systolic regurgitant murmur. This murmur was recognized when he was admitted to the hospital five weeks ago, and is probably due to the rheumatic attack from which he suffered five years ago. But since his last admission to the hospital, notwithstanding the severity of the attack, it has not increased in intensity, nor is there any evidence of cardiac complication. In the early part of the renewed attack he was placed upon the use of salicylic acid in doses of twenty grains three times a day, and one ounce of the saturated solution of bicarbonate of soda. He so far recovered—now, at the end of six days—as to be able to come up to the amphitheatre. He is receiving a nutritious diet and moderate doses of quinine, and doubtless what cardiac affection exists will prove innocuous if accessory conditions are properly controlled.

CIRRHOSIS OF THE LIVER, WITH HYDROPERITONEUM—ALL MEDICINES STOPPED—DIETETIC CHANGE.

CASE IV.—Owing to the fact that my hour has nearly expired, I will merely present this patient with a special reference to one point in

her clinical history. I will not enter into details, but at once say to you that she has cirrhosis of the liver, with hydroperitoneum. She has suffered from this affection more or less for some time, and the cirrhosis is clearly traceable to the great cause of that affection of the liver—namely, a certain method of using alcohol. Some time ago, three and half quarts of fluid were drawn from the abdominal cavity by aspiration. I am inclined to think that this is the best method of removing fluid from the peritoneal cavity. She then took diuretics for a while. The aspiration was made on the 20th of November. At the present time, December 11th, there is but little liquid in the abdomen, and the point in the clinical history to which I especially direct your attention, is what occurred between the date of the tapping and the present examination.

The diuretic mixture upon which she was placed after the aspiration consisted of infusion of digitalis, sweet spirits of nitre, and bicarbonate of potash. For a time, the daily quantity of urine passed was increased, and then the apparently favorable action of the diuretic ceased. While the patient was taking the diuretic mixture freely, the daily quantity of urine discharged was 5, 12, 13, 12½, 10, 12, 17, 18, 16, ounces. and although an increase from what it was previous to the aspirations, the desired effect was not produced.

On December 1st *all medicinal remedies were stopped*, and the patient was placed upon a full milk diet. The quantity of urine passed during the next twenty-four hours was 19 ounces; and we find recorded 39, 36, 30, 56, 54, 50, 70, and 69 ounces as the quantities passed on the days immediately following. Under the influence of the milk diet, the quantity of urine passed daily was at once increased, and the increase has been sustained up to the present date. Before December 1st the patient took but little milk, and had only a poor appetite. Since that time her general condition and appetite have greatly improved.

In clinical medicine there is nothing more important than to call into exercise our best judgment regarding *discontinuance* of medicinal treatment. I have been made aware of the fact that there is danger of error in the medicinal mind in *two* directions: first, we may be over-confident with regard to the efficacy of medicines. There are those who have such unbounded confidence in the efficacy of drugs that they never see the natural course of a disease. This error should be avoided. The opposite error, also, is to guarded against; namely, an over-distrustfulness regarding the benefits to be derived by the use of medicines. In the treatment of all chronic cases it is an excellent plan to occasionally cease all medicinal measures, and study the effect produced. The with-

holding of all medicines, and the dietetic change, have, in this case, yielded the most satisfactory results. The patient is now taking six pints of milk daily.

THE TAMPON IN ABORTION.

For the last twenty years my reliance has been on a junk of alum in the vagina. If this is not at hand I take the next best thing that is; but a junk of alum is a part of the contents of my medicine-box. It is of the size of a large hen's egg, ovoid in shape, and generally left a little ragged, though without sharp points. Around the middle is cut a groove, about which is tied a bit of string, but not large, twine, leaving the ends so that they can hang out of the vagina. No preparation is necessary nor any exposure of the person needed. The egg is introduced end-way, turned half around so as to bring the long diameter across the vagina, and pushed downward and then upward against the os. In some cases, especially if the canal is large, I back the egg with sufficient packing to secure its retention in position. If the vagina be small and close, there may be no need at all of the supplementary support.

This treatment is easy, speedy, and effectual against further hemorrhage. It has never failed me, and I leave a patient with the feeling that she is safe for the next twelve or fifteen hours, so far as danger from further bleeding is concerned. And I may add that I have never had any unfavorable effects follow its use in any one of the scores of cases in which it has been employed—no fevers, no septicemia, no deaths, no anything untoward—and I have never had occasion to use it the second time in any one case. It can be removed when desirable, either by traction on the cord or by the introduction of the fingers, the coagulated blood fished out, the vagina syringed, and the case further treated as circumstances may require.

Perhaps this is nothing new; but, as it is something I have not seen mention made of in any of the standard works that have come under my observation, nor in special papers, nor have ever heard of in the lectures of the schools, I venture to submit it to your columns, and through them to professional notice.—*R. W. Griswold, M.D., in the Louisville Med. News.*

FOR SORE NIPPLES.

R Tannin..... ʒj.
Sub-nit. bismuth..... ʒij.
Vaseline..... ʒj.

M. Sig. To be applied constantly when the child is not nursing.—*Dr. Howell.*

TREATMENT OF NASO-PHARYNGEAL CATARRH.

J. Solis Cohen, M.D., in *Medical News and Library* :

The most important element in the treatment is thorough removal of the accumulated mucus. This should be done daily, and is often alone sufficient for the cure of simple inflammatory cases. The retained secretion and the decomposed gases irritate the diseased membrane still further, thus keeping up and intensifying the morbid condition; moreover, breathing the foul air impairs the general health, and even sometimes leads to slow septic poisoning.

For the removal of the discharge, a solution of salt in tepid water (3j to Oij) is usually employed. In mild cases this may be snuffed into the pharynx through the nasal cavities very effectively; otherwise it may be applied by means of the syringe, spray-apparatus, or Thudicum's nasal douche. In using the douche, the mouth should be open, and the patient cautioned not to swallow, lest the fluid be forced through the eustachian tubes and produce otitis media if the fluid be warm; however, there will be but little danger, even should such an event occur. About one quart of the solution should be used once or twice a day. The fluid may also be injected from behind by means of a curved syringe.

Frequent applications have to be made to the posterior portion of the nasal passages; this may be done by means of a rectangular probe, firmly attached to the end of which is a small piece of sponge saturated with the medicament (as, for instance, equal parts of glycerite of tannin and compound solution of iodine). For this operation the mouth should be well illuminated, and tongue depressed with a spatula. The sponge should be forced into first one posterior nasal outlet and then, after waiting a few minutes, into the other. This application is to be repeated three times a week. Another method of local treatment, in which a medicated solution is retained in contact with the parts for from twenty to thirty minutes, is by flexible bougies made of gelatine impregnated with the remedy (as gr. ij sulphate of zinc and gr. ss carbolic acid). The bougie gradually dissolves in the nasal cavity. To prevent its dropping into the throat, a string is passed through it, which is attached to the patient's ear.

Ulcers are rare in simple inflammatory catarrhs, but frequent and often extensive and deep in tuberculous, scrofulous, and syphilitic subjects.

After cleansing the nasal passages, their interior may be examined before a good light, by drawing the wing of the nostril aside, with a hair-pin bent into the form of a hook, which is as efficient as any nasal speculum.

In constitutional diathesis, appropriate constitutional treatment is necessary, and the removal of foreign bodies is a *sine qua non* of cure.

INFLAMMATION OF THE BLADDER.

The best remedies to administer internally when vesical irritation and inflammation exist are gelseminum, belladonna, sulphate of magnesia, and pinus canadensis. If the pain be great, choose gelseminum; if the irritation will not admit the presence of a teaspoonful of urine in the bladder, give small doses of sulphate of magnesia; if too much urine be secreted (diabetes), administer pinus canadensis; if the kidneys secrete irregularly, belladonna is indicated. It is not to be supposed that no other agents are "specific" in cystitis, for every experienced practitioner knows of others. However, enough have been mentioned to begin with.

Such agents as are known to be diuretic in their action should not be administered in cystitis; better give those agents that tend to restrain urinary secretion. Spices are especially to be avoided. A man or woman having cystitis is made worse by taking stimulants and aromatics. Gin is occasionally prescribed in urinary troubles, but oftener with bad results than with good.

But the most valuable part of the treatment of cystitis is the use of laudanum and starch in the rectum. Let from twenty to sixty drops of tincture of opium be mixed with two ounces of starch mucilage, and thrown into the rectum with a syringe. This enema may be repeated two or three times a day. Those unacquainted with the quieting effects of this agency in irritation of the bladder and cystitis, will be happily surprised when they carry the plan into operation. No internal medication through the stomach can equal in curative effects these sedative and emollient enemas. In addition a bag of hot sand may be placed between the thighs, near the perineum, and a hot dinner-plate may be frequently placed upon the hypogastrium. By medicating the pelvic viscera and surroundings the stomach may be kept for food and drink. Sedative medicines injure the appetite and digestion. Run as few remedies through the stomach as possible, unless they be peptics.—*Southern Medical Record; N. O. Med. Jour.*

WHEN TO RUPTURE THE MEMBRANES.

When the woman in labor is a multipara, you may generally rupture the membranes with impunity, after a fair dilatation of the os. But in the case of a primipara you must not rupture them until after full dilatation has taken place.—*Dr. Goodell, — Western Lancet.*

ERGOT AND SODIUM BROMIDE IN EPILEPSY.

Prof. Bauduy reports a case of epilepsy of sixteen years' standing which was cured by giving twenty grains of bromide of sodium with half a drachm of fluid extract of ergot three times a day. This treatment was continued a year and a half, and four years have elapsed without the recurrence of a fit.—*So. Med. Record.*

SALICYLATE OF SODA IN CHOREA.

In case of chorea, in a child of seven, Dr. S. Weir Mitchell gave the following prescription for more than a month, and apparently with decided advantage, each dose containing—℞. Sodii salicylat., gr. x; glycerinae, ʒ j; spts. lavenderæ, ℥ v; ol. gaultheriæ, gtt. ʒ; aquae, q.s. ad., ʒ ss. Given three times a day.

He has been experimenting in this case and in a number of others concerning the effects of salicylate of soda in chorea, and it looks as if the experiment would prove to be of some value.—*Med. and Surg. Rep.*

PYROGALLIC ACID IN HÆMOPTYSIS.

In the *Dublin Medical Journal*, for December last, Dr. A. Vessy speaks highly of this agent in hæmoptysis, metrorrhagia and other internal hemorrhages. He says:

Pyrogallic acid appears to me to have the following advantages: The dose is small; it does not disarrange the stomach in the way that the usual gallic or tannic acid mixtures do; it is easily taken, and has no disagreeable after-taste. It appears to be more rapid and certain than any of the remedies mentioned above, and far surpasses the time-honored acid infusion of roses, or pil. plumbi cum opio. It dissolves readily in water or in spirit. A spirit solution of definite strength affords a convenient and ready method of administration.—*Medical Brief.*

TREATMENT OF THE FUNIS.

Dr. Goodell recommends the following:—As soon as the child cries lustily the cord is cut, and the umbilical portion being firmly held by the thumb and forefinger, the free end is "stripped" of Wharton's jelly and of any blood that may remain in it. Any blisters of Wharton's jelly which still remain unemptied by this process of "stripping" are nicked, and their contents squeezed out. After the removal of the pressure of the thumb and forefinger all bleeding usually ceases, and then the cord is tied. No subsequent dressing is thereafter used,

for the cord rapidly dries without smell and drops off without leaving a sore behind.—*Medical Record.*

ECZEMA INTERTRIGO OF INFANTS.

℞. Plumbi acetatis, gr. xxx; acidi acetici diluti, ʒ ij; glycerinae, ʒ iss; Aquam rosæ, ad. ʒ viij. M.

Wash the sore parts well with soap and water, dry carefully, then apply the above.

Dr. H. B. Hodges writes to the *British Medical Journal*, that in hundreds of cases, during a quarter of a century of practice, he never knew the above to fail to cure the disease. He uses no internal medication.—*Med. and Surg. Rep.*

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MONTREAL, JUNE, 1880.

NEW DISPENSARY IN MONTREAL.

A new Free Dispensary has been started in Point St. Charles district, Montreal. The following medical gentlemen have been elected on its staff. *Consulting Physicians*:—Drs. Hings-ton, Craik and E. H. Trudel. *Attending staff*:—Drs. T. A. Rogers, T. J. Alloway, M. M. Seymour and J. J. Guerin. The district in which this dispensary has been opened contains a number of poor persons, and to them it will prove of much service.

OBITUARY.

AUGUSTUS P. M. CORBETT, M.D.

We regret to notice the death of Surgeon Major Augustus P. M. Corbett, M.D., Surgeon of the Prince Consort's own Rifle Brigade, which melancholy event took place in England on the 25th of March last. Dr. Corbett was a native of Kingston, and son of the late Sheriff Corbett, of that town. He began his studies as

a student of St. Lawrence School of Medicine in Montreal, and that school closing, Mr. Corbett transferred his attendance to McGill College, and graduated from that school in 1854. He at once proceeded to England, and entered the Army Medical Department, going to the Crimea almost immediately, where he saw much service. On the conclusion of the Crimean War he was ordered to India, arriving in time to participate in the suppression of the Indian Mutiny. In 1870, when the Rifle Brigade was stationed in Montreal, he was Surgeon of that Regiment, accompanying it to St. Johns during the Fenian raid in May of that year, and acting as Chief Medical Officer of the large force then gathered on the banks of the Richelieu. Dr. Corbett was possessed of many excellent qualities, and we are sure there are not a few still living among his old class mates who will hear of his death with regret.

A ROYAL PHYSICIAN.—Charles Theodor, of Bavaria, the royal prince, has just been regularly admitted to practice as a physician. He is a specialist of some renown in eye-diseases. He has practiced for several years with considerable success, and has been at the disposal of his many patients at all hours of the night and day. He is a generous as well as a wealthy man, and to his poorer patients gives not only medical advice but substantial help. The prince is the brother of the Empress of Austria, the Queen of Naples, and the Duchess of Alencon, and on the death of his elder brother will be at the head of the Bavarian ducal line.

PERSONAL.

The following changes have taken place in the Medical Faculty of Bishop's College,

Dr. David having resigned the Deanship and the Professorship of the Theory and Practice of Medicine, has been re-elected Dean and Emeritus Professor of Practice of Medicine.

Dr. F. Wayland Campbell has been transferred from the chair of Physiology to that of Practice of Medicine.

Dr. Wilkins has been appointed Professor of Physiology and Pathology, and Lecturer on Histology.

Dr. Perrigo has been appointed Professor of Surgery in place of Dr. Slack resigned.

Dr. J. C. Cameron has been elected Professor of Medical Jurisprudence and Lecturer upon Diseases of Children, in place of Dr. Perrigo, transferred to the chair of Surgery.

Dr. A. Laphorn Smith has been appointed Demonstrator of Anatomy, in place of Dr. Brodie, who leaves Montreal to settle at Honolulu, Sandwich Islands.

Dr. J. Leslie Foley has been appointed Assistant Demonstrator of Anatomy.

Dr. Leprohon has resigned the Professorship of Hygiene in Bishop's College.

Dr. Brodie, Demonstrator of Anatomy at Bishop's College, was entertained at a dinner at the Metropolitan Club, on the 20th of May, on the occasion of his departure for Honolulu, Sandwich Islands, to which place he has gone to settle and commence practice. During his short sojourn in Montreal, Dr. Brodie made many professional friends, who wish him every prosperity in his new and distant home.

Dr. Jenkins (C.M., M.D., Bishop's College, 1879) has commenced practice in Montreal.

Dr. James Bell, late house surgeon, Montreal General Hospital, has commenced practice in Montreal.

Dr. G. W. Nelson (C.M., M.D., Bishop's College, 1879), after a year's practice with Dr. Cotton of Mount Forrest, as his assistant, has removed to Marbleton, Que., where, at the request of a number of the inhabitants, he has commenced practice. On leaving Mount Forrest, Dr. Nelson was the recipient of a warm testimonial from Dr. Cotton, as to the general esteem in which he was held by all who came under his professional care.

Wolford Nelson (M.D., McGill and Bishop's College, 1871) left New York, May 23, *en route* for San Francisco, via Panama.

Dr. Gill (C.M., M.D., Bishop's College, 1880) has settled in Drummondville, Que.

Dr. Riordan (M.D., C.M., McGill, 1880), has been appointed Surgeon of the Allan S.S. Hibernian.

Dr. McDonnell (M.D., C.M., McGill, 1880, and Gold Medalist) has settled in Montreal.

Dr. H. B. Chandler (C.M., M.D., Bishop's College, 1880, and Gold Medalist), has commenced practice in East Boston, U. S.

Dr. E. Labrie (C.M., M.D., Bishop's College, 1880), has commenced practice in Gaspé.