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THE TREATMENT OF INEBRIETY*

BY J. MCA. DUNSMORE, M.D., OAKVILLE, ONT.

To the Members of the Toronto Clinical Society.

GENTLEMEN,—By the courtesy of your President I was invited to read a paper at this meeting of your Society and have taken as my subject the treatment of inebriety, but as it will not be right to occupy much of your time, I will confine myself to the treatment of alcoholism, and not touch on that of morphine and other narcotics. As resident physician at Lakehurst Sanitarium, Oakville, I will try briefly to outline the course of treatment we adopt in alcoholic cases. In the first place let me make it clear that we do not depend on any so-called specifics or nostrums of the kind, as we all know that secret remedies and formulæ are simply impositions and appeals to ignorance.

The continued use of alcohol to excess sets up certain changes in the system, and, according to Payne, the poisonous effects in alcoholism of the chronic variety are manifested

I. As an acute narcotic poison.

* Read at meeting of Toronto Clinical Society, February 7th, 1900, by special invitation.

2. As a poison acting on the parenchymatous elements, particularly epithelium and nerve, causing slow degeneration and fibroid changes in the blood vessels.

3. It retards oxidation, thus leading to fatty changes.

The effects on the nervous system are best seen in the tremor of the hands and tongue. No characteristic changes are seen in the nervous system. Hemorrhagic pachymeningitis is not uncommon. Opacity and thickening of the pia-arachnoid membranes with more or less wasting of the convolutions generally occur. The most striking effect on the nervous system is the production of alcoholic neuritis. Osler says that alcoholism at first sight may bear a striking resemblance to general paresis, especially in those cases when the pathological findings consist of opacities in the pia mater and congestion of the cerebral substance.

The effects on the digestive system are shown in the catarrh of the stomach, definite changes in the liver leading to various forms of cirrhosis. The effect is probably due to primary degeneration of the liver cells. The typical granular kidney seems to result indirectly from alcohol through arterial changes.

Having outlined some of the most common effects of chronic alcoholism, I will try to give a sketch of our method of treatment, and would say that it is a condition very difficult to treat when the habit is once fully established. Most obstinate cases are those with marked hereditary tendency.

Withdrawal of the alcohol is the first essential, and the most trying period is the first week or ten days of abstinence. The absence of temptation in institution life is of special advantage. For sleeplessness, bromides of hyoscine are useful. Quinine and strychnine may be used in tonic doses. Great care must be taken not to reduce the daily quantity of alcohol too quickly, especially if the patient shows symptoms of delirium tremens. It is often very beneficial to wash out the stomach. If collapse symptoms occur, the limbs should be rubbed and hot applications made to the body. Tincture capsicum in 5-minim doses given occasionally at this period has a good effect. The average case of chronic alcoholism can be in this way removed from his liquor in about a week.

Some cases require longer periods of treatment than others, but a course of five or six weeks is usually found long enough. I would like to emphasize especially the importance of *moral tonics* in treatment of alcoholism. We put all our patients on their honor and do not place any restrictions on them. They are at perfect freedom to come and go as they wish. Under these circumstances a man taking alcohol clandestinely would find himself

regarded as a traitor to his trust. The natural beauty of the situation of the Institution, with the lawns sloping to the banks of Lake Ontario, lends a soothing influence and gives a most delightful and healthful situation. The tone of cheerfulness is kept up by healthy amusements. In summer there are lawn bowling, cricket, tennis, boating and bathing. In winter, curling is the out-door amusement chiefly indulged in. The Institution itself is large, well lighted and heated, ventilation and sanitary appliances excellent. These cheerful home-like surroundings all have their own influence for good. I submit this paper, gentlemen, not trying to convey the impression that this is the only or best plan for treatment of alcoholism, but simply as a method which has proved very successful in my own limited experience.

I will conclude by stating that intemperance in all its stages may be not only checked and mitigated, but in many cases permanently cured, and the subject fully restored to his normal condition of health and sobriety. Such results may not be reached by the final and utter extinction of the morbid desire for alcohol, so much as by a development and cultivation of opposing and ennobling qualities, which by their vital action hold the depraved mental tendencies of the subject in constant and absolute subjection, so that they become as inoperative as if they did not exist.

Reports of Societies

TORONTO CLINICAL SOCIETY.

Stated Meeting, February 7th, 1900. *Fellows present:* Dr. Aikins, the vice-president, in the chair; Pepler, King, Silverthorn, Barrick, Lehman, Boyd, Trow, C. Temple, Ross, Fenton, Thistle, McIlwraith, Rudolf, Chambers, and Elliott. *Visitors:* Dr. Dunsmore, Oakville; Dr. Wrinch, St. Michael's Hospital, and Dr. Goldie.

RADICAL CURE OF HERNIA (INGUINAL) IN A PATIENT 75 YEARS OLD.

DR. W. H. PEPLER presented this patient, an old man of seventy-five years. He first presented himself to the doctor in the summer of 1898. Suddenly while walking on the street the man noticed a lump; felt something give way, and noticed a swelling in the right groin. On examination, a right inguinal hernia was found; and a truss was ordered applied. Several of

these were tried for a time, but all proved failures, as the patient was miserable all the time on account of the continual falling down of the hernia. As he was anxious for a permanent cure, Dr. Pepler decided to do the radical operation, which he performed in May, 1899, assisted by Dr. Bingham. The canal was opened and the sac tied off and let back into the abdomen. The ring and canal were then closed up with mattress sutures. During the night of the operation, the patient got out of bed to go to the w. c. In the morning it was found that the stitches had broken away, and the case really developed into an open operation. The wound was packed with gauze down to the ring, and it healed by granulation. The case went on without any further interest and the patient is at the present time sound, and does not wear any truss and has never had any discomfort. The points of interest are the age and the wound healing in this open manner.

DR. KING stated that a truss should not be worn after an operation of this character; and that in a large number of cases where there is a considerable amount of fat in the abdomen, you get better results by the open method. He spoke of a patient seventy-three years of age in which he had done the double operation without any complications.

DISLOCATION OF LOWER END OF ULNA.

DR. E. E. KING stated he could not show the patient, as he had decamped, but presented a skiagraph instead.

FRACTURE OF ANATOMICAL NECK OF HUMERUS.

DR. KING presented this patient, a man aged about fifty years. Three weeks prior to the 5th inst., the man was in the upper part of a house, somewhat worse for alcohol, although he states he was not intoxicated. He got up to open the door, stretched out his hand to take hold of the latch, but touched something un-awares instead, which he took to be a man, missed his footing on the first step, fell backwards and struck his arm about three or four inches before the shoulder joint; there were no other bruises on the body whatever. He got up and went back again into the room and remained there all that evening and night. The next day—he had used the arm all that time—he consulted a surgeon who thought there was a severe sprain of the shoulder joint, and had applications applied. On the 5th inst. he came into Dr. King's service in St. Michael's Hospital, who found the condition around the shoulder joint like nothing he could recognize, and asked the Fellows for assistance in diagnosis and treatment.

There is loss of motion to a considerable extent, atrophy, and the nerves are injured in the axilla.

DR. PEPLER thought the condition was a fracture in the head of the bone with probably a longitudinal one as well. The shortening would give history of dislocation; the pressure on the nerves would give rise to the other symptoms.

DR. CHARLES TEMPLE considered there were some signs of impacted fracture with dislocation.

DR. KING then presented a skiagraph of the shoulder, and described the conditions present. There were two fractures present, one a fracture of the shaft of the bone with displacement inward of the upper end of the lower fragment which could be felt in the axilla and which accounts for the shortening. Then from the skiagraph there appears to exist a fracture about the anatomical neck with what seemed to be a rotation of the head of the bone. The first fracture was more or less of a greenstick variety.

DR. ROSS who examined the subject very carefully stated that there may have been fracture through the neck and head of the humerus, but there is another piece of bone quite distinctly to be felt high up in the axilla in the neighborhood of the coracoid process which he considered fractured as well.

DR. FENTON stated also that he could find this bony process quite firm to the touch high up in the axilla; it was about as thick as the end of the finger.

DR. BARRICK thought that the case appeared very obscure, and that the skiagraph appeared more obscure still. He thought there was no doubt of there being a fracture in the neck of the humerus.

DR. KING did not think that the coracoid was fractured; the body felt would be a gland or probably a portion of bone from the humerus.

THE TREATMENT OF INEBRIETY.

DR. DUNSMORE, Oakville, read a paper on this topic. (See page 47.)

PLACENTAL INSPECTION—ITS UNCERTAINTIES AND ITS DANGERS.

DR. J. F. W. ROSS read a very interesting, if somewhat radical, paper with this title. The main theme of the paper was to establish digital examination as routine practice after placental delivery. He first instanced a number of cases where he had been called in, in consultation, cases the subjects of a profound septi-

cemia, in which digital examination had determined the existence of portions of the placenta in the uterine cavity setting up the infection. He mentioned four cases as the cause of this septicemia, viz.: traumatism, inflammation and rupture of some pre-existing abnormality, the presence of virus in the canal, and the retention of portions of the placenta or membranes; it was with the latter that the paper more especially dealt. In his opinion the proper treatment of these cases was to make a thorough examination of the uterus, not when the appearance of fever and other symptoms compelled this procedure, but immediately after the delivery of the placenta. In support of this, he spoke of the recognized methods of dealing with miscarriages, and the employment of digital methods under anesthesia in these cases, and as the treatment in those cases was considered proper, that at full term would be equally so. Why wait until elevation of temperature occurs before making an examination of the uterus? He further recited several cases where the rise of temperature did not occur until ten or twelve days after confinement, which had been caused by portions of retained placenta; and thought that if this method was commonly adopted in practice, we would not see so many cases of puerperal fever. The introduction of aseptic and antiseptic methods had not materially reduced the incidence of septicemia following delivery.

DR. MCLLWRAITH thought the condition was generally due to an infective germ, and that no doubt the retained placenta formed a good growing ground for the micro-organism, and then there was the fact that cases of septicemia occurred without any retained placenta at all.

DRS. AIKINS, SILVERTHORN and BARRICK further discussed the paper.

GEORGE ELLIOTT,
Recording Secretary.

Canadian Medical Literature, January, 1900.

Montreal Medical Journal.

"On the Etiology and Symptomatology of Goitre." J. George Adami.

"Electrical Burns." J. M. Elder.

"West African Medicine." Chas. G. L. Wolf.

"The Place of Physical Training in a School System." R. Tait McKenzie.

"Report of a Case of Colles' Fracture which led to a Suit for Malpractice and Prolonged Litigation." J. M. Conerty.

"Some Retinal Complications in Chlorosis." H. McL. Kinghorn.

"Surgical Gleanings from Abroad." L. Coyteux Prevost.

"A Case of Hematometra." William Gardner.

"A Rare Form of Pyosalpinx Complicating Uterine Myoma." William Gardner.

"A Case of Janiceps." Andrew McPhail.

Canada Medical Record.

"Pyopericardium Following Pleuro-Pneumonia — Pericardiectomy — Recovery." J. Bradford McConnell.

"Procedure in Post-Mortem Medico-Legal Examinations." Charles A. Herbert.

Canada Lancet.

"A Case of Interstitial Emphysema." Horace C. Wrinch.

Maritime Medical News.

"Asthma and its Treatment." Murdoch Chisholm.

"Prostatic Affections in Young Men." James Ross.

"The Treatment of Erysipelas by Marmoreck's Serum." A. DeMartigny.

Canadian Practitioner and Review.

"Report of a Case of Brain Tumor." R. W. Bruce Smith.

"Septicemia." Chas. A. Page.

"The Interne Service in Modern Hospitals. A Comparison of the Canadian and American Systems." F. Leonard Vaux.

"The Chemical Rays of the Solar Spectrum as a Remedial Agent." Graham Chambers.

Canadian Journal of Medicine and Surgery.

"The History of Medicine." Ezra H. B. Stafford.

"The Treatment of the Acute Digestive Disorders of Infancy." Andrew R. Gordon.

"Anesthesia by Chloroform and Ether." William B. Jones.

"Cases of Puerperal Sepsis treated with Antistreptococcus Serum—with Notes." George T. McKeough.

"The Hospital Room in Each Dwelling." W. J. Telfer.

Special Selections.

ON BELLADONNA.

There are few remedies which determine the existence of idiosyncrasies in patients more frequently than belladonna. Just as opium, iron, the iodides, mercury, arsenic, or alcohol require a knowledge of the patient's susceptibility before they can be prescribed with certainty, so belladonna demands a like knowledge and it must be prescribed with caution until it is known whether any special idiosyncrasy with regard to it exists; otherwise one may find the patient covered with an eczematous rash in twenty-four hours; or a most distressing state of the nervous system, accompanied by disturbance of vision and a most unpleasant dryness of the throat and nose, may be met with. So susceptible are some that the mere application of a small belladonna plaster will produce all the above effects with great violence. On the other hand, we meet with cases where very large doses of reliable preparations can be taken with impunity, and this without the patients having become accustomed to the drug. I remember a case where eight grains of the extract were taken by mistake without a very serious effect on the patient. It seems as if patients do not become accustomed to belladonna as they do to opium; it affects them as decidedly at the end of three months' use of it as it does at the outset. If the patient will bear a large dose he will bear it when he begins to take it as well as when he has taken it for a month; and, further, the same results are obtained after it has been given for a long time as at the outset of the treatment. I am a little uncertain as to its cumulative effects, but my experience goes to show that one can set up a certain amount of atropism, by certain doses, and that this condition can be maintained indefinitely without much variation of dose, so that I infer that it neither accumulates nor loses its effects.

The action of belladonna has been intimately observed by the strictest scientific methods, but I do not propose to refer to these studies in physiological therapeutics; my object is to draw attention to some points in its action which a prolonged observation in ordinary physician's work has revealed to me. I refer to its action in the following conditions: 1. In the Removal of Renal Calculi during Attacks of Renal Colic. 2. In Dysmenorrhea. 3. In Painful Defecation Depending on (a) Displaced and Enlarged Ovaries, (b) Retroflexion of the Uterus, and (c) Pelvic Exudations and Adhesions. 4. In Obstruction of the Bowels. 5. In Typhlitis.

I. *Renal Calculi*.—The treatment of renal affections by belladonna has been accepted by the profession for many years, and the efficacy of the drug in relieving renal pain is well established. The pain produced by renal calculi and renal colic is more effectively relieved by belladonna than by any other drug, opium not excepted—at least, that is my experience. I was led to infer that something more than mere relief of pain might be expected by considering the analogous condition of bowel obstruction, in which belladonna has proved so marvellously successful, and the essential point in the removal of renal calculi by belladonna consists in following out the analogy between the two cases. In cases of bowel obstruction we push the treatment far beyond the mere anodyne effects of the drug until the obstruction gives way. In cases of renal colic, we have been content when the agony has subsided. I contend that we have erred in thus stopping short of more decided results; and if the drug be administered sufficiently long, and in large enough doses, the entire removal of the calculus—first from the pelvis of the kidneys to the bladder, and then from the bladder, *per urethram*, often follows. I will not attempt to theorize on the exact physiological process by which the above results are brought about, either in the case of the bowel or in the case of renal passages; it seems, however, as if the drug combined in itself the power to relieve spasmodic contraction on the one hand, and produce peristaltic action on the other. Perhaps someone more fully acquainted with physiological therapeutics will enlighten us on this point. I must, however, proceed to substantiate the above views by quoting some cases in which such striking results were obtained as to establish the link of causation between the administration of the drug and the removal of the calculus. Let me quote three cases in point:

Mrs. E. had suffered for several months from repeated attacks of renal colic. During the last of these attacks I was called in, and found her in the agony of a severe attack. Belladonna was administered until decided toxic effects were produced, and the patient was relieved of her sufferings as soon as the drug began to show its physiological action on the eye and throat. It was then pushed until she was fully under its influence, and in a few hours the stone passed into the utensil with the usual satisfactory click—a lithic acid calculus, as large as a small almond. The next case was that of a young engineer, who had suffered long and severely from renal pain, with occasional attacks of true renal colic. He had been treated by an experienced practitioner without much relief. I advised the administration of forty drops of tincture of belladonna, to be repeated every hour, or every two

hours, until dilatation of the pupil, dryness of the throat, and delirium were produced. This treatment was commenced in the afternoon, and during the night following he passed a calculus as large as a bean. It is to be noted that the treatment gave speedy relief of pain, but not content with this, the effect of the drug was kept up so as to ensure the passage of the stone. The third case was that of a youth, who suffered so severely from renal pain that it was determined, at a consultation of the staff of the Royal Infirmary at Newcastle, to remove the calculus by operation. Before consenting to the operation, his parents brought him to me. I suggested the belladonna treatment, promising to send him to the hospital again if it failed. In this case, twenty drops of tincture of belladonna were given at intervals of an hour, and at the end of four or five hours, he passed a round and rough calculus composed of urates; and I was able to send the boy to the hospital to present the stone to Mr. Page, from whom I received liberal congratulations. These cases, I maintain, are sufficiently striking to arrest our attention, and to tend to establish the fact that belladonna relieves the pain of renal colic, and, by its peculiar action on the muscular fibres of the urinary passages, removes the stone. In the present state of pharmacology, we cannot say what its precise mode of action may be. It may act by simply paralysing the circular muscular fibres of these canals, thus allowing the stone to be washed out by the urine; or, while paralysing the circular fibres, it may stimulate the longitudinal fibres. The special point to be remembered is that we are to push the drug to its toxical stage, and keep up its action after the pain has been relieved, until a fair time has been allowed for the expulsion of the stone. We may begin with a forty-drop dose of the tincture, and repeat it every two hours, increasing or diminishing the dose according to its effect on the patient.

P.S.—Since the above was published, I am assured by Dr. Wicks, Dr. Jennings, of Jarrow, and others, that this treatment has been tried by them with success in several cases. Let me repeat that the point in the treatment is to push the toxic doses until complete atropism is produced, irrespective of the mere relief of pain, and further, that this treatment is of no use except during an attack of colic.

2. *Dysmenorrhœa*.—Let it be admitted that dysmenorrhœa is due to spasm, or to mechanical obstruction *plus* spasm, or *plus* neuralgia, or *plus* inflammatory or congestive action in or connected with the uterus, and there is a large field for the action of belladonna. A patient well under the influence of the drug is not

likely to suffer much from spasm, so that the spasmodic element can be eliminated in a case by a full dose or two of belladonna. If after these doses pain still continues, there are no doubt other elements in the case—mechanical, congestive, or inflammatory—as the neuralgic element is also to a great extent eliminated by belladonna, so that we can get rid of these two causal elements by means of this remedy, and thus the diagnosis is simplified. By far the best method of administering the drug for pelvic pain is the use of the suppository of one grain of the extract repeated every two or four hours. The suppository should be used as soon as the first sign of pain indicates the molimen, and although it is a somewhat disagreeable mode of administration, I think the general use of belladonna suppositories for this ailment ought to be advocated, and many sufferers from even slight dysmenorrhea ought to be provided with this remedy and instructed in the use of it. Full many a tale of woe begins in neglecting dysmenorrhea; spasm leads to congestion, congestion leads to weight of fundus, weight of fundus to flexion, and these to endless miseries. How important, then, to arrest the progress of events at the outset, when there exists such a simple remedy at hand. Every girl of a certain age who thus suffers, every nurse, and every woman *in loco parentis* ought to be aware of this means of relief and ought to have the remedy at hand.

3. *Painful Defecation.*—With regard to the use of belladonna in those cases where there is spasm *plus* some more organic condition, such as exudation in the pelvic cellular tissue, adherent or displaced ovary, and short lateral ligaments causing fixation of the uterus, I have this to say, that it is a most material aid to other remedies, such as mercury or iodide of potassium. In the case of mercury the best plan is to combine it with belladonna in a suppository such as the following, for continuous use until a perceptible effect on thickened tissues or adherent organs is produced: Mercurial ointment, 2 grains; extract of belladonna, 1 grain; oxide of bismuth, 3 grains (to prevent local irritation); and oil of theobroma, as much as is sufficient; to be inserted twice a day. In this way one secures relief of pelvic pain, and if there is painful defecation, the relief of that too; for there is no remedy which brings about such a comfortable action of the bowels as belladonna. For this latter purpose it may be added to a glycerine suppository, which secures a free as well as an easy movement of the bowels.

4. *Obstruction of the Bowels.*—This leads me to the effect (sometimes wonderful) of belladonna in cases of obstruction of the bowels. I shall record one or two cases, so that its *modus*

operandi may be discussed, as I think they throw some light on the subject. The question to be decided in the use of belladonna for obstruction in the bowels, or ureters, or uterus, is this: Is the relief due to relaxation of circular fibres, or is there also a peristalsis set up by it? Let the following case speak for itself. A few years ago the captain of a ship arrived in South Shields far advanced in strangulated hernia. The late Dr. Heath operated on him, with relief of the symptoms of strangulation, but the patient remained without any action of the bowels for ten days after the operation, by which time stercoraceous vomiting and other symptoms of obstruction set in. When I saw the patient the abdomen was immensely distended, the skin shining from tightness and reddened by turpentine and other applications. The pulse was like a thread, the countenance anxious, and there were great exhaustion and almost constant vomiting. Taking advantage of the almost excoriated abdominal surface, I applied a piece of lint, 20 inches square, spread with extract of belladonna slightly attenuated with vaseline. In three hours the most decided atropism was developed, and that same evening a copious and continuous action of the bowels took place, with relief of every symptom. Did this relief come from relaxation of some tightly contracted portion of gut? Or was there added to this a setting up of very active peristalsis? Or is it possible that there was no spasm at all, but simply an exhausted passive state of the bowel, which was removed by the peristaltic effect of the belladonna? At any rate I think one may infer from the very severe action which took place that something more than relaxation of fibres was produced and that the intestines were roused from their dormant inactivity into violent action by the drug. Against this view there have been seen cases where belladonna has failed to cause an action of the bowels until an enema came to its aid and where most remarkable effects have been produced in apparently hopeless cases of obstruction by administration of an ox-gall enema. Let it be noted, however, that I have seen the ox-gall, the most powerful of all enemata, fail until atropism was set up in association with it; to obtain the best results, therefore, in these cases one ought to induce full atropism and then give the enema. An additional argument in favor of the propulsive action of belladonna is to be found in those cases of renal colic to which I have referred, where toxic doses of belladonna send the stone down the ureter into the bladder and then out of the bladder *per urethram*.

5. *Typhlitis*.—A question which often presents itself at the bedside is this: " Shall I give a purgative—say castor oil, guarded

by opium—or shall I rely on belladonna? ” This question will be best considered in connection with the treatment of typhilitis. Experience derived from a large number of cases of typhilitis has taught me this, that, after the acute stage, when the patient has been properly treated by opium, and when one has probably to deal with a large effusion of an impacted bowel, belladonna becomes the most valuable and only safe remedy. At this stage, I repeat, there is generally a locked-up state of the bowels, partly due to opium and partly to the inflammatory effusion, and woe betide the practitioner and the patient if an attempt is made to move the bowels by any kind of purgative. The best plan of treatment for these conditions is this: Firstly, to apply an ointment consisting of ex. belladon., 1 dr.; iod., 1 oz., on a pledget of lint 4 by 8 in., over the seat of effusion; and, secondly, to administer a grain of extract of belladonna as a suppository every six or eight hours until atropism is set up, and then to administer an enema of warm olive oil, and, if that fails, an enema of ox-gall and soap, with a crystal of washing soda added. In this way we attack the effusion by iodine, soothe the pain and relax spasm by belladonna, and thus prepare the way for an easy action of the bowels without the risk of setting up fresh typhlitic irritation. With reference to the ointment of iodine and belladonna, it has proved of immense value to me in cases of pelvic exudation and enlarged ovary, as also in subacute pelvic cellulitis. It is likewise very useful in rheumatic joints and in all kindred affections. Of course, there is nothing new in the application of either iodine or belladonna; but my points are, firstly, the combination, and secondly, its continuous application as distinguished from rubbing in. As soon as the iodine begins to irritate, the belladonna is more rapidly absorbed and its action is thus intensified, and there is obtained the combination of a counter-irritant and absorbent and a sedative.—MURRAY, in *Rough Notes on Remedies*.

A CONTRIBUTION TO THE THERAPEUTICS OF PEPTO-MANGAN, “GUDE.”

BY LUDWIG POHL, M.D., VIENNA, AUSTRIA.
City Physician.

It is about five years ago that I first had occasion to test Gude's Pepto-Mangan. The curative results obtained from its use were so surprisingly good that I decided to thoroughly experiment with this preparation on my abundant clinical material, the outcome of which is reported in this article.

The number of remedies introduced every year into the market are so numerous that for this reason alone it would be impossible to employ all of them, even if only experimentally, or to make a careful choice. Pepto-Mangan appealed to me strongly in the first instance for reasons that I shall explain. Although inclined to think well of this preparation from the first, I would remark that my observations were instituted without bias, and that my investigations were carried out in a strictly scientific manner.

I was led to make a thorough study of this preparation by the subjective statements of the patients that it never caused the least disturbance, the objective evidences of improvement, and, besides these, by the following considerations:

According to the views of many authors, iron preparations, to be efficient, must exert not only a local but distant, that is, general effect. In chlorosis and in many severe cases of anemia, chalybeates are said to remove the hydrogen sulphide, formed frequently in large amount in the alimentary tract, by the combination of the iron with the sulphur. This removal is necessary, because hydrogen sulphide, if present in too large quantity, renders impossible the absorption of the iron in the food by precipitating it in the form of sulphide of iron. It is known, however, that not only iron but also manganese is adapted in a high degree for taking up hydrogen sulphide. Manganese therefore acts as an auxiliary to iron in this respect.

Another circumstance was decisive for me. A large number, almost all, of the officinal ferruginous preparations are absorbed only to a slight extent when administered internally. This can be maintained on the ground of the fact, that in animals and human beings positive evidence of the entrance of these preparations into the blood cannot be obtained if the persons experimented with have not intestinal catarrh or have not received excessive doses of iron. The more the preparation approximates to the form in which iron is contained in the food, the more likely it is to be absorbed. The peptonizing of an iron preparation is therefore of decided advantage, and its absorbability and assimilability is thereby enhanced to a considerable degree. Aside from this, the peptone combination is adapted for exerting the systemic effect. This general action of iron preparations only takes place if after absorption they undergo conversion into hemoglobin. Hence this conversion is only possible in the case of preparations which contain iron in form of an organic combination. They will then act even when containing a much smaller percentage of absolute iron.

It was therefore the chemical constitution of the preparation

which appealed to me, and which induced me to undertake extensive experiments.

The cases in which I employed Gude's Pepto-Mangan comprised chiefly the poorer class of people. I mention this particularly, because with these patients it is difficult or well-nigh impossible to pay attention to the hygienic conditions or to consider the dietetic side of the treatment. Notwithstanding this, the results were favorable. Of course, they were most satisfactory in the case of those patients who were also able to carry out the hygienic and dietetic regulations.

Numerous cases of chlorosis, anemia, neurasthenia, and hysteria, as well as two cases of malarial cachexia, were submitted to careful and thorough observation.

In many cases determinations of the body weight, measurements of the blood pressure, estimates of the hemoglobin percentage, and blood counts were made.

As regards the body weight, I observed in sluggish, obese, chlorotic patients a reduction in flesh as well as improvement of the general state. The high absorbing power of the preparation and its ready conversion into hemoglobin increases the oxygen capacity of the blood; *pari passu* with this there is an improvement of the metabolism, the oxidation, which takes place at the expense of the non-nitrogenous elements of the body, that is, the adipose tissue. In the case of lean persons I combine with this treatment rest in bed for several weeks, to which may be ascribed the increase of body weight observed.

There was a constant change in the conditions of blood pressure. In almost all the chlorotic patients the blood pressure, estimated by Basch's sphygmomanometer, became considerably higher. In many of my cases I noted improvements in the blood pressure of 40 to 60 millimetres in the course of four weeks. Besides this the fluctuations of blood pressure, so frequently observed during changes of position, disappeared; the pulse frequency diminished considerably; and the subjective disturbances connected with the circulatory apparatus, especially the troublesome palpitation of the heart, subsided. I would remark that this amelioration occurred under the use of no other remedy in so short a time as under that of Pepto-Mangan.

In judging of the value of an iron preparation, conclusive evidence is afforded by estimates of hemoglobin and blood counts. To determine the hemoglobin I employed Fleischl's hemoglobinometer, and as a solvent a 0.6 per cent. sodium chloride solution; for blood counts I made use of the apparatus of Thoma-Zeiss

and a 2.5 per cent. solution of potassium bichromate for the red blood corpuscles; the white were not counted.

To demonstrate the changes in the hemoglobin and in the number of red corpuscles, I report here the history of a girl, sixteen years old, affected with marked chlorosis. The disease was of almost two months' duration and attended with general functional disturbance. There were present mental anxiety, a disinclination to work, to enjoy life, or move about, marked muscular weakness, cardiac palpitation, difficulty in breathing, loss of appetite, headache, vertigo, restless sleep, alternating with sleeplessness. The patient came from healthy parents, had previously been always healthy, and menstruated for the first time in her fifteenth year, but scantily and irregularly. Marked pallor of the skin and mucous membranes was noted; the lungs were normal. The area of cardiac dulness was enlarged toward the right side; blowing murmurs were heard over all the valves, and a bruit over the jugular vein. The radial artery was very small and soft; the pulse frequency 110. The spleen and liver were normal in size; there were no glandular swellings; the bones were not tender to pressure. The urine contained no abnormal constituents.

The percentage of hemoglobin in the blood was 35 per cent.; the number of red blood cells, 2,700,000 to the cubic millimetre. The white cells were not increased; otherwise the condition of the blood was normal.

The treatment was as follows: The patient was advised to live on a mixed diet, with an abundance of fresh air and moderate out-door exercise. She also took three teaspoonfuls of Pepto-Mangan daily.

The increase of hemoglobin and of the number of red corpuscles is shown in the following:

	Hemoglobin.	Red Corpuscles.	
At the end of 1st week,	. 45%	. 3,260,000	} To the cubic millimetre.
“ “ 2nd “	. 60%	. 4,100,000	
“ “ 3rd “	. 70%	. 4,500,000	
“ “ 4th “	. 75%	. 4,900,000	

Before proceeding with the history of this case I would emphasize the fact that the number of red blood cells increased more than one and one-half million, while the increase of hemoglobin amounted to more than 100 per cent. Such marked improvement in the condition of the blood under the treatment with Gude's Pepto-Mangan was not unusual, but rather the rule in chlorosis. And it may be assumed with certainty that the above-

described effect is attributable to the high absorbability of this preparation as compared with the numerous other chalybeates, and, further, to the combined action of iron and manganese upon the blood-forming organs. I would add that numerous investigators, such as Hannan, Kugler, and many other authors, have called attention to the important part played by manganese both in the blood and as a hematogenic remedy.

In the case under consideration there was a perceptible improvement in the patient's subjective and objective state. The existing disturbances subsided gradually; the cardiac palpitation, loss of appetite, and sleeplessness disappeared, and after four weeks' treatment she was discharged cured.

It is not the purpose of this report to detail numerous histories of cases, and I shall content myself with briefly mentioning that I have treated more than 100 cases of chlorosis with Gude's Pepto-Mangan with as good results as those above described, except that in some instances the results did not appear as promptly. The fact cannot be sufficiently emphasized that during the entire course of treatment the remedy did not have to be discontinued on a single occasion, although this must be often done with other ferruginous preparations. I never heard a complaint that the preparation was not well tolerated; on the contrary, the patients stated that they did not experience the slightest disturbance even during its prolonged use, and that it acted mildly, was well borne, caused no disturbance of digestion, but rather promoted the latter, and was free from any disagreeable taste.

I have previously mentioned that it may be positively assumed that Pepto-Mangan stimulates the hematopoietic organs to increased activity. Numerous blood findings discovered casually by me, the appearance of the so-called immature forms of blood corpuscles, constrain me to take this view. Of much greater importance is the circumstance, however, that in numerous diseases of the blood occurring in connection with the lymphatic and blood-making organs, I have derived excellent results from Gude's Pepto-Mangan.

Decided amelioration in the leukemic state, arrest of the process in severe cases for a long time, reduction of the glandular swellings, improvement in the relation between the red and white corpuscles, were noted by me in several cases under my care.

In my opinion, the value of ferruginous preparations in neurasthenia and hysteria has received too little consideration. The success of a rational therapy depends upon an effective application of all methods of treatment and remedies which enable us to combat the entire group of symptoms. An easily absorbable

ferruginous preparation is of incontestable benefit, and I believe that Gude's Pepto-Mangan occupies a prominent place in this connection. It is not my intention here to institute comparisons with various iron preparations. I would emphasize, however, for reasons already mentioned, and which are especially based upon the composition of Gude's Pepto-Mangan, that I prefer the latter preparation, and have employed it successfully in all conditions where it is necessary to improve the quality of the blood.

In conclusion, I would mention that I have obtained excellent results from Gude's Pepto-Mangan in two cases of severe malarial cachexia. In the one case the treatment occupied three weeks, in the other five weeks. Both cases were cured. *It is of interest that in the first case, in which a malarial attack had not occurred for some time, a typical paroxysm with rigor, fever, and sweats developed after one week's treatment. The attack failed to recur, and for this reason I was unable to search for plasmodia.* I am not disposed to overestimate this occurrence, nor to make it the subject for theoretical reflections. I am decidedly of the opinion, however, that this attack is attributable to an influence of Pepto-Mangan upon the spleen.

In all particulars Pepto-Mangan is an excellent preparation, which bids fair to occupy a permanent place in the materia medica. I would be pleased if through this article I had directed attention to this valuable remedy, and incited others to undertake experiments and report their observations.

MERCURY IN HEART DISEASE.

I have been somewhat disappointed in the discussion at Edinburgh on cardiac stimulants, inasmuch as I see hardly any reference was made to the value of mercury in cases of heart disease. I fear that our views on this subject have not advanced of late, and the mind of the profession has not yet grasped the idea that mercury has a value in heart disease far beyond what may be termed its "alterative" action. The administration of this drug in cardiac dropsy and in all cases of passive congestion of the pulmonary and portal systems is as old as the hills, and we old-fashioned physicians know well enough that thirty or forty years ago no one thought of treating these conditions except by a mercurial pill followed by a saline or jalap purgative and a diuretic mixture containing digitalis. Then came the days when the diuretic mixture was changed for one of muriate or ammonio-

citrate of iron with digitalis, and some of us will remember the remarkable papers of Dr. Handfield Jones on the value of this combination. Now we have come to the days of arsenic, strychnia, iodide of potassium, and a host of cardiac stimulants, together with rest and cardiac gymnastics. I expect that in most cases these remedies do but assist nature in bringing about healthy compensatory changes by preventing degeneration of the muscles and vessels of the heart and main arteries. Repeated observation has convinced me that mercury possesses a value far beyond the supposed alterative nature of its action—not that it fails to relieve congested vessels by drainage or osmosis, for doubtless this lays the foundation for its further action on the heart itself, and it would fail to relieve the heart did it not eliminate biliary and other effete matter from the blood and tissues of the liver and portal system; but when due allowance has been made for these primary effects there remains strong evidence that it tells upon the heart itself. Its special benefits are exercised in cases of dilated and hypertrophied heart. By means of it the “thready,” weak, rapid, and irregular pulse is made full, soft, regular, and slow, with manifest relief of such symptoms as dyspnea, pectoral weight and tightness, and sensations of faintness. The *angina sine dolore* is often marvellously relieved and removed by two or three grains of blue pill three times a day, and the severe forms of *angina pectoris* not unfrequently disappear under its influence. While the nitrites, nitro-glycerine, etc., afford temporary relief, this remedy is much more permanent in its effect. Nor need I say that to give digitalis a fair chance it is absolutely necessary to pave its way by preliminary doses of mercury and to foster its action by repeated doses. Many of the cases where digitalis, etc., fail or seem to fail by supposed accumulation, depend on this, that we are giving digitalis without the blue pill or calomel, and it often falls to the lot of the consultant to make a great hit by inserting the mercurial into previous treatment. Much more true is this of iron and digitalis combined. We see a patient with engorged vessels and laboring heart taking iron and digitalis much to the detriment and not to the benefit of the case—each dose is but adding fuel to the fire—energizing the heart in its futile attempts to drive the blood through the engorged vascular system, and thus exhausting the organ in its hopeless struggle. We change all this by frequently repeated doses of mercury; we drain the portal system, we exosmose the water from the general vascular system, we suck up dropsical accumulations, and by pushing the drug we get hold of the heart itself and produce the slow, soft, regular, and effectual pulse, giving the digitalis or

strophanthus a fair chance to come in as cardiac tonics; and at last we complete the circle by arriving at the point whence we departed with the patient in a very different condition, and can now give the iron and digitalis with impunity—nay, with immense benefit. Let the following case speak for itself, and its quotation is the more apt as the patient came from being under the care of an eminent Edinburgh physician in the very condition I have described—viz., a dilated and hypertrophied heart goaded to excess in a useless effort by iron and digitalis.

A case of dilated and hypertrophied heart treated by 20,000 grains of blue pill; recovery from advanced cardiac dropsy followed by ten years of good health.—The patient, a hard-working man, was a Scotchman, and had all the talent, physique and energy peculiar to his race. He gradually developed symptoms of valvular disease and dilated heart when about forty-eight years of age. He went to Edinburgh, and was under treatment there for several weeks. At last he was sent home with the assurance that nothing more could be done for him. My friend Dr. Wilson of Wallsend was summoned to see him, and he called me in in consultation on the case. We found the patient in the following condition: He was propped up in bed; his countenance was anxious, his eyes seemed to protrude from their sockets, and his face was bathed in perspiration, with a livid color of the lips and skin. His breathing was shallow, frequent, and difficult, accompanied by a constant hacking and ineffectual cough. His pulse was hardly perceptible, irregular and “thready.” The heart’s action was tumultuous and irregular, the cardiac sounds were almost inaudible, and a distant murmur could be heard with both sounds at both the right and the left apex. No cardiac impulses could be felt except a wavy movement at the epigastrium. The liver was enlarged, and the abdominal cavity was distended with fluid, as were also the lower extremities and the scrotum. The pleural cavities were also occupied to a considerable extent by fluid effusion. We determined to abandon the usual cardiac stimulants and give him two or three grains of blue pill thrice a day, and at the end of two days we gave him a smart purge of jalap. Greatly encouraged by the result, we pushed the blue pill (two or three grains three times a day) for a week or more, and during that time a steady relief of all the symptoms ensued. The countenance became placid, the tongue (before dry and brown) became moist, and the pulse more regular, full, and soft; the dropsical accumulations gradually receded, and the breathing resumed a normal character. Now was the time for digitalis—always best given on a falling tide in dropsy—and doubtless the

patient owed much of his rapid recovery to the temporary and occasional use of that drug; but the staple of the treatment was the steady use of blue pill, now gradually diminished to two pills a day, and finally to a five-grain pill at bedtime. To sum up the results, the man felt himself to be quite free from all his troubles in six weeks, at which date I met him in the Newcastle railway station and had the pleasure of presenting my convalescent to an extra-mural teacher of eminence from Edinburgh. In a short time the patient resumed his duties and became a useful and active member of society. Now, the point of interest in this case is this—and I want to emphasize it—that during the next ten years the patient stuck to his blue pill every night with few intermissions, and declared that whenever he did leave it off for a few nights his heart began to trouble him and his breathing became difficult. As will be seen from the *post-mortem* notes, this nightly dose was in some mysterious way enabling his heart, massive with disease, to discharge its duties in such a way as to make its owner feel quite well. During the ten or eleven years of his subsequent life, Dr. Wilson calculates he took 20,000 grains of blue pill; it never salivated him, it neither purged nor nauseated him, and it never gave his breath a touch of fetor. At last, however, his old symptoms returned, the machinery was worn out, and he died chiefly from the pressure of abdominal fluid on his enormous heart. I regret that such a case should be so roughly handled, it deserves a more accurate and detailed description, and I trust Dr. Wilson will some day give his details of it. My son, Professor George Murray, and Dr. Wilson made a *post-mortem* examination, of which these are the notes: "On opening the thorax the heart was seen to be enormously enlarged, and the space occupied by it measured eight inches across and eight inches from above downward. The lungs were displaced backward and compressed by the enlarged heart. Heart: The right auricle was very much dilated, almost to the size of a man's fist. The walls were thickened and the muscular tissue hypertrophied. The auriculo-ventricular orifice was very much increased in size and readily admitted eight fingers at once. The tricuspid valves were much thickened and opaque. The right ventricle was much dilated, and the walls thin. The left auricle was much dilated, the walls thick, and the endocardium opaque. In one part of the wall of the auricle there were two bars of calcified muscular tissue united by a crossbar of the same substance. The auriculo-ventricular opening was much constricted and hardly admitted the tip of the index finger. The mitral valves were adherent, so that there was only a small opening like a button-hole between them. The

valves were thick and rigid, but not calcified. The left ventricle was dilated, but its capacity was only about one-half that of the right ventricle. The walls were not much increased in thickness. Abdomen: The peritoneal cavity contained a considerable amount of clear fluid. The spleen showed a dense white patch of scar tissue one-fourth of an inch deep in the centre—evidently the site of a very old infraction. The surface of the liver was nodular: on section it showed dense strands of connective tissue of advanced cirrhosis."

Remarks.—I need not say that to rescue a man from the jaws of death and give him ten or eleven years of fairly good health confers a reputation on any drug. Its potency is established. We therefore ask, how does it act? Is it a cardiac tonic, stimulant, alterative, or what? Or does it act on the secondary apparatus of the circulation and the blood itself by reducing the resistance of the vessels, diminishing the volume of blood and altering its fibrinity so as to make it circulate more freely? I think it does all these things, and at the same time it soothes the heart by purifying its blood and tissues of effete accumulations.—MURRAY, in *Rough Notes on Remedies*.

TREATMENT OF A CASE OF FACIAL NEURALGIA.—Bernays ("Report of a Surgical Clinic") cites a peculiarly obstinate case of facial neuralgia with treatment. The patient was a lady aged fifty years, who showed a good family history, and whose previous health was also good. The trouble began with a severe neuralgic toothache of her lower right molars, and was paroxysmal at first, but after two months became continuous. The paroxysms generally occurred in the early morning, and entailed much acute suffering. The pain was relieved by biting strongly upon some firm object, but returned immediately when the pressure was removed. The touch of anything cold or hot promptly excited a paroxysm. A moderate heat, when sustained, produced the opposite effect. In the effort to afford relief four molars were extracted, but without success. The patient strenuously held out against the use of narcotics in any form throughout the entire course of the disease. Antikamnia in ten-grain doses (two five-grain tablets) was found efficient as an obtundant and was relied upon exclusively. Eight weeks after section of the nerve, when the report was written, there had been no return of her former trouble in any degree.—*The Medical News*, January 13th, 1900.

ARSENIC IN CHOREA, DIABETES, AND ASTHMA.

I hold it to be the duty of every practitioner, who has time and opportunity, to publish the results of his work. In doing this he lays himself open to the criticism that "all this or something very like it has been said before"; but this does not destroy the value of his effort, as he is at any rate confirming the work of others, and, generally speaking, the presentation of his facts will possess some features peculiar to the mind of the observer. The following notes are mere scraps culled from thirty years' work, and although they convey but little if any light on the virtues of the host of new remedies which have crowded the market of late years, they deal with some new observations on the value and administration of old and well-tried drugs. It is much more difficult to extract a new virtue from an old remedy than to point out the salient features of new ones. The former lies hidden under the crust of a well-trodden path, the latter lie scattered on the surface, to be picked up by him who tries them first. Let me draw attention to a very old drug which has been given for good or ill in a vast number of all sorts of cases and conditions.

ARSENIC IN CHOREA.

Although so long and widely used, there are still a few conditions in which arsenic has yielded results which are as yet foreign to most text-books on therapeutics. First of all, as to its value in chorea. So little stress has been laid on its efficacy in large doses in this disease that a short historical sketch of my experience of it may help to impress its value. The late Mr. Ralph Linton, of Chester-le-Street, enjoyed a wide reputation for the cure of St. Vitus' dance. I have seen the desk in his surgery covered with letters from all parts of the North of England, asking for a bottle of his infallible cure. He often assured me that he rarely failed to cure the disease in a week, so that one 12-oz. mixture (half an ounce three times a day) was sufficient for the purpose. I could never extract from him even a hint of his method until I was called to see him professionally on his death-bed, when he told me his secret (please note this was nearly twenty years ago) which was simply this: "That Fowler's solution in fifteen or twenty-drop doses might generally be given to children for a few days without disturbing the stomach, and that so given it was an almost infallible cure for chorea within a week." The first case of chorea in which I tried this plan was an extremely bad one, and I was quite startled by the rapid and successful result I obtained. Not long after this first case of mine I was asked by an old friend Mr. Sang "to suggest a remedy for a bad case of chorea, which had

resisted the usual remedies." He was somewhat staggered by my suggestion of fifteen-drop doses of Fowler's solution ; but he tried it, and succeeded in curing his case in a few days. I next tried the remedy in one of those cases of violent chorea, bordering on mania, and was again rapidly successful. Shortly after this I saw a young lady with Dr. Gibb, of Newcastle, who had done all that could have been done by the usual methods. We agreed to try the remedy in five-drop doses at first, which did our patient no good ; at our next consultation we agreed to give fifteen drops thrice daily. The child was cured in four days and has never ailed since. I might extend these illustrations to many other equally successful cases, but I need not go further than to say that I have only seen one case in nearly twenty years which has resisted this treatment by large doses of arsenic. My old friend Linton was right when he insisted on a minimum dose of fifteen drops. Ten drops will not do—the dose must reach fifteen drops or more. I need not say the remedy should be taken with food, in the middle of a meal, and if it does not act in a week it must be dropped, as after that time the toxic action of the remedy would come into play and the patient would be injured.—MURRAY, *Rough Notes on Remedies*.

ARSENIC IN DIABETES.

Next comes the value of arsenic in diabetes. I do not observe in the various standard works that much stress is laid on the value of arsenic in this complaint. Yet I have found that the most lasting cures of it have been obtained by this drug. When I see a case of diabetes I follow the usual rules of diet first, and put the patient on codeia. When by these means I have reduced the quantity of sugar and the attendant symptoms, the next step is to put the patient well under the influence of arsenic and keep up the treatment for three months, during which period he gradually returns to a diet more or less starchy and saccharine. The best form of arsenic for this prolonged course is the liquor arsenici hydrochloricus ; it is better tolerated than Fowler's solution and need not be given with meals. Ten drops is a proper dose, repeated thrice daily. I generally give it in combination with hydrochloric acid and strychnia in the forenoon but without these additions in the after part of the day. The following cases will illustrate and confirm these statements.

CASE 1.—A young gentleman (who is now an active clergyman) was the subject of diabetes several years ago ; he tried the usual remedies and the strictest forms of diet without permanent benefit, and at last was put on a course of arsenic, which completely cured him.

CASE 2.—A stout old lady consulted me for eczema. Her thirst and dry mouth indicated diabetic origin for the complaint,

and her urine was found to be laden with sugar, its specific gravity 1044, and the quantity seventy ounces per day. The usual diet and pills of codeia with lactucarium soon reduced the quantity of sugar, and I obtained a specific gravity of 1026. The arsenic was then administered over a period of three months, during which the strict rules of diet were gradually relaxed. She has now lived on all sorts of things for more than a year, and her urine is quite free from sugar.

CASE 3.—A gentleman of splendid physique and active habits, a country squire, had felt his health fail him during the year 1891, and had lost flesh, and complained of thirst and dry mouth. When first he called on me in August of that year the urine had a specific gravity of 1042, and the daily quantity was sixty to seventy ounces. The tests indicated a large quantity of sugar. His appearance gave me great anxiety, as he had changed from a robust, powerful man into a complete wreck. In this case the usual non-saccharine diet and codeia materially lessened the quantity of urine and reduced its specific gravity to 1028. As no marked improvement in the general condition of the patient took place and the sugar did not disappear, the liquor arsenici hydrochloricus was tried, and at the end of six weeks the sugar had entirely disappeared, the specific gravity was 1025, and the quantity fifty ounces per day. During the last year (1892) he has gradually returned to his usual diet without the reappearance of sugar, and he now (1893) feels and looks quite well. In this case the arsenic was given for nine months. At this date (1896) he is still in robust health and free from diabetes. It seems to me that advantage ought to be taken of the improvement which usually follows the strict diet and codeia, by pushing the arsenical treatment at that moment: patients seem then to be peculiarly susceptible to the beneficial action of the remedy, and the moment ought to be seized for using it with effect, and one should not wait for what is going to happen without it.

CASE 4.—A gentlemen in the county of Durham developed the usual symptoms of diabetes, and was brought into a fairly satisfactory condition by diet and codeia, but his symptoms did not entirely leave him, and each time he ceased to take codeia and broke his rule of diet the sugar returned in large quantities. I could not prevail on him to take the arsenic steadily, and thus he remained more or less diabetic for more than a year. At last he took the arsenic steadily for several weeks, and I was then able to assure him that the sugar was gone and the urine normal. I mention this case, as it illustrates the fact that codeia and diet seem to stop short at a considerable reduction of sugar and relief of the urgent symptoms, whilst arsenic steps in to complete the cure. This is also well illustrated by the case of a lady now under my care, who tried the diet and codeia with great benefit, but the strictest atten-

tion to these did not get rid of the sugar, until about ten weeks ago I put her on arsenic, and she has now been without sugar for five weeks, during which period her strict rule of diet has been considerably relaxed. It is needless to add to these cases, as I think they sufficiently emphasize the statement, that after the sugar has been reduced by diet and codeia, arsenic often steps in to effect a cure.

Since contributing the above remarks in the columns of the *Lancet* I have met with superabundant evidence of the value of arsenic in diabetes in the hands of others. Not to refer to Sir Dyce Duckworth's remarks at the meeting of the medical section of the British Medical Association in 1893, I may be pardoned for the introduction of some very remarkable evidence given in the following extract from a letter written to me by Dr. Eversley Taylor, of Scarborough: "I am indebted to you for the valuable suggestion of arsenic in diabetes, for which accept my tardy though sincere thanks. My partners and myself have had the most extraordinary successful results with it; they are so astounding that we dare not publish them. We have found, in pure diabetes, and in that functional glycosuria of obese middle age with its pruritus, and other worries—it is a charm."

Such evidence has great weight; it is spontaneous and unbiassed. Indeed, I find numbers of practitioners have been thankful to receive a hint of this kind, having been at their wits' end to devise some more lasting and potent remedy than has hitherto been in vogue.—MURRAY, *Rough Notes on Remedies*.

ARSENIC IN ASTHMA.

Let me now direct attention to the use of arsenic in asthma. When the patient, suffering from spasmodic asthma calls on me, I almost invariably find the stomach in a wretched state. Such patients are not much relieved by the so-called antispasmodics for asthma, and they are generally vastly disordered by them. I therefore give this somewhat complicated mixture with the happiest results: Two drachms of tincture of stramonium, one drachm of carbonate of ammonia, three drachms of carbonate of soda, one drachm of carbonate of magnesia, twenty grains of rhubarb powder, twenty minims of chloroform, peppermint water to eight ounces; half an ounce to be taken three times a day with an ounce of water. Having thus secured a temporary lull in the complaint the patient must at once be put on a course of arsenic, taking care to give just as much as the stomach will bear, lest our prime object be defeated, *i.e.*, to keep the terminal (gastric) twigs of the pneumogastric in a favorable condition. By this means I seldom fail to see a successful result; the patient is not only relieved, but for the most part cured by a three months' course of arsenic. A good plan

is to give the Fowler's solution—five drops—with breakfast and dinner, and to maintain the corrective dose with stramonium at night. I have referred elsewhere to the action of arsenic in "emphysematous dyspepsis"; it may be added here that in emphysema of the lungs, especially of the atrophous form, no remedy acts so well as arsenic, and the chief hope of relief in these intractable cases lies in the proper administration of this remedy. In such cases it is best to give one large dose of the liquor arsenici hydrochloricus in the forenoon, and to give it in combination with liquor strychnia and hydrochloric acid. I am at present attending an old lady who for years has been broken down by asthma, bronchitis, and shortness of breath. Commencing as above with the corrective and stramonium, I have pushed a full course of arsenic and strychnia, and she tells me she now feels quite well. Her breathing is easy, not even wheezy, and is quite inaudible to a bystander. She has gained flesh, has recovered the hue of health, and has lost the yellow and hollow cheeks and the purple lips of the old disease. Without the tedium of quoting cases, I lay it down as an honest and strong conviction that arsenic is our best cure, and a very certain one, for a particular kind of asthma. The question is, "What is this particular form of asthma to which arsenic is applicable?" Note the following points: It is especially useful in the asthma of children and of old emphysematous people. It is not of much use when the case is complicated by bronchitis, nor does it act favorably where a gouty or plethoric state exists. It seems to act best where the nervous system is inherently defective or where the wear and tear of worry or overwork have reduced its stability. The former inherent or inherited kind is met with mostly in asthmatic children; the induced kind is found in broken and old people. Of course, I do not pretend to have fathomed the secrets of asthma, and it is not exactly known what causes the disease. One can only mention the conditions which usually exist with it. The most unlikely people develop asthma; sometimes after an illness, say influenza, sometimes after a shock, or during pregnancy; or they discover it after eating something that never disagreed with them before, or on going to a fresh climate, or from any change of action. But, apart from all these exciting and predisposing causes of asthma, there remains a nerve element at the bottom of most cases, which is best treated by arsenic. As soon as the element of gastric disturbance is got rid of, this remedy is our resource, and it must have a fair trial by giving it in one way or another over a good many weeks, combining it with strychnia where nerve exhaustion is much marked and the wheeze chiefly expiratory, combining it with soda, rhubarb, and magnesia, if these are indicated by digestive disturbances, or with iodide of potassium when this also is indicated. I must now

conclude my observations on this interesting drug, about which so much remains to be said, as its influence is by no means limited to chorea, diabetes and asthma; nor does its curative action stop at skin disease, cardiac affections, or atonic dyspepsia; it is our sheet-anchor in a host of neuroses, and seems to supply a defect in the nervous system of which all the above conditions are but the expression.

An alternative explanation of the action of arsenic is to be found in its antiseptic or germicidal properties. Sometimes this theory of its action seems to fit in best with the effects produced by it. For instance, in those interesting cases where a patient is the subject of asthma and eczema alternately, a remarkable experiment is sometimes seen. There are patients, and I have seen more than one, who for several years have been the subjects of one of three things with scarcely an intermission. He or she is either suffering from asthma, or from eczema, or is under the influence of arsenic. When the asthma ceases eczema appears, when arsenic is administered the eczema disappears, and when the arsenic is discontinued the attack of asthma or eczema gradually returns. How shall this be accounted for? I think in one of two ways: either by assuming a neurosis, or by supposing that some microbic poison has its nidus or host in such a patient, and that when its action is subdued by arsenic all is well, and when left to its natural development it finds expression in asthma or eczema.—MURRAY, *Rough Notes on Remedies*.

THE HOME TREATMENT OF CONSUMPTION.*

BY WILLIAM OSLER, M.D.

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In the city, from the country or from small towns, I not infrequently see persons with pulmonary tuberculosis whose circumstances are such that change of climate or life in a sanitarium is out of the question; and when we reflect for a moment on the enormous number of cases of phthisis and the trifling accommodation offered in sanitarium, the practical problem which confronts us is, how best to treat the 95 per cent. of cases necessarily confined to their homes. Cannot these poor victims reap some benefit from the recent experience of the profession?

The usual surroundings of a consumptive are only too well known to all of us. In a majority of cases the treatment is desul-

* Read at the Semi-Annual meeting of the Medical and Chirurgical Faculty of Maryland at Westminster, November 14th, 1899.

tory, unsystematic and directed to symptoms alone. It is not too sweeping an assertion to say that of the 8,000 or 10,000 cases of consumption in the city of Baltimore to-day, few live under a definite regime. Last spring I saw in rapid succession two cases which impressed upon me forcibly the familiar fact that our theoretical knowledge of this disease has, as is so often the case, not reached a practical working basis. In a small house in South Baltimore I saw a young man, aged eighteen (one of five children), who had had tuberculosis for at least nine months. Nothing could have been more unfavorable than his surroundings, though the people were of the mechanic class, and of good intelligence. The room was stuffy, ill-ventilated, with both windows closely shut, and the temperature of the room, heated by a small stove, was nearly 80° degrees. He had been in bed for at least three months, with much cough and a great deal of expectoration, some of which was visible on the floor, as it did not always reach the spittoon. He had high fever, loss of appetite, and was being fed on panopeptone and beef extracts. The room had a good exposure, and I suggested to the young man to have the bed moved to the window, to be well covered up, and to rest in the sunshine during part of every day. The reply was that it would kill him, and I could see by the mother's looks that she was of the same opinion. The doctor, too, I am afraid, regarded me as a fanatic. In the same week I saw a similar picture in a different setting, a young girl, who had been in bed for many weeks, with high, irregular fever and a rapidly-progressing disease. I could see that the suggestion of an open-air course of treatment was extremely distasteful, but she was induced to go to the Adirondacks, where she has done very well.

Arrest or cure of tuberculosis is a question entirely of nutrition, and the essential factor is so to improve the resisting forces of the body that the bacilli cannot make further progress, but are so hemmed in that they are either prevented effectually from breaking through the entrenchments, or, in rare cases, they are forced to capitulate and are put to the sword. Of the measures by which the general nutrition of the body may be encouraged and improved, the first and most important is:

Fresh Air.—For more than two centuries the clear-headed members of the profession have known that an open-air life sometimes cures a case of phthisis. One of the earliest and most interesting cases of this kind is reported by John Locke, the philosopher, in his "Anecdota Sydenhamiana." "Mr. Lawrence, Dr. Sydenham's Nephew after a fever fell into a Cough, & other signs of an incipient Phthisis, (the Morbific matter being violently translated in upon his Lungs) and at length the Diarrhoea colliquativa came on: then ye Dr sent him into ye Country on Horse-

back, (tho he was soe weak yt he could hardly walk) & ordered him to ride 6 or 7 miles ye first day, (wch he did) and to encrease daily his Journey as he shd be able, untill he had rid 150 miles : When he had travelled half ye way his Diarrhoea stopt, & at last he came to ye end of his Journey, & was pretty well (at least somewhat better) & had a good appetite ; but when he had staid at his Sister's house some 4 or 5 days his Diarrhoea came on again ; the Dr had ordered him not to stay above 2 days at most ; for iff they stay before they are recovered this spoils all again ; & therefore he betook himself to his riding again, and in 4 days came up to London perfectly cur'd. The same course hath ye Dr put others upon, especially in Pulmonick Diseases, & wth ye like Success when all things elce had faild him : & he was not ashamed to own yt he was fain to berrow a cure from this way now & then when he found himself puzzled with some lingering Distemper not reducible to a common & known (sic) Disease." This reminds one of Dr. H. I. Bowditch's description of the ride which did him so much good when as a young man he was supposed to have lung trouble. The quality of the fresh air in our large cities may not be very good, but it is the best a large proportion of our patients can possibly get to breathe, and it is a great deal better than the atmosphere of the overheated, ill-ventilated rooms in which a majority of them live. I give the following directions : Take the almanac and count off the hours of sunshine. In winter cut off two hours in the morning and an hour in the evening, and for the rest of the day the patient is to be out of doors. If there is no possible arrangements for life out of doors, the patient is to be in a room with a southern exposure with the windows wide open. The bed is to be moved into the sunshine. If there is a balcony or a veranda with a good outlook towards the south, it should be arranged for the patient ; if not, a sheltered protection can be put up in the yard at a very moderate cost. On a well-padded lounge, covered with a couple of thick blankets, well wrapped up, the patient sits or reclines all day, coming in only to attend to the calls of nature. Only on blustering, stormy or very rainy days is the patient to remain in the house. No degree of cold is a contraindication. This continuous open-air life, at rest, is the most powerful influence we possess to-day against the fever of tuberculosis. It may take a month, it may take two or even three months before the temperature reaches normal, but it has been one of the many valuable lessons which we have learned from Dr. Trudeau, that in the fever of consumption the patient should not only be out of doors, but at rest, taking no exercise. The bedroom of the patient should be thoroughly ventilated, and the patient should be accustomed gradually to sleep with the window open.

Food.—The stomach controls the situation in pulmonary tuberculosis. In any long series of cases the patients who do well are those who can take plenty of food. An important cause of the lack of appetite and feeble digestion is the persistent fever, and we often find that as the temperature falls the appetite improves. It is easy to lay down rules; very hard to carry them out. Each case must be dealt with separately, but as large a quantity of food as possible should be given. Overfeeding or stuffing, when possible, should be practised, and the patient should be encouraged to pay as little attention to his subjective gastric sensations as possible. We rarely can carry out the autocratic, cast-iron method followed at Nordrach, which insists that a patient who has vomited a meal shall, *volens volens*, eat another very shortly of the same character. For some time I have been urging the patients to accustom themselves to taking raw eggs, beginning with one three times a day, and increasing one a week until they took, if possible, twenty or twenty-four daily. For the hyperalimentation this is probably the simplest and most satisfactory diet. It has been carried out with marked success by Dr. Ely, of Rochester, who literally prescribes eggs by the dozen. Broken into the egg-cup, sprinkled with a little pepper and salt, the egg can be readily swallowed without breaking the yolk. It is most important to get the patient accustomed to taking the natural foods. Milk and cream and butter, meat and eggs and oysters should constitute the main part of the diet.

The medicinal treatment of cases may be divided into—first, the use of stomachics, bitter tonics and certain digestives; secondly, remedies such as codliver oil, hypophosphites and creasote, the benefits of which are chiefly in promoting general nutrition, and, thirdly, remedies for the relief of certain symptoms, as cough, pain, night-sweats, etc.

In December last a young woman came to me from one of the towns in the State with well-marked tuberculosis. Her grandmother and two of her father's brothers had died of consumption. She had a cough off and on for three years, and for more than a year she had a great deal of fever, had lost very much in weight, and had had profuse night-sweats. She never had had any vomiting. When I saw her she had high fever (temperature 103°), and there were signs of extensive disease at the right apex—flattening dulness on percussion with resonant rales as low as the fourth rib. There were signs of involvement of the right apex behind, and there were a few crackling rales at the apex of the lower lobe on the left side behind. She was short of breath, and looked thin and pale. Her weight was 109 pounds. I gave her directions such as I have indicated, and she has given me a brief statement in her own words of her progress in the eleven months. She writes

as follows (November 10th): "When I begun treatment the first day I sat out was December 11th, 1898; don't know just how cold it was, but could see the river from our porch and they were skating. In winter usually had breakfast about 8 a.m., and went outdoors about 9 a.m. When I began was not well enough to walk much, was so short of breath; after sitting out for some weeks would walk up and down porch an hour before sitting down. I spent a good deal of my time reading; became so interested in my book at times forgot how cold it was. The first two weeks I took three eggs a day, one at 10 a.m., another at 3 p.m., and another before going to bed; then six a day, two at a time, and continued to increase till I got up to fifteen a day; continued that number for two months or more, then took twelve a day for three months, then nine. For breakfast I had oatmeal and cream and toast, or small piece of beefsteak and coffee; dinner at 12 o'clock, drank one glass of milk and ate anything that was on the table in the line of meats or vegetables (provided I liked them); seldom, if ever eat desserts. Went out immediately after dinner and remained there until sundown; more eggs at 3 p.m. and supper at 6 p.m.; another glass of milk, and with that a small piece of meat, as a rule, and bread. Eggs again at 9 p.m., and go to bed between 9 and 10 p.m. Was sitting out one day when the thermometer registered 10 degrees below zero. When it felt like snow or rain remained indoors. I kept this up till the weather was warm and then went driving, took eggs along and stayed out in country till dinner time; drove out again late in evening, and after my return home would sit out till after 10 o'clock. When I began treatment had bad cough, expectorated a great deal and no appetite. The cough begun to get better, and after about four months I coughed very little; now, so rarely and expectorate so very seldom that it is hardly worth mentioning. When I consulted you last December weighed 109 pounds; now tip the scales at 132 pounds. I have improved steadily and gained in flesh gradually from the above date."

This very practical story, illustrates what could be done by many patients. Last spring I happened to be in the town in which this girl lived, and I fortunately thought of her and paid her a visit. She lived in a small two-story house, with a narrow balcony on the first story behind, and here at half-past eleven one morning I found her carefully wrapped up. She looked a different girl, and the report indicates that she has done remarkably well. At the time of my visit she was without fever, but there were still numerous moist rales at the right apex.

Since writing the above I have seen this patient, December 1st, who looks remarkably well, has a good color, is free from fever, has no cough, no expectoration, and weighs 133 pounds. Luckily

I dictated a note on the condition of the lung at the time of her first visit, otherwise I should not have believed the extent of the change. The resonance is still impaired, the flattening is marked beneath the right clavicle, the breath sounds are harsh, the expiration prolonged, but there are only a few dry crackling rales on coughing or on deep breathing. There were no signs at the apex of the lower lobe of the left lung behind.

Two additional points of interest may be mentioned. She has not had a doctor, and she has not had a dose of medicine except an occasional dose of paregoric for the cough. She took creasote for a short time, but afterwards gave it up. Shortly before she visited me her physician died, and I did not know, until my visit to her, that she had not been under any professional care. She could not have done better had she been at the Adirondacks under Dr. Trudeau.

A rigid regimen, a life of rules and regulations, a dominant will on the part of the doctor, willing obedience on the part of the patient and friends—these, with the conditions we have discussed, are necessary in the successful treatment of pulmonary tuberculosis.—*Maryland Medical Journal*.

PROGRESS IN DERMATOLOGY.

BY T. CASPER GILCHRIST, M.R.C.S., L.S.A.

Clinical Professor in Dermatology, Johns Hopkins University and the University of Maryland.

A new and radical method of treatment of that very chronic and destructive form of cutaneous disease, lupus vulgaris, has been brought into prominence by Finsen of Copenhagen, with numerous successful results ("Finsen's Phototherapy," by Valdemar Bie, *Philadelphia Medical Journal*, October 7, 1899). Between two and three years ago Finsen thought out a plan by which he could use only the actinic rays of the sun in a concentrated form. Finsen's name has been well known for some years in connection with his red-light treatment of smallpox and other cutaneous diseases. In his method of treating lupus and other bacterial skin diseases he shuts off the heat rays (red, orange, yellow and green) of the sun and concentrates, by means of a large lens, only the chemical rays (blue, violet and ultra-violet), which are painless and cause no immediate action. Finsen bases his method on the following experimentally-proved data:

1. The bactericidal property of the chemical rays of light.
2. The power of the chemical rays of light to produce an inflammation of the skin (erythema solare).

3. The power of the chemical rays of light to penetrate the skin. Finsen's assistant, Valdemar Bie, has shown that only the violet and ultra-violet rays are of any practical use as bactericidal agents. Since cloudy weather is frequent in Copenhagen, Finsen has now in use an apparatus by means of which the electric arc-lamp of twenty-five ampères is used in place of the sun's rays. The concentrated rays from this lamp will kill bacteria in a few seconds when they are spread in a stratum of agar about 1-5 m.m. thick. Sunburn had been already experimentally shown by Widmark to be due to the ultra-violet rays of the sun, and Finsen confirmed this, as well as proving that the blue and violet rays also produced the same results, only in a milder degree.

Other extremely interesting experiments were carried out by Godneff and Finsen, who, by inserting glass tubes containing muriate of silver beneath the skin of animals, showed that the sun's rays penetrated the skin, because the muriate of silver was blackened after the animals were exposed to the sun's rays for an hour. It was also demonstrated that the rays penetrated bloodless skin much better than when the circulation was normal. Thus if a piece of sensitized paper were placed at the back of the ear, and the concentrated chemical rays let fall on the ear, the paper was not affected after five minutes, but when the blood was pressed out of the ear it was affected after twenty seconds.

The treatment, then, is based on these three facts: (1) That the concentrated chemical rays of the sun are powerfully bactericidal; (2) that these rays can penetrate the skin; (3) that the penetration is much greater when the skin is made bloodless.

In the actual treatment, a lens is used of a diameter of 8x16 inches. The lens is composed of a plain glass and a curved one, and between the two is a weak ammoniacal solution of copper sulphate. Since one side is flat and the other curved, the effect produced is that of a lens. The blue solution absorbs the red and yellow rays, and the water, which is kept cool, absorbs the ultra-red rays, which, with the red and yellow, have a considerable heating effect. The heat rays of the sun are thus prevented from passing through the lens. The blue, violet and ultra-violet rays, which are necessary for treatment, pass through the solution and are concentrated, so that they are thus allowed to fall on the diseased skin, which is blanched by pressure. When the electric arc-light of about fifty to eighty ampères is used, four lenses of quartz are made use of, because quartz allows more of the ultra-violet rays to pass through. The apparatus is arranged like a telescope, and four to six instruments can be used with one arc. In this way areas of diseased skin of one and one-half centimetres in diameter are treated for one hour each day. The patch swells and reddens, and sometimes bullæ form, but necrosis has never resulted. The treatment has to be kept up daily for months.

Nearly 400 cases of lupus vulgaris have been treated in this way in Finsen's hospital. The milder cases are treated by sunlight, but in the severer lesions the electric arc light is used. Pyrogallic-acid ointment is also applied in the latter cases in order to make the skin smooth and thinner. All crusts are removed by cataplasms of boric-acid solution.

Only the lesions of the skin, hard palate, front part of the septum nasi, tongue and mucous membrane have been treated. In practically all the cases benefit has resulted, and in a large number a perfect cure has followed. Very little scarring results.

Finsen emphasizes the excellent cosmetic results which follow this treatment, and this is due to the fact that no destruction of tissue, healthy or diseased, takes place. The treatment is continued until all the nodules entirely disappear. Many cases have to undergo a second course of treatment. The treatment is painless.

Trials have been made in lupus erythematosus, but the results have not so far been very successful. In alopecia areata, where seven cases have been submitted to this process, the results have also been very hopeful.

In the *British Journal of Dermatology* (September, 1899) Macleod comments upon "Finsen's Phototherapy," and describes Finsen's method and apparatus, and says that the question of relapses is at present unsettled, and, in consequence, it is impossible to predict the future of the treatment. Its disadvantages are its extreme slowness—four to six months daily—and the great cost of the apparatus. He also remarks that in lupus erythematosus the results were very inconstant, and it is suggested that the cases which react are really lupus vulgaris.

Macleod also comments upon Neisser's method of the X-ray treatment, which he investigated. Neisser asserts that by prolonged use of the X-rays the disease can be cured, with good cosmetic results. This treatment extends over months (six) for one hour daily.

Macleod thinks well of Lang's treatment, which is total excision, especially of the smaller patches. In this operation the excision must be made at least a quarter of an inch beyond the margin, and grafting is used, the graft to consist of dermis as well as epidermis.

Another form of treatment for lupus is the "hot-air" treatment of Holländer. The apparatus consists of a metal tube, with a nozzle at one end and at the other a rubber appliance like that used with a Paquelin cautery. The middle portion of the metal tube is heated with a Bunsen's burner, and so hot air up to 300° C. can be pumped through the nozzle. Complete anesthesia must be used, as the operation is very painful. As the hot air is applied the diseased area crackles and becomes blanched. The whitening of the patch indicates when the application has been long enough. If

one uses the hot air too long charring may result and ugly scarring follow.

Stephen Mackenzie (*British Journal of Dermatology*, November, 1899) also comments favorably on Finsen's method of treating lupus vulgaris. He attended Finsen's clinic for a week and saw the method and the results. The scars, he says, were "supple and smooth, without contraction, and less unsightly than by other methods of treatment." He saw cases where no recurrence had taken place after one year's and two years' discontinuance of treatment.

The objections to the treatment are (1) the length of time necessary, viz., daily from four to twelve months; (2) the cost of the apparatus and the staff required to carry out the treatment.

Allan Jamieson points out in a paper entitled "The Cause of the Reappearance of *Pediculi Vestimentorum* after apparently thorough Treatment" (*British Journal of Dermatology*, May, 1899) that the usual treatment prescribed in text-books is insufficient. The usual description of these pediculi is that they reside in the clothes, and the ova are to be found in the seams of the clothes, so that if the clothes are treated, and the patient is given a bath, then the case is cured. It has been noted fairly often that relapses take place, and Jamieson found a case which was admitted into the hospital that many ova were to be found on the lanugo hairs scattered over the body. He suggests, therefore, a more thorough treatment of the skin by applying paraffin (coal oil) over the whole body and then give a warm carbolic-acid bath. He prefers the name *pediculi corporis* to *p. vestimentorum*.

Jonathan Hutchinson, in a very interesting paper on "Diseases of the Nails, with Special Reference to their Significance as Symptoms" (*British Journal of Dermatology*, August, 1899), refers to the well-known transverse furrows across the nails occurring after a severe illness, and observes that they can only be produced in persons who have thick nails. He cites the case of a young man who had thick nails and who was subject to "bilious attacks," which were functional in character, of short duration, and occurred periodically. Each attack produced transverse furrows on the nails. Hutchinson states a general law that these transverse furrows are most marked in the thumb nails and next in the nails of the index fingers. He believes the furrow is due to a temporary arrest of circulation to the nail.

In rare cases a white furrow, or even a linear hemorrhage may replace the furrow.

Hutchinson next refers to vertical lines occurring in the nails. He thinks this is due to "some disturbance of nutrition taking place at the root of the nail in connection with the general health." In some of the patients the health was quite good. The disease

goes on for years, and nothing does it any good, the nail often eventually being destroyed.

Hutchinson next discusses psoriasis of the nails, and remarks that when associated with psoriatic patches elsewhere the diseased nails always present the same features, viz., an inflammation of the nail-bed, causing loosening of the nail from its bed, beginning at its free extremity or at its sides, so that a fine probe can be pushed under the nail for quite a distance. The nail remains intact and smooth on the surface, an accumulation of epidermis occurring underneath the nail. The disease usually begins at the free edge or sides.

The author asserts that many cases of psoriasis of the nails occur without the disease appearing elsewhere, and it is amenable to treatment by arsenic. In some of these latter cases there is often a history of psoriasis occurring in a relative.

In referring to eczema of the nails, Hutchinson points out that there is usually a longitudinal furrowing of the nails or markings like little pin pricks over the whole nail. On rare occasions the mixed conditions of psoriasis and eczema may be present.

Syphilitic affections of the nails may show as much variety as the lesions on the skin and may imitate any other disease.

Another form of nail disease, occurring chiefly in children, appears like a pustular inflammation of the nail-bed, where little red spots appear near the root and break through the nail. Only one finger is usually affected.

Hutchinson thinks it is not so easy to prove the presence of the fungus in ringworm of the nail, and in cases which he thought was this disease the fungus could not be demonstrated.—*Maryland Medical Journal*.

TREATMENT OF PHLEGMASIA ALBA DOLENS.—Professor Pinard (*Bull. Med.*, 38, 1899), summarizes the curative treatment as follows: (1) Immobilization of the limb in an obliquely inclined position; (2) alleviation of the pain with morphine if necessary; (3) injection of antistreptococcic serum as long as the fever continues; (4) wrapping the limb in cotton saturated with ammoniated chloral hydrate until an eruption appears; (5) rest in bed for one month after the last trace of elevated temperature due to the phlegmasia has disappeared; (6) wearing an elastic stocking or underdrawers from the moment the bed is left. The prophylactic treatment consists of: (a) the most careful antisepsis during labor, particularly in women predisposed to albuminuria and hemorrhage; (b) preventive injections of antistreptococcic serum in women who have suffered from phlegmasia during a previous confinement, or in those in whose family the condition is hereditary, so to speak.—*Medical Record*.

Issued Feb. 26, 1900.
P. H. Bryce, M.A., M.D., Secretary.

MONTHLY REPORT.

Issued by the Provincial Board of Health of Ontario for January, 1900. Showing the deaths from all causes and from Contagious Diseases in the Province, as reported to the Registrar-General by the Division Registrars throughout the Province.

Year.	Month.	Total population of province, vice 2,884,182	Total number of municipalities reporting 685	Total deaths reported from all causes.	Rate per 1,000 from all causes.	Scarlatina.	Rate per 1,000	Diphtheria.	Rate per 1,000	Measles.	Rate per 1,000	Whooping cough.	Rate per 1,000	Typhoid.	Rate per 1,000	Tuberculosis (Consumption).	Rate per 1,000
1900	January	2,271,532	756	1,771	10.0	33	0.07	51	0.3	2	0.01	4	0.02	16	0.0	183	1.6
1899	December	2,271,532	756	1,813	10.0	20	0.09	42	0.2	3	0.01	6	0.02	82	0.1	157	0.8
1899	November	2,125,864	610	1,501	9.0	12	0.07	19	0.2	6	0.02	8	0.01	40	0.2	146	0.8
1899	January	2,232,053	717	2,151	11.2	23	0.1	48	0.3	5	0.03	9	0.05	21	0.1	181	1.0
1898	December	2,173,006	637	2,237	10.0	10	0.06	51	0.3	2	0.01	12	0.07	21	0.1	141	0.8
1898	November	2,253,415	677	2,251	10.0	17	0.09	59	0.4	6	0.03	6	0.03	56	0.3	146	0.8

* November and December, 1898, include deaths from contagious diseases only.

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No. 2.

THE THEORY OF THYROID AND THYMUS IN THE TREATMENT OF TUBERCULOSIS.

Klebs, in the issue of *Berliner klinische Wochenschrift* of December the 11th, writes *re* the gastric disturbances of tuberculosis. He states that in those cases of pure achylia gastrica, atrophy of the thyroid gland is often present, and gives it as his belief that this atrophic condition is due to the influence of the toxin of the tubercle bacillus. In his hands the employment of the fresh thyroid juice has been followed with most excellent results in these cases.

In 1888, Molliere (*Lc Bull. Med.*) states "that persons affected with gout rarely become tuberculous, and some patients with tuberculosis have had that disease decidedly checked on the supervention of an attack of gout, because uric acid and urates are antagonistic, not only to the pyogenic micro-organisms, but to the tubercle bacillus."

The mighty influence of the cerebral cells of all the acutest scientific minds of the entire world of the medical profession is at the present day being marshalled into a solid phalanx in a determined onslaught against the tubercle bacillus—an entity,

powerful, insidious, overwhelmingly destructive, whose very existence is microscopic, and whose corporeal, longitudinal dimension measures something like one-half the diameter of a red blood corpuscle. What tremendous odds against this infinitesimal being, with all the chances still in favor of the latter's victory!

There seems manifestly three plans of campaign to adopt in an attack upon this microbe; to deal a death-blow direct to the creature; to render his soil or the source of his nutrition uninhabitable; or to combine these forces, the speedier to accomplish the end in view.

Let us deal with the second of these. Can we render the habitat of the tubercle bacillus uncongenial, in a way that will cause him to move out, or die of starvation?

It is stated by many observers that tuberculous changes develop very slowly in gouty patients, that there is in fact a certain amount of antagonism between the two diseases. Now, if we can produce in a patient, the subject of tuberculosis, a temporary or transient gout, or uricacidemia, might this condition not conduce to a suspension of the destructive work of the tubercle bacillus, and to tend towards the recovery of the patient?

The percentage of uric acid can be rapidly increased in the human system by the administration of glands and internal organs, composed chiefly of cells, as for instance, brain, kidney, liver, and especially thymus gland, all nuclien-containing bodies. Having then produced this increment of uric acid in the system, so long as it is retained in the blood in the gelatinous or colloid quadriurate, and is not precipitated in the crystalline form, none of the effects of the excess of uric acid in the system will supervene, but it will pass away through the ordinary channels.

For some reason not specifically worked out, the sheep is an animal in a large measure immune to tuberculosis, perhaps on account of it being more of an out-door animal than the other domestic quadrupeds. It might be then that the thymus or the thyroid of the sheep or some one of its other organs held a substance antagonistic to the machinations of the tubercular germ; and as these two glands are considerably used in practice, in the condition under discussion they would then serve a double purpose.

About the time of the publication of the article referred to in our introductory paragraph, we were led to devote some thought to a consideration of gout. We have not as yet had a chance to experiment with the theory herein set forth; but we give it to our readers, some one of whom may perhaps deem it of sufficient value to prosecute and elaborate still further.

THE COMPENSATION OF THE ANESTHETIST.

Amongst the great and many scientific discoveries of the nineteenth century, that for the production of general anesthesia must ever continue to take high rank. The remarkable and stupendous advances in operative surgery, more particularly in the abdominal section, within the last two decades, conferring as it has done great comfort and happiness to many miserable beings and saving thousands of lives the whole world over annually, would never have been possible had it not been for the discovery of chloroform and ether. This condition of anesthesia where the patient is brought to the very verge of death itself by the mere action of the anesthetic and made to hover on the brink throughout the time necessary for the performance of life-saving operations, is surely on a par with the performance of the most dangerous and skilful operation, as it constitutes in itself an operation requiring oftentimes great skill and prudence. The trend of opinion in the current times is towards specialism in this part of medical practice, and rightly so, as in the past the act itself has been considered altogether too trifling, many having gone to the extraordinary extreme of allowing even students to hold the mask and bottle while at the same time gather as much information as they could from the operator as to the technique of the particular operation he was performing. The practitioner who only asks and accepts \$2.00 for this work, whether for the dentist or for the surgeon, should be relegated to the backwoods as totally unfit to live in an enlightened community. Five dollars is all too small a fee when we consider the gravity of the situation and the inestimable boon conferred upon the patient by the anesthetist. Where an operator receives \$200.00 for an operation, his assistant the joyful recipient of probably \$20.00 to \$25.00, and the poor anesthetist \$5.00, with perhaps in some cases \$10.00, we question if this is a proper division of the proceeds, equivalent or in proportion to the importance of the respective offices of assistant and anesthetist. What good would an assistant be to the operator if it were not for the administrator of the anesthetic? The value of the anesthetist ought to be in proportion to the responsibility placed upon him; and surely is not the life of the patient during the time of the operation within his keeping? Is he not more responsible for that life than either of those two concerned in the operation, but who receive far more financial recognition for their respective skill? If any one of us ourselves was about to go under a severe and prolonged operation, would we not feel that

we were placing our lives equally in the hands of the anesthetist and the surgeon, and that we would require in each of them skilful and careful performance of their work? Would we not place our lives in the hands of both equally? That is the question which requires to be answered, and if it can be answered in the affirmative, that clinches the argument and the contention that the anesthetist ought to receive proper compensation for the very important office he fills as the colleague and not the mere assistant of the surgeon. Probably the tendency to specialism in this branch in the large cities will bring about a levelling of the two offices; but until that time comes we want to express our extreme disgust for those who would prostitute a noble calling and an important and highly responsible office such as that of anesthetist for the paltry sum of \$2.00.

**DOCTORS, KEEP AWAY FROM VICTORIA, B.C.--
TROUBLE ON.**

Word has reached us from the far West, from the province erstwhile designated "A Sea of Mountains," that our brother practitioners in the thriving city of Victoria have organized a local medical society having as a chief plank in their platform that members shall abstain on and after January the 1st, 1900, from all participation in lodge practice. Following fast upon this declaration of professional independence comes the news that a mass meeting of the members of the leading benevolent and friendly societies doing business in that city has been held, at which a most emphatic series of resolutions have been adopted; and the fraternal hand has been uplifted in holy horror at the doctors' procedure. The following is a copy of the resolutions:

Whereas, the Medical Society of Victoria has notified the benevolent and friendly societies, that commencing January the 1st, 1900, no society work will be undertaken by their members; and

Whereas, the prosecution of such attendance upon the sick is one of the principal objects of benevolent and friendly societies; and

Whereas, cession of such benefits of members of friendly societies is calculated to work injuriously to such objects, and is detrimental to the welfare of the members; be it

Resolved, that this meeting condemns the action of the

Medical Association of Victoria in withdrawing such services without proper notice to such societies; and further be it

Resolved, that this meeting is of the unanimous opinion that immediate steps should be taken to again secure proper medical and surgical aid to the members of benevolent and friendly societies; and further be it

Resolved, that committees be formed for the purpose of giving immediate effect to the action above outlined.

It was decided also that the following advertisement be inserted in the provincial papers: "Application for physician. Two or more qualified physicians are required by the combined fraternal and benevolent societies of Victoria, B.C. Full information will be given by the undersigned, to whom applications must be forwarded on or before the 24th day of January, 1900."

Is the fight on? Will the doctors of Victoria have the courage and manliness of their convictions to withstand this onslaught upon their rights and privileges? And so one of the principal objects for which fraternal societies were inaugurated was to debauch and prostitute a noble profession and honorable men who have done more good in one short year for the cause of humanity and true charity than all the fraternal and benevolent societies—and their name is legion—on the proximal side of that dark abyss toward which we never wish to "trek." If our brother physicians in the city of the Pacific province stand true to their guns in this revolt against this infernal lodge practice, they will kindle on those mountainous heights a beacon-light which shall despoil fraternal societies of the superstition that it is the heaven-born destiny of doctors of medicine to be the cat's-paws of the exploiters of fraternalism. It is pretty near time that the officers of these flouted fraternal organizations were given to understand that the doctor is first of all a man, and that he is not the serf of shameless secret societies, to be bought and sold as goods and chattels or as the negro slaves of the Southern States were before a bloody war bought their freedom.

VACCINATION.

There are a good many points to cover in connection with a discussion of this operation, but one that needs not be touched upon in a medical journal is its efficacy as regards protection from smallpox. The question which at the present day besets the profession most, relates to the employment of the vaccine points or

the more modern aseptic vaccine—an emulsion of glycerine and pure vaccine—the glycerinated virus. The essential to be secured in all vaccinations is success in all cases; and the form of virus which will accomplish this end will certainly commend itself to the practitioner. In these superlatively aseptic days, the sterilized capillary tube with the contained aseptic virus should certainly appeal to the cleanly surgeon, other things being equal, as against the old-fashioned, dust-bearing, microbe-accumulating vaccine or ivory point. Success being the goal in every operation, there are many minor details which have to be kept well in mind; forgetfulness in any one particular being sufficient to conduce to the failure of the operation; and the consequent result is that the vaccine, whether the point or the glycerinated lymph, will have to bear the brunt of the blame for the failure. Holt has it that it is better to vaccinate in one place than three or four, and that the scarified area need not be more than one-quarter of an inch square. Of course the field of operation must be rendered aseptic, and in this process of cleansing the arm particular care needs to be exercised in the employment of antiseptics, as if any portion is allowed to remain upon the site of the proposed scarification, it may be just sufficient to render the virus inert, which will be the fault of the operator and not of the vaccine. "Don't draw blood" seems to be good and timely advice, and is a wise precautionary measure; a slight oozing of serum is all that is required; and it may be that in the future when the glycerinated lymph is universally adopted, it will not be necessary to even go to that extent, the hypodermic method ousting it from popular favor. Extreme care ought to be taken that the virus has become dry upon the scarified area before any dressing is applied; and for this a piece of plain sterilized gauze is all that is required. Vaccine points are liable to be kept in drug shops for considerable time and subsequently retailed as being fit for use, although it is a well-known fact that vaccine is a perishable article. In this respect the glycerinated product has a distinct advantage, as freshness is amply arranged for through commercial methods. The potency of the glycerinated product has been abundantly proven; practitioners should see to it that carelessness of technique should not interfere with nor hamper aseptic products in their employment.

News Items.

THE Kingston Medical and Surgical Society met on the 5th inst., and the proposed new Dominion Council was discussed. These suggestions were offered as an improvement of the present plan: That the Dominion be divided into sections thus composed—Maritime Provinces, Quebec, Ontario, Manitoba, British Columbia and the North-West Territories, each having six representatives on Council; that following the precedent of Great Britain and Ontario, each university in Canada having a medical faculty actually teaching, shall have one representative; that all written examinations be held simultaneously at each centre at which is established a medical school, and that the practical and clinical examinations be held at the same centres in succession. A committee was appointed to have their views printed and sent to M.P.'s, medical schools, and others. It is understood that a committee will also go to Ottawa and oppose the present bill before the Private Bills Committee.

SANITATION in Montreal must indeed be far behind the times. Presiding at a public meeting of citizens during the recent civic elections, Dr. Reid stated that in this respect it was one of the worst cities in the world, and that the death-rate for children between two and five years was fearfully high. Professor Adami has recently given it as his opinion on the same topic that the city is twenty years behind the other large cities on this continent, and will continue so just so long as the city is run by cliques and not in the interests of the people.

MONTREAL is indeed fortunate and happy in the possession of so many millionaires and philanthropic citizens, who are not afraid of donating their wealth in the interests of medical charity. Recently three gentlemen, Sir William McDonald and Messrs. Ross and Angus, have contributed each \$5,000 towards the new Maternity Hospital; and Lord Strathcona, who has already given \$10,000, now promises to contribute \$1,000 more if nine other citizens will donate a similar sum each.

SMALLPOX has broken out in New Brunswick, in the counties bordering on the parts of Quebec where the disease has been very prevalent for three months back. Its latest appearance is at Toronto Junction, and this city is altogether likely to become infected.

THE fourth annual meeting of the supporters of the Blackfoot Indian Hospital was held in the St. James' School-house this month. During the year 193 patients were treated in the hospital, 158 of whom were cured; one died and the others were benefited. 2,639 patients were received at the out-door department. Dr. Turner, formerly of Millbrook, has been in charge since March, 1897.

DR. J. N. ELLIOTT BROWN, at one time Secretary of the Ontario Medical Association, and now Territorial Secretary and Clerk of the Yukon Council at Dawson City, was married on New Year's day to Miss Freeman of Toronto, well known to the reading public as "Faith Fenton." The DOMINION MEDICAL MONTHLY offers its heartiest congratulations.

OVER-CROWDING still continues in the asylums of this province. At the end of last year there were eighty-nine lunatics lying in the common jails. It is very probable that the Government will ask at the coming session for a large appropriation to turn the old Victoria College at Cobourg into an asylum for epileptics and very mild cases of lunacy.

DR. COTTON, a member of the Quebec Legislature, is fathering a bill before that body concerning the medical profession in that province. It is understood to apply to the election of the officers of the College of Physicians and Surgeons. Proxies are to be abolished, and practitioners will hereafter vote in their own districts, instead of in Montreal.

ONE of the city reporters, no doubt with considerable idle time on his hands, has been prying into the city directory with the following results: "That while there are two Lungs, there is only one Halfhead (probably the reporter himself) for five Brains; two Bones have been seen, and plenty of Moles are in evidence."

THE Legislature of British Columbia now in session will appoint a Royal Commission to make a searching inquiry into the Government Asylum for the Insane at New Westminster, many irregularities being said to have occurred recently in that institution.

ONE of the medical students at McGill, being too fond of airing his opinions in regard to the South African war, speaking disrespectfully of British generals and British soldiers, was treated to a plunge in the dissecting-vat by his fellow-students.

IN connection with the determined stand taken by the Medical Society of Victoria, B.C., we learn that several applications have been received by the united fraternal societies of that city from outside physicians, who are anxious to enter into a contract for special medical service. The fraternalists also threaten to take the matter to the Legislature, asking that body to amend the medical laws of the province.

DR. A. S. OLIVER, Kingston, Ont., died on the 15th inst. of heart failure. Deceased was one of the oldest physicians of that city, having been connected with the Faculty of Medicine of Queen's University for over twenty years. He was also a professor of the Royal Military College.

ON account of the smallpox outbreak in New Brunswick, general vaccination is proceeding in St. John and other cities and towns of that province. West Toronto Junction is also adopting the same general precautions. Toronto is alive to its duty in the same respect.

"DR." CLUETT, an osteopath from a Missouri college, who was convicted at Ottawa last fall for practising without proper qualifications, has been granted through his solicitor, an order *nisi* by the Divisional Court at Osgoode Hall, quashing his previous conviction.

THE Ontario Medical College for Women held its annual concert on the 18th ult. Since the inauguration of this institution in 1883, there have been graduated 150 students, and there are at present thirty students in attendance.

MR. W. E. H. MASSEY has established a milk laboratory in East Toronto, which is a branch of the Walker-Gordon laboratory at Boston. "Dentonia" will supply milk to the citizens of Toronto on physicians' prescriptions.

DEATHS from diphtheria throughout Ontario in 1899 numbered 263, as against 632 in 1898 and 930 in 1897. Dr. Bryce thinks this is due to better sanitation and the more general employment of antitoxin.

DR. R. W. BELL, of Peterboro', Lieutenant-colonel commanding the 57th Battalion, has been appointed assistant physician to the Toronto Asylum for the Insane, his appointment to take effect in March.

IN a recent runaway accident, Dr. J. T. Fotheringham, this city, received a very severe shaking-up and also sustained an unusual accident, viz., a supra-coracoid dislocation of one humerus.

THE \$30,000 indebtedness of the Victoria Hospital for Sick Children promises soon to be a thing of the past, as the total amount required has been nearly realized by popular subscription.

DR. W. W. CHIPMAN, of Edinburgh, has been appointed assistant gynecologist to the Royal Victoria Hospital. He is at present assistant to Professor Simpson and to Dr. Barbour.

MONTREAL physicians are much given this winter to public lecturing, mostly on sanitary topics. Probably Montreal needs it, as the city bears an unenviable reputation for sanitation.

THE twelfth annual meeting of the Toronto Nursing-at-Home Mission was held recently. During the past year 2,858 patients were treated and 3,027 prescriptions issued.

DR. LIVINGSTONE, late of Ladysmith, South Africa, and a graduate of Trinity in '94, lectured to the students and faculty of that institution on the evening of the 20th inst.

A BILL has been introduced into the Quebec Legislature which if passed will allow students of medicine to prosecute professional studies before matriculation.

THE druggists of the Province of Quebec are seeking legislation removing the restrictions as to doctors' certificates in the sale of liquors in drug shops.

DR. SINCLAIR, Paris, Ont., has been appointed chief physician to the Institute for the Blind, Brantford, in the place of Dr. Marquis, recently deceased.

THE Director-General of Public Health, Dr. Montizambert, has sold his property in St. George St., Toronto, and will remove his family to Ottawa.

THE appointment of county medical health officers through special legislation should be brought to the attention of our legislators this session.

THERE is an epidemic of typhoid fever in Montreal. All the hospitals are full to overflowing.

WILLIAM CUTIBERTSON, M.B. (Tor. '83), has been appointed attending gynecologist on the staff of St. Luke's Hospital, Chicago, Ill.

DR. KEENAN, of the Royal Victoria Hospital, Montreal, has been appointed one of the surgeons to the "Strathcona Horse."

THE death of Dr. Corbitt, of Orillia. For over forty years he was a prominent practitioner in that town and the surrounding country.

MAYOR PREFONTAINE, of Montreal, in his inaugural, promised to immediately take steps to give Montreal a purer milk supply.

THE Ontario Medical Council is to be congratulated upon having secured such an-energetic officer as Detective Rose.

DR. W. G. NICHOL, Montreal, has been appointed Supervising Examiner for the Province of Quebec for the Royal Arcanum.

Physicians' Library.

An American Text-Book of Surgery for Practitioners and Students. Edited by WILLIAM W. KEEN, M.D., LL.D., and J. WILLIAM WHITE, M.D., Ph.D., with the collaboration of P. S. CONNOR, M.D., F. S. DENNIS, M.D., C. B. NANCREDE, M.D., ROSWELL PARK, M.D., L. S. PILCHER, M.D., NICHOLAS SENN, M.D., F. J. SHEPHERD, M.D., L. A. STINSON, M.D., and J. C. WARREN, M.D. Third edition, thoroughly revised. Philadelphia: W. B. Saunders. Toronto: J. A. Carveth & Co. Price, cloth, \$7.00; sheep or half morocco, \$8.00.

There is scarcely a doubt that this is the best single volume surgery published. We are told that of the two former editions of this work nearly 29,000 copies have been sold, a statement and a fact sufficient to commend the present edition to the profession, and which warrants the assumption in saying that the profession values the American Text-Book highly. It has been adopted as a text-book by over 100 medical colleges, which is most gratifying to the editors, publishers and friends of the work; and the third edition displays that careful revision which ought to, and will no doubt, meet with the hearty approval of all purchasers.

Dr. C. L. Leonard has elaborated the chapter on the Roentgen Rays, to which also a number of valuable illustrations have been added. Among the new topics dealt with in the third edition in a comprehensive and exhaustive manner are, orrho- (serum-) therapy; leucocytosis; post-operative insanity; the use of dry heat at high temperatures; Kronlein's method of locating the cerebral fissures; Hoffa's and Lorenz's operations for congenital dislocations of the hip; Allis's researches on dislocations of the hip-joint; lumbar puncture; the forcible reposition of the spine in Pott's disease; the treatment of exophthalmic goitre; the surgery of typhoid fever; gastrectomy and other operations on the stomach; several new methods of operating on the intestines; the use of Kelly's rectal specula; the surgery of the ureter; Schleich's infiltration method and the use of eucaïne for local anesthesia; Krause's method of skin-grafting; the newer methods of disinfecting the hands; the use of gloves, etc. Added to this there has been a complete and careful revision of the sections on Appendicitis, Fractures, and gynecological operations in order to meet the advances in these most important departments of surgery. The size of the American Text-Book has compelled the editors to omit the sections on the eye and ear. The work is most completely illustrated with fine and handsome plates and many wood-cuts; and the only objection that can be offered to it—and this may be a weighty one—is that of ponderosity. One does not always wish to pore over these heavy volumes lying upon his desk or study table, but now and again desires to assume a restful position in an easy chair after a heavy day's work, which is almost prohibited with these stupendous volumes, as it requires an exceedingly strong pair of biceps and a "rubber" neck to withstand the strain. The American Text-Book ought, however, to be on the shelves of every practitioner; and dust should not be allowed to accumulate thereon.

A Pocket Text-Book of Histology and Pathology. By JOHN B. NICHOLS, M.D., Demonstrator of Histology, Medical Department Columbian University, and F. P. VALE, M.D., Assistant in Pathology, Medical Department University of Georgetown, Washington, D.C. In one handsome 12mo volume of 452 pages, with 213 illustrations. Philadelphia and New York: Lea Brothers & Co. Cloth, \$1.75 net. Flexible red leather, \$2.25 net.

This volume presents compactly, clearly, authoritatively and at a very moderate price, the essentials of two important subjects

which illuminate each other. The normal structure of tissues is a standard by which morbid changes can be recognized and measured. Pathology steps in after Histology, and regarding each disease as an entity, describes its nature, signs, course and effects, thus yielding an understanding indispensable as a pre-requisite to the practice of medicine. Drs. Nichols and Vale have summarized these two sciences in their interrelations, and have presented a manual which is handsomely illustrated, thoroughly up-to-date and serviceable alike to the practitioner and the student.

Dudley's Gynecology. A Treatise on the Principles and Practice of Gynecology. By E. C. DUDLEY, A.M., M.D., Professor of Gynecology in the Northwestern University Medical School, Chicago. New (2d) edition. In one very handsome octavo volume of 717 pages, with 453 engravings, of which forty-seven are in colors and eight colored plates. Just ready. Philadelphia: Lea Brothers & Co. Cloth, \$5.00 net. Leather, \$6.00 net.

The exhaustion of a large first edition in a year proves the success of "Dudley's Gynecology," both in plan and execution. The author has aimed to cover the entire subject from a practical standpoint and yet to avoid all speculative and theoretical views. Its arrangement is primarily pathological and secondarily regional, a plan which gives the student and practitioner all the obvious advantages derived from the natural method of understanding first the disease itself and thereby its effects in various organs and their treatment. The information conveyed by the book is equally modern and up-to-date. The new edition is the result of a searching revision, visible not alone on every page, but also in the edition of seventy-eight pages, thirty-one new engravings and six new full-page plates. The illustrations form a special feature, not only in their abundance and originality, but also in their teaching power. Colors have been freely used in the text pictures as well as in the plates. The volume is convenient in size, and its price is fully represented in its value.

Saunders' American Year-Book of Medicine and Surgery.— In response to a wide-spread demand from the medical profession, the publisher of the "American Year-Book of Medicine and Surgery" has decided to issue that well-known work in two volumes, Vol. I. treating of General Medicine, Vol. II. of General

Surgery. Each volume will be complete in itself, and the work will be sold either separately or in sets. Prices per volume: \$3.00 net; half morocco, \$3.75 net. The quantity of matter under review has become so immense that its inclusion in one volume would make a book of unwieldy proportions; but by thus dividing the matter, two volumes will be made of about 600 pages each—an ideal size for convenience of handling and reference. Each volume will be complete in itself, will be paged separately, and will have its own index. This division is made in such a way as to appeal to physicians from a class standpoint, one volume being distinctly medical, and the other distinctly surgical. The apportionment of subjects in each volume is as follows: *Medical*—General Medicine, Pediatrics, Pathology, Nervous and Mental Diseases, Cutaneous Medicine, etc., *Materia Medica*, Physiology, Legal Medicine, Hygiene, Chemistry, etc. *Surgical*—General Surgery, Obstetrics, Gynecology, Orthopedic Surgery, Ophthalmology, Otolaryngology, Laryngology and Rhinology, Anatomy. This arrangement has a two-fold advantage. To the physician who uses the entire book, it offers an increased amount of matter in the most convenient form for easy consultation, and without any increase in price; while the man who wants either the medical or the surgical section alone secures the complete consideration of his branch without the necessity of purchasing matter for which he has no use. All the features that have proved so valuable heretofore will be retained in the two volumes, and the American Year-Book will continue the only adequate interpreter of current medical literature. W. B. Saunders, 925 Walnut Street, Philadelphia.

Miscellaneous

THE TREATMENT OF POST-PARTUM HEMORRHAGE.—Dr. J. Z. Currie (*Boston Medical and Surgical Journal*, November 16th) summarizes an interesting article on this subject as follows: (1) A knowledge of the source of hemorrhage is necessary to insure intelligent action. (2) All rents, when easy of access, should be repaired at once. (3) If the body of the uterus is contracted and bleeding is excessive, and in all cases of hemorrhage following placenta previa, the general cavity should be tamponed at once. (4) If this is not successful, or if the hemorrhage is constant and not excessive, the bleeding vessels should be secured if possible, and the injury repaired. (5) If atony exists and hemorrhage is not excessive, external and bimanual compression of the uterus should

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be used, followed, if necessary, by hot water, vinegar, or acetic acid. (6) If not successful, or if atony with excessive hemorrhage is met with instead, tampon at once after using hot water. (7) Morphine should be given hypodermatically to check the hemorrhage, and stimulants, strychnine, and auto-infusion to overcome the effects of the hemorrhage. (8) To prevent anemia, saline solution should be used, preferably per rectum or hypodermatically. Saline solution may be used by infusion also if necessary.—*Medical Record*.

THE VALUE OF UROTROPIN IN THE TREATMENT OF CERTAIN FORMS OF GENITO-URINARY DISEASES.—Dr. J. M. Thompson (*Boston Medical and Surgical Journal*, November 16th), from his experiences and observations on the therapeutic action and effect of urotropin in diseases of the genito-urinary tract, summarizes the essential points, in brief, as follows: (1) A urinary sterilizer, antiseptic, and acidifier, prompt and reliable in action, moderate in dose, which, if adhered to, renders it both non-toxic and non-irritating to all parts of the animal economy. (2) By virtue of its peculiar affinity for the urine, into which it passes unchanged, and where it parts with formaldehyde, it is apparent that its action in genito-urinary lesions is likely to be complete and certain. (3) Its decisive and lasting effect, and especially its comparative singleness of action—which last is a most desirable property—should give it a place in the list of medicinal specifics. (4) From observations reported thus far, urotropin has appeared to be most frequently indicated in chronic disease, in which it produces exceptionally good results. (5) In the writer's personal experience the diuretic action of the drug was not marked enough to render it deserving of the claim of such virtue.—*Medical Record*.

PAROTID-GLAND EXTRACT IN THE TREATMENT OF OVARIAN DISEASE.—E. P. Mallett, in summarizing the cases which he has treated by this extract, finds that it relieves the pains of dysmenorrhea in all cases; that it relieves those dull pains referred to the back and ovarian regions. Menstruation, when deranged, becomes more regular as to periodicity and less in amount and shorter in duration. Pelvic exudate seems to soften and become absorbed more rapidly under abdomino-pelvic massage during its exhibition. The general health and spirits seem to improve, as do the dull headaches. The only contraindication which he has met with in its use has been in cases of artificial climacteric, in which cases the flashes of heat and cold were distinctly made more frequent and severe.—*Am. Jour. Obs.*