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CLINICAL REMARKS ON THE GOUTY DIATHESIS AND ABERRANT GOUT, OR LITHÆMIA.

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Delivered, December 30th, 1858, at the Medical-Chirurgical Hospital.

GENTLEMEN:—During the past three months your attention at this clinic has been largely engrossed with diseases of individual organs. We have studied cases of disorder of the stomach, liver and kidneys, affections of the heart and lungs, and of other organs, including some very interesting cases of brain lesion and neuritis, in each of which we were able to locate the morbid action in some individual part of the system.

We have had other patients in whom the disorder was a general one, such as typhoid, intermittent fever, septicemia, or tuberculosis, where we concluded that we had to deal with an infection of the system from without by a parasitic microorganism, and believed that we could trace the symptoms, in whole or part, to the chemical or toxic action of certain substances, incident to bacterial development, known as ptomaines or leucocaines.

To-day, I briefly ask your attention to a morbid condition of the whole system, rather than to that of a single organ or group of organs; also due to a chemical substance produced in the body, however not by the agency of microorganisms, but by some error of assimilation and the result of a tendency, either inherited or acquired, which has been called the Gouty Diathesis. One of the common symptoms of this condition of the system is an increased acidity of the urine, which, upon standing, frequently yields a deposit of lithates and uric acid; it also often shows a diminution of the water. That is to say, the entire quantity of urine passed in twenty-four hours is considerably below the average quantity, and it is unduly acid. As this indicates a diminished alkalinity of the blood and an increased proportion of its acid constituents, the term "lithæmia" was introduced by Murchison to include both the condition itself and the various symptoms to which it gives rise. Austin Flint, Sr., proposed "uricæmia" as a substitute, but lithæmia has now become the generally accepted term to describe both the morbid state and the various digestive, nutritive and nervous phenomena associated with it. I must say, however, that the old term of the Gouty Diathesis, or, if you please, Aberrant Gout, appears to me to be preferable to lithæmia, because the increase in the acid constituents of the blood is itself the result of disease, and as this has important relations to the malady universally known as gout, it would be proper in the title not to lose sight of this relationship or affinity. From this standpoint, Non-inflammatory Gout or Aberrant Gout is a better name for it than lithæmia.

The symptoms of typical gout are well known, and have not changed since they were described by Hippocrates or caricatured by Lucian; indeed, the causes of the disease seem to have been understood quite as well by the ancients as by modern writers. Luxurious living, excess of food, the over-indulgence in pleasures of the table which accompanies worldly prosperity, are the causes now as they were when Seneca complained that owing to the prevailing luxurious habits even the women had become gouty, and Pliny, deploring the degeneracy of his times, pointed to the greater tendency to gout among the descendants than among the grandparents, and says that it must have been imported on account of its foreign name (podagra). At the present day, we have the assistance of biological chemistry to enable us to trace the relation from cause to effect, and we can see the direct connection between the excess of nitrogen in the food, its faulty assimilation by the digestive organs and defective excretion, and the occurrence of every form of gout or lithæmia. This error of assimilation or of excretion may be handed down from one generation to another, the physiological sins of the parents being visited upon the children, just as Brown-Séquard's guinea pigs were born
three-toed because their mother had been mutilated. As has been said:

"The fathers have eaten a sour grape, and the children's teeth are set on edge."

I have not time to dwell upon the hygienic value of the modern methods of canning fruits and vegetables, by which we have an abundant supply of vegetable food all the year round, but I may call your attention to the fact that the Saxon ancestors of the English people (as described, for instance, by Scott, in "Ivanhoe," during a large part of the year lived principally upon meat and pastry and drank large quantities of malt liquor, a diet very favorable to the development of gout, as many of their descendants can testify.

As Garrod has pointed out, the initial lesion in a gouty attack is the deposit of crystals of urate of sodium in the synovial membrane of a joint, which subsequently cause irritation and excite inflammation. This initial lesion need not be accompanied by inflammation, for we have in the pinna of the ear, or in the eyelids, similar deposits of urates without inflammation, forming the so-called chalky concretions, which are so common a sign of the gouty diathesis that we always look for them in this situation. In many cases the examination of the helix of the ear will throw light upon some obscure symptom of abnormally gout which otherwise might not be correctly interpreted. These spots upon the eyelids or ears, or around the joints of the fingers or toes, are so characteristic of gout that I believe the Latin name "gutta" refers to them. In the dictionaries and text-books generally, gout is said to come from the Latin "gutta, a drop," referring to a drop of morbid humor instilled into the joint, and implying a humoral pathology. But gutta also signifies a "fleck," or a spot upon a stone or other substance, and this is just what we see in the localities just mentioned. The French "goutte" has the same etymology and definition; the German "Gicht" probably comes from the verb "gichten," to torture, on account of the suffering connected with it. The classical name of the disease, "podagra," has reference to the pain in the foot, which is most frequently the site of the attack; other compound words have been devised by the older writers to indicate the gouty invasion of other joints, by prefixing to "agra" the word belonging to the part affected, as gonagra, cheiragra, etc., which is an unnecessary and absurd refinement of nomenclature—a distinction which is no longer considered worth perpetuating.

With this rather lengthy introduction, I will now take up the notes of the case, and make them as brief as possible. The patient, 32 years of age, a laboring man, complains of symptoms of indigestion, sour stomach and heartburn, bowels rather constipated; but his principal disability arises from muscular pains in different parts of his body, mostly about his shoulders and his legs. He thinks that his feet swell at times. He has no fever. His pulse is about a hundred, and there is a systolic murmur heard all over the cardiac area, but not propagated to the vessels of the neck, therefore due to mitral lesion—mitral regurgitation, in fact. The heart is not materially enlarged and is performing its function well; there is moderate hypertrophy, which is compensatory. The liver is slightly enlarged. His urine, passed in normal quantity, or rather less, is decidedly acid in reaction, but contains no albumen. Under the microscope are to be seen urates and the common forms of uric acid. I can detect no edema of the feet, and he has not the physiognomy of chronic Bright's disease. Although he has not the appearance of being very ill, he declares that he has not been able to do any work for nearly a year.

In reviewing the case, we find evidences of gastric disorder, heart lesion and excessive acidity of the urine, with muscular pain and stiffness. I do not pay much regard to his statement that his feet sometimes swell because the heart is performing its duty well, and the kidneys do not appear to be affected; and, moreover, this sense of swelling of the extremities is not an uncommon symptom in some forms of indigestion, as pointed out first by Lecard.

He says he has been a moderate user of alcohol, but principally in the form of malt liquor. Let me say here that alcohol, especially in the form of fermented or brewed liquors, is a sort of a physiological test of gout, and where the diathesis exists, indulgence in this form of stimulant is apt to be quickly followed by very disagreeable consequences, either as a typical inflammation in the ball of the great toe, or possibly non-inflammatory pain or disability elsewhere. I can find a slight chalk-like nodule in the pinna of his ear, which places the case in its proper light. He is too ignorant to give us any information of value concerning the health or the habits of his parents or grandparents, and possibly he did not inherit the disease at all, but acquired it himself by eating meat largely and indulgence in malt liquor. The heart-lesion is probably due to gouty changes in the leaflets of the mitral valve, causing deformity and insufficiency.

It would be a mistake in this case to regard it simply as one of dyspepsia, and dismiss him with a prescription of soda and gentian. Gastric catarrh in this case, as in many others, is simply a symptom of the gouty diathesis, just as the pains in the muscles are. These muscle-pains may be due to actual deposit of urate of soda in their structure, causing irritation and interfering with motion—just as in the case of the pork butcher at a previous clinic, whose pains were attributed to the presence of trichina undergoing calcareous changes in the muscles—or the pain may be due to lessened alkalinity of the blood, caused by the acid condition of the stomach, in which case relief will be experienced at once, after correction of the diet and the administration of alkalies. This relief, however, will be only temporary, unless remedies are directed against the underlying gouty diathesis, or the actual lithaemia, which is largely due, according to Murchison, to defective hepatic activity. J. Milner Fothergill, recently deceased, ably defended the view that there was actually an increased production of uric acid in the economy, owing to degeneration or tissue reversion. Uric acid is merely urea insuficiently elaborated or oxidized. Birds and reptiles pass solid or nearly solid urine, consisting of urates. Mammals have a fluid urine, with soluble urea in place of urates, although traces of the uric acid formation remain even in the highest mammals. When the liver is over-taxied, or is congenitally inadequate, it tends to revert to its primitive uric acid formation, and this is Fothergill's explanation of the gouty diathesis, and a very plausible one. Whether the uric acid is produced in greatly increased amount, however, or is simply retained, owing to deficient secretion, there can be no doubt but that Garrod's statement is correct: that it is present in large excess in the blood, both in the typical gouty attack and in the aberrant or lithaemic form.

With regard to the question of treatment, we will not now speak of the acute form, further than to make the observation that the more acute the attack, whether typical or atypical, the more likelihood of there being benefit from the administration of colchicum. In cases of lithaemic pains in the internal organs, I have administered a pill of something like this: Merck's colchicine gr. 1/4, quinine hydrochlorate gr. iij, and morphine hydrochlorate gr. 1/4, every four or six hours, with marked benefit. I have also used colchicine (gr. 1/48) hypoderminically in gouty sciatica, with entire relief after a few injections.

Alkalies, as you might infer from what has been stated above, are also highly serviceable. But as soda forms the urate of soda, which is insoluble, we generally give potash, preferably in combination with a vegetable acid, as the citrate or the benzoate, or simply as the carbonate. Where there has been swelling around the joints, the iodide of potassium has been used with much benefit. As litha forms the most soluble salt of uric acid, it is frequently given; the principal objection to its use being that of greater cost. In the present case we will give the iodide of potassium (gr. iij), ammonium hydrochlorate (gr. xij), ext. rhei fdl. niv, aq. menthe pip. q. s. ad fʒs, in a cupful of hot water before meals. In some cases I have resorted to the very soluble iodide of lithium (gr. ij-iij), with decided
benefit. The natural mineral waters containing lithia are largely used for this class of cases, but in most of them the proportion is infinitesimal. Vichy and Carlisle waters have long been employed in the gouty diathesis, but, as the former contains mainly carbonate of sodium, the latter is preferable. Although this water contains sulphate of sodium and chloride of sodium in decided proportion, the taste is neither disagreeable nor briny. Carlisle has had a reputation extending over a century for its great success with gouty subjects, who resort there for treatment from all parts of the world, this country not excepted. Fortunately for those who cannot undertake a journey to the Springs, the mountain comes to Mahomet, for the water is now bottled under government supervision, exported to this country, and can be taken at the patient’s home with equal benefit. Indeed, Sir Henry Thompson considers the home treatment preferable, as it involves less disturbance and can be continued for a much longer time. It is of interest in this connection to note that Proser James, a short time since, made the important discovery that the water of the Carlisle Springs contains lithia in combination with the salts already named, thus giving an additional explanation of its acknowledged usefulness in lithia and abberant gout.

As uric acid is a lower form of oxidation than urea, it is eminently desirable to introduce more oxygen into the system in treating gouty subjects, and this can best be done by the classical method of systematic exercise in the open air. Where there is an evident deficiency of red-blood cells to act as oxygen carriers to the tissues, it is proper to give iron and Fowler’s solution of arsenic, and this is sometimes of great advantage where the patient is neuralgic as well as gouty. It has been proposed to administer oxygen by the digestive tract, as in the Berger method of treating phthisis, but the rectal form of administration will hardly meet with favor either with physician or patient in this country. It is possible, however, that an oxygenated water, which has been used in Paris hospitals by Dujardin-Beaumetz and others, might yield good results and is worthy of further trial, as by this means an increased amount of oxygen has been found to enter the blood. If to these we add due regulation of the diet, limiting the amount of nitrogenized food, and especially the amount of alcohol, keeping the emunctories in good working order, we will do much toward overcoming the gouty diathesis and preventing lithia and its various concomitants.

Original Articles.

CALOMEL IN THE TREATMENT OF NASAL DIPHTHERIA.

BY JOHN J. GREEN, M.D.

A Paper read before the Allegheny County Medical Society, November 19th, 1869.

About four weeks ago I was called to see two cases of diphtheria. The family had lost two children, one of them just one week previous. The child had nasal diphtheria; the membranes had grown down so as to be distinctly perceptible. Small membranes on both tonsils. I gave large doses of calomel frequently administered, and made a tampon of absorbent cotton wet with a solution of bicarbonate of mercury, one to a thousand, and plugged the nose as completely as I could. I allowed it to remain twenty minutes. Before doing this, I syringed the nose thoroughly with a solution of borax. I left some of the mercury solution, and told the mother to place the cotton every two hours until my return. The same evening I applied iodiform, reduced with calcined magnesia. On my visit the next day, at ten o’clock, the membranes had entirely disappeared from the nose. Hemorrhages occurred infrequently, but there was no reappearance of the membranes. About one week from that time I saw a similar case in a little girl about five and a half years of age. I subjected the patient to the same treatment, and the case rapidly recovered. The membranes from the throat disappeared fully within forty-eight hours. I gave large doses of calomel, ten grains per hour. I administered to the first patient, I think, about 120 grains in the first twenty-four hours. The membranes from the throat disappeared not as rapidly as the membranes from the nose.

In the discussion that ensued, Dr. Lange said: I think Dr. Green’s treatment very judicious, especially the ten grains of calomel per hour. I myself give infants five grains of calomel every hour for three or four hours, without salivation, without purgation. This has been so universally my experience, that calomel does not purge in diphtheria, that I sometimes take this as a criterion as to whether I have a case of diphtheria or an aggravated case of follicular tonsillitis. In such cases where the calomel has purged the patient, I have concluded that I had not done with diphtheria, because of my universal experience that in diphtheria calomel in ten-grain doses does not purge nor saline, as a rule. I remember one boy who had nasal diphtheria, who received at my hands one ounce and a scruple of calomel during ten days, and was not purged, not ptyalized, and who recovered.

Dr. Kenig said: For my part I desire to commend Dr. Green for the other treatment, perhaps, also, for the calomel treatment. I think at the present day no one denies the value of antiseptics in diphtheria, and every one will admit that all of the remedies, with the exception, perhaps, of some that are recognized at the present time as of no virtue in diphtheria, are antiseptics. Calomel itself, I imagine, is beneficial, because of its antiseptic properties. No doubt when these large doses of calomel are administered, more or less of it becomes entangled in the meshes of the membrane. I see no reason why it should not exert its antiseptic properties.

Dr. McCann: I want to say a little about calomel treatment in diphtheria. I have seen it, have been using it for twenty-five years. I have administered five grains per hour to a child eight months old, and I have done this, not once, but repeatedly, and I have certainly seen most marvelous results follow this treatment. As malignant cases of diphtheria as I have ever seen recovered under the treatment. Now I have not seen bad results follow the administration of calomel. In fact, the plan of treatment which, in my experience, has been successful has been the calomel treatment. I have seen it in my own family, have tried it among my own children when they were in a condition where death seemed to be impending. I have seen it tried in other families where, under other plans of treatment, the children died; and what is the plan of treatment to-day outside of the mercurial treatment? The treatment which was advocated thirty years ago—iron and chloride of potash. This is the remedy which the profession has to offer against the mercurial treatment.

REPORT ON LAWS REGULATING THE PRACTICE OF MEDICINE.

Read before the American Academy of Medicine at its Annual Meeting, at Chicago, III., November 13th, 1869.

BY RICHARD J. DUNGLISON, A.M., M.D., SECRETARY.

An Annual Report on Laws Regulating the Practice of Medicine in the different States does not demand any discussion of the principles involved, but rather a statement of the actual operation of such laws, procured, wherever possible, directly from those who are instrumental in their efficient execution, and who must, naturally, be recognized as the highest authority in any inquiry bearing upon the scope of such legislative restrictions or their methods of enforcement. Accordingly a letter was addressed by your Secretary to some one in each State directly interested in this important matter, to which the following replies, which I have condensed as much as possible, were elicited from twenty-one different States and Territories, and from Canada. It may be added that at this time thirty-two States and six Territories have some form of law regulating medical practice.*

*Those who desire to enter more fully into the details of this subject will consult with profit the "Report on Medical Education" of the Illinois State Board of Health, and the paper on "The Legal Restriction of Medical Practice in the United States," read before the Section of State Medicine at the meeting of the American Medical Association, June, 1869 (Jour. of the Amer. Med. Assoc., Oct. 5th, 1869) also, an address on "License to Practice," by Prof. William Otter, before the Medico-Chirurgical Faculty of Maryland (Jour. of the Amer. Med. Assoc., May 11th, 1869); and "The Open Door of Quackery," an interesting trio of papers.
The action of the American Medical Association, at its last annual session at Newport, is a very commendable advance in the cause of medical legislation, and will exert a powerful influence in awakening more general interest in the subject. The Committee on Uniform Medical Legislation in the United States presented a report, which was unanimously adopted, and a copy was directed to be sent to the Secretary of each State Medical Society, with the recommendation that each Society exert itself to secure the enactment of a law embodying the provisions of the Report: "That, in our judgment, the best interests of the public will be subserved by the enactment of efficient medical legislation in every State in the Union. That for the convenience of the profession and the stimulating effect on medical education in this country, it is advisable to secure uniformity of legislation in the essential features of all Medical Practice Acts."

"This Committee therefore begs to recommend as follows—that in future medical legislation the essential features of the enactment be as follows:—

"That all persons commencing the practice of medicine in any of its branches shall possess a license from the State Board of Medical Examiners.

"That all candidates for a license shall submit satisfactory documentary evidence that he or she is a graduate in medicine of a medical institution in good standing with the said Board, and having a curriculum possessing at least the following requirements:—

"First.—An entrance examination to test the student's fitness to become a practitioner. This examination shall include at least an examination in English grammar, composition, geography, history, arithmetic, algebra, physics, and the natural sciences; together with at least one of the following languages: Latin, French or German; provided, however, that graduates of reputable colleges may be exempt from said examination.

"Second.—Before granting a degree of M.D. or M.B., candidates for the same shall have attended at least three full and regular courses of medicine of not less than six months' duration each.

"All candidates for a license shall undergo an examination by the said Board of Medical Examiners upon the branches usually taught in medical colleges. Said examination shall be both scientific and practical, but of sufficient severity to test the candidate's fitness to practice medicine and surgery. Said Board of Medical Examiners shall issue a license to only such persons undergoing examination, as may be deemed suitable to practice medicine. Said Board may refuse or revoke a license for the following named causes, to wit: chronic and persistent inebriety, criminal abortion, or gross unprofessional conduct.

"Said Board of Medical Examiners shall be appointed by the Governor, for a period not exceeding five years, the members thereof to be chosen from among the reputable practitioners of medicine in the State of not less than five years' residence."

As the editor of the New York Medical Record, who is a valued Fellow of our Academy, recently remarked, in an editorial on the subject, "All interested in the progress of medical education and the elevation of the status of American medical students will learn with pleasure that the New York State Legislature recently enacted a law requiring of medical students a certain standard of preliminary education."

Section 1 of the law reads as follows: "Before the Regents of the University of the State of New York, or the trustees of any medical school or college within this State, shall confer the degree of doctor of medicine on any person who has not received a baccalaureate degree in course from a college or university duly authorized to confer the same, they shall require him to file with the secretary or recording officer of their university or college a certificate showing that, prior to entering upon the prescribed three years' study of medicine, he passed an examination conducted under the authority and in accordance with the rules of the Regents of the University of the State of New York, in arithmetic, grammar, geography, orthography, American history, English composition, and the elements of natural philosophy, and such certificate shall be signed by the secretary of the regents and countersigned by the principal or commissioner conducting said examination."

The editor adds that this law, which, it must be confessed, is somewhat paternal in its scope, places the students of medicine on the same footing with the students of law, who, before they enter its study, must also pass a regents' examination. The chief defect lies in the fact that it requires applicants for matriculation who come from foreign countries or other States to undergo an examination, even if they come with certificates or diplomas from institutions of learning. The examination in English is also unfair to students from foreign countries, who may be well educated in their own tongue but know English imperfectly.

A medical practice act has recently gone into effect in Kentucky, and by authority of all the bodies named in the law as empowered to endorse diplomas, the entire work has been done under the personal supervision of Dr. J. N. McCormack, its able Secretary, who states that "the provisions of the law have been very generally complied with by the reputable physicians in every county. Irregulars and others unable to comply with it have left the State in large numbers." It may be added that the law of Kentucky is oddly entitled "The Empiricism Law."

Dr. W. J. H. Bellamy, Secretary of the Board of Medical Examiners of North Carolina, writes as follows: "Our law has been amended from time to time since the original act of 1859, and is in nearly every instance being complied with. The numerous rejections of full-fledged graduates of apparently reputable medical schools would show the necessity of such a law. The most important amendment which is now going into effect that of registration."

Dr. Frank H. Caldwell, Secretary of the Medical Examining Board, Seventh Judicial District of Florida, considers the State law not at all a satisfactory one. Reference is made to the fact that every applicant must produce a diploma from a recognized college, and that all practitioners previously in practice must produce a diploma from a medical college recognized by the American Medical Association; but "as there are no colleges recognized by that Association, the law is inoperative in so far as those who are practicing medicine at the present time are concerned. We have some authority over those who may hereafter desire to practice in the State."

Dr. Hugh T. Nelson, President of the Medical Examining Board of Virginia, states that "the change in our law practically doing away with examinations by three individuals of the Board, instead of the Board in session, is the only one of importance. This change makes the examinations uniform, and only in case of sickness at time of a session will an applicant be allowed to stand an examination before a committee of three members. Under our old law a man could run all over the State hunting for some particular examiners, whom report made it appear as being "easier" on applicants."

"We are hampered in our work by having to keep two objects in view all the while: 1st, the popularizing of the law, and 2d, the licensing of proficient persons alone. Our examinations held at Roanoke, Va., on Sept. 4th and 5th ult., resulted in the rejection of eighteen out of twenty-six applicants. This, of course, raises a howl against our Board by the rejected, their friends and some of the schools. It appears, however, from the above statement, that the class of men coming before the Virginia Board in the fall of '89 is no better than when the Board began its work in the spring of '85. In other words, the work of this Board has not caused the colleges to turn out any better graduates."

"A resolution was passed at our recent session, ordering the publishing of the questions, the answers given by the rejected candidates and the colleges from which each candidate—known only to the Board by his number—
graduated. Then if a college wished to know who wrote such and such a paper purporting to hold their diploma, the name would be furnished the Dean, and the manuscript could be copied, certified to under court seal and sent.

"The objects of this law, in my judgment, can best be attained by the college refusing to admit persons devoid of education, and requiring rigid written practical examinations as a necessity for graduation."

As a matter of curiosity, and to show the profession the existing necessity for the protection afforded by such a Board, a few of the papers submitted to it were read to the Medical Society of Virginia at its recent session. We include some of the questions and answers.

Question: Describe the subclavian artery? Answer: "It is a very important artery and passes through the chest." Question: Give general and descriptive anatomy of the stomach? Answer: "It is the organ where the food is digested at: it is a very extensive organ." Question: Describe or define a cell? Answer: "It is a place of confinement." Question: Give diagnosis of dislocation of head of femur on dorsum of ilium? Answer: "Don't know much about the diagnosis, but know the treatment is amputation." No less than five or six replied that they would treat post-partum hemorrhage by tamponing.

Dr. Chas. N. Metcalfe, Secretary State of Indiana Department of Public Health, states that the law of that State "has had the effect to cause a great many 'medicine men,' so-called doctors, to emigrate from our State to a climate more congenial to them."

From a communication received from Dr. A. G. Young, Secretary of the Maine State Board of Health, it is learned that there are in that State no laws whatever regulating the practice of medicine. Two years ago last winter a bill for this purpose was presented to the legislature, passed both houses, received

the Governor's signature of approval, and was subsequently vetoed by him.

The President of the State Medical Society, Dr. Stephen H. Weeks, of Portland, took the ground that the bill having once been signed, the subsequent erasure of his name by the Governor was null and void, and a suit at law has been going on for a year or more to determine which should hold good the signature or the erasure. The decision has just been reached in the Supreme Court, and this is adverse to Dr. Weeks and his contention on behalf of the bill. The importance of the registration act to the profession in that State is so great that an effort to pass a like bill de novo will be made by the State Society, when the Legislature next convenes.

The law recently passed by the Legislature of New Hampshire for the regulation of medical practice, had but a short life. A decision has been rendered, by a full bench of the Supreme Court, that it is unconstitutional to require a license as a prerequisite for medical practice.

Dr. George Homan, Secretary of the State Board of Health of Missouri, writes that no change has been made in the law regulating the practice of medicine in that State since its enactment in 1883, although amendments and supplementary bills have been offered in order to make it more effective and cure some slight inconsistencies. The effect of the law has, he thinks, been salutary both on the public and the medical profession. Public opinion is slowly crystallizing in favor of the stricter regulation of physicians in the exercise of their calling, and a demand from the same source for their better education and equipment before beginning practice is making itself heard.

Dr. J. F. Kennedy, Secretary of the Iowa State Board of Medical Examiners, writes that no change has been made in the Medical Practice Act in that State, except to authorize the State Board to grant certificates to persons holding certificates granted by other State Boards on an examination had before such boards. The practical effect of the law in Iowa has not been satisfactory to the State Board, owing to the ambiguity of Section 7, under which the Board held that the exemption clause relating to five years' practice gave the Board no discretion to refuse a certificate in such case for incompetency, nor right to examine such applicants for competency. But the Supreme Court, at its present session, decided the Board have the right to examine any and all applicants, for competency, and they may refuse on the ground of incompetency. This will now enable the Board to go back and weed out the incompetents, and thus give better satisfaction to the people and the competent profession.

One of the incompetents in Iowa, not so very long since, in an investigation by a coroner as to a cause of death in a patient under his charge, stated that other physicians didn't like to have him practice, because he had no "diploma," that when called to see the patient, he found her suffering from a severe attack of bilious colic, and immediately gave her five grains of morphia in two doses, half an hour intervening between the doses. He considered that she was struck with death the moment he arrived, for he found that her pulse had worked up to her elbow, which, in his opinion, was a certain indication of approaching death.

Dr. H. D. Fraser, Secretary of the State Board of Health of South Carolina, writes that the only material change which has been made in the law recently is the substitution in the clause of the act relating to physicians of the following for the original: "The Board of Medical Examiners shall have power to examine in all branches of medicine and surgery, as they may determine, every applicant for license to practice medicine and surgery in this State, on presentation to the chairman of said Board by said applicant of a diploma granted to said applicant by a chartered medical college or school; Provided, That said examination may be dispensed with in the discretion of the Board upon inspection of the applicant's diploma. Should such examination or inspection be satisfactory to said Board, they shall issue to said applicant a license to register as provided for above."

Dr. J. T. Reeve, of Appleton, Wisconsin, writes to say that there has been no recent medical legislation in Wisconsin and really no law which restricts the right to practice in that State, though only graduates in medicine, or those connected with organized medical societies, can testify in courts or collect fees by law. A strong effort to secure legislation that would correspond substantially with the Illinois law was made last winter, but failed through the opposition largely of a part of the medical profession.

Dr. Arthur Sweeney, Secretary of the State Board of Medical Examiners of Minnesota, writes that numerous amendments proposed at the last session of the legislature were defeated, popular sentiment being favorable to the law as it exists, and opposed to changes which might lessen its efficiency. During the past twenty-seven months, 141 candidates have been examined and 91 licenses have been issued. From personal experience, I can vouch for the fact that the applicants improve in general ability, intelligence and knowledge of medicine with each session of the board. I regard as the especial feature of our law that clause which requires evidence of having taken three courses of lectures of at least six months each. Experience has proven that graduates of those colleges which afford long courses of instruction, such as Harvard, Ann Arbor and McGill, attain the highest rank in the examinations.

"The effect of the Minnesota law has been to sufficiently protect the community from incompetent and disreputable physicians, and has proven an insurmountable barrier to quacks. It also promotes harmony and confidence among the profession, since it checks any tendency toward dishonorable or unprofessional conduct, and affords a remedy for aggravated cases of such a nature. Moreover, it assures the standing and ability of
every new comer to the State. I think there can be no doubt of its salutary influence. The various courts have considerably strengthened the Board by decisions both upon the constitutionality of the Act and upon the construction of certain clauses of it. We have yet to receive an adverse decision."

Dr. George Cupples, of San Antonio, Texas, whose efforts for the improvement of legislation regulating the practice of medicine are well known, his first effort in that direction having been made in 1853, and who was recently chairman of the Committee on Legislation of the Texas State Medical Association, writes that although "the working of such laws in Texas is imperfect, and in many places inequitable, the general effect has been beneficial, first, in directing the attention of the community to the subject, and second, in driving out of the State many of the worst charlatans who, fleeing from the wrath to come, from Illinois, Virginia, West Virginia, Alabama, and other States where legislative enactments made their stay impossible, found in Texas a promising land of refuge. Although our law, as it now stands, has been pronounced by various District Judges inequitable, yet it is, in many parts of the State, vigorously enforced, to the advantage of the people, while the larger towns are infested with the most outrageous quacks."

Dr. D. E. Nelson, Secretary of the Tennessee State Medical Society, writes that the present "law regulating the practice of medicine is not such as we wish, but is a decided improvement on nothing, which we had before it was passed."

Dr. George H. Rohé, of Baltimore, Md., gives the following interesting expression of views as to the working of the law in Maryland and in other States:

"At the last session of the General Assembly of this State, 1887-8, a medical practice Act, similar to that in force in Illinois, was passed, but the State Board of Health, which is charged with its execution, has done nothing practical toward enforcing the same."

"My views as to the working of such laws are very likely of small consequence; but in my opinion a law which requires every applicant for a license to practice to submit to a fair examination before a competent examining board is the best method of dealing with the problem. Next to this, a law like the Illinois law, enforced by an executive with good sense and backbone, would seem to me to fill the requirement. With a good board this law might show results equally as good as those requiring universal examination."

"The worst system, in my opinion, is that in force in Pennsylvania. The doctrine of 'protection to home industries' is apparently so ingrained in that State that it is even applied for the benefit of the medical colleges, as these are made the executors of the law, and they naturally take advantage of their power for their own benefit. To make the Faculty of one medical college the absolute judge, without appeal, of the qualifications of the graduate of another college which competes with the first for the patronage of students may be constitutional from the lawyer's point of view, but is clearly inequitable from the standpoint of common sense. It is hardly possible that the American love of fair play is entirely extinct in Pennsylvania. I can only explain the toleration of this undemocratic law on the assumption that its unfairness, to use no harsher term, is not appreciated by the medical profession of the State. I am a believer in, and advocate of, the regulation of medical practice by law, but I do not hesitate to assert that unrestricted freedom is better for the public and profession than an unfair law unjustly administered."

Dr. T. A. Harris, late Secretary of the State Board of Health of West Virginia, is of the opinion that "the laws regulating the practice of medicine are working well in this State, all parties falling into line, though there was at first some objection on the part of the irregulars and their friends. We have had more trouble with 'itinerant physicians' and 'vendors of patent medicines' than with any others. There was and still is, to some extent, an indisposition on the part of the law officers of the State to enforce the law, they feeling that its enforcement rested mainly on the physicians."

Dr. Jerome Cochran, senior member of the Board of Censors of the Alabama State Medical Association, recently contributed a paper on "The Medical Laws of Alabama," to the Atlanta Medical and Surgical Journal, in which, after giving the details of the law, he states that "the strong point of our system—that which secures and guarantees its efficiency—is the supervision of the State Medical Association. Any one not familiar with our work would very naturally suppose that its weak point would be found in the large number of county boards. But our county boards give us strength in another way: in practice we find it easy to hold them up to quite a sufficiently high standard; and, at worst, they cannot fall below the standard of the medical colleges."

"It may be freely granted that if thoroughness of examination was the only thing to be considered, this could be better accomplished through a single State board. But thoroughness of examination is not the only thing we have to consider. Indeed, strange as it may seem, it is not even the principal thing we have to consider. Our great aim is the organization and discipline of the medical profession throughout the State; and the most potent of all the factors we are able to invoke in the accomplishment of this object grows out of the fact that the county medical societies, through their boards of censors, have made the agents of the State for the administration of the law to regulate the practice of medicine. But for this more than half the county societies would never have been organized at all, while under the influence of this incentive we are able to maintain a county society in every county in the State."

"Eclectics and homeopaths must pass the same examinations as regulars. Our law, indeed, does not recognize sectarian differences among doctors. With us, so far as law goes, a doctor is simply a doctor. The State knows nothing about regulars, eclectics or homeopaths, but requires the same standard of qualifications for all. After an irregular doctor has passed our examination, and so demonstrated his fitness to practice medicine, if he desires to join his county society the way is open to him. By that act he ceases to be an irregular, and pledges himself to abide by the ethics of the American Medical Association, since the endorsement of the code of ethics is incorporated into the constitution of every one of our county societies. If a properly qualified graduate of an eclectic or of a homeopathic medical college, desires to array himself in the ranks of regular and legitimate medicine, we think it is wise to encourage him to do so, and we do not think it either wise or just to give him the cold shoulder. We have very few homeopathic practitioners in Alabama, but a considerable number of doctors who graduated in eclectic schools have availed themselves of the advantages we have to offer them, and have become good, working members of our organizations."

"We regard our law as almost ideally perfect. If the State would invite us to change it according to our wishes, we would not know what change to suggest. All we have to ask of the State is simply to let our law stand as it is and enforce it in the courts."

Some interesting abstracts of the work of the Alabama Boards are given in the Alabama Medical and Surgical Age of recent date. In reviewing the examination of a graduate of a Tennessee college, the Board says: "Applicant is utterly ignorant of both medicine and English, and the wonder is how any college could graduate, or Board license, such a man."

The same board says of another Tennessee graduate: "He ought to have been rejected on his spelling, though there was sufficient reason without that." Of two Georgia graduates, the Board says: 1. "The applicant exhibits a lamentable ignorance of medicine." 2. "He answered almost nothing." It says of the examination of one of the graduates of a Kentucky college: "Applicant shows the most astonishing ignorance of medicine, and, if he carries into practice some of his ideas of treatment, will materially diminish the population of his community."
Dr. R. G. Jennings, of Little Rock, Arkansas, writes that "it seemed to be the general opinion, before the Act of 1881 was well understood, that this was one step gained toward the consummation of the great object that the profession has had in view for years, and that, if no practical benefit resulted, it would, having gained an entry upon the statutes of the State, be likely to be revised, amended or a substitute enacted by following legislatures. In this particular we have all been sadly disappointed.

"The act permitted the establishment of County Examining Boards, the examiners to be appointees of the county judge, and a State Board appointed by the Governor of the State. Some county judges selected very creditable examiners, but the great majority of the appointees were totally incapacitated for this purpose, many of them never having attended a course of medical lectures. Again, while the State Board was regarded as a board of appellate jurisdiction, it was virtually only clothed with a 'free-will' character of authority. If an applicant for license to practice went before the County Board in the county in which he resided, and was rejected, he would at once go to another county, where the standard of the Board of Examiners was but a pretense, pass that Board, record his license in that county, and with his certificate in his pocket, was then at liberty to go into any county of the State and practice medicine and surgery independent of all restrictions.

"The act, therefore, instead of being beneficiary, has actually proved a curse and an injury, because it has frusted upon the country and State an army of the most ignorant and mercenary pretenders, who, under the shadow and protection of this act, are a thousand times more dangerous to the health of the people than they were before the passage of the act. These men have migrated to Arkansas, through the action of our neighboring States, which have passed better laws regulating the practice of medicine, and thus actually coerced them to seek a more favorable locality to pursue their nefarious designs. I believe hundreds of them have come to this State from Illinois, the direct result of the wisdom of the act she passed regulating the practice of medicine in her territory. I therefore regard the act of Illinois in this respect as one of the most practical, if not altogether so, of any State in the Union. All honor to Illinois and the energy of the Secretary of her State Board, Dr. John H. Rauch, whom I can but regard as an active factor in the successful achievement of the present healthful condition of that State."

In New Jersey, Dr. Ezra M. Hunt, Secretary of the State Board of Health, states that the only change recently made in the law was a brief amendment recognizing the fact that a registry in one county was enough, even if the physician goes to another part of the State.

Dr. J. W. Good, Dean of the Faculty of Manitoba Medical College, writes from Winnipeg, stating that "students in Manitoba must take their first matriculate, passing in English, algebra, Euclid, etc., also, Latin and French, Mechanics, Hydraulics and Inorganic Chemistry, and subsequently spend four full years in medical study or four winter sessions of six months each, and in addition, he must spend three months in compounding medicines. In the case of those who hold the degree of B.A., it is possible for them to go up for examination at the end of the third year, and they are exempt from examination in Chemistry and Botany, provided that in their arts course they have passed with honors in those subjects. Subsequently, they pay $25.00 for registration before the College of Physicians and Surgeons of Manitoba. Graduates from other universities in the Dominion are allowed to practice, on passing here in all the subjects. In the case of graduates from the United States, they are allowed to practice on passing an examination on all the subjects, provided they are able to show that they are graduates of a university which requires a course of four years, or four winter sessions, and which also requires a matriculation similar to that required by the University of Manitoba, and that such matriculation has been passed pre-

solution this seemed to thrive. I know the danger of using iodine in the middle ear. A case came to me that had been treated before, and all the applications of bichloride and nitrate of silver in the strongest degrees failed to make any impression. I mopped the ear in the inner parts with vaseline, protecting it as thoroughly as possible. Then I made a solution of glycerine and tincture of iodine and worked upon the parts exposed, touching only the parts visible.

I succeeded in clearing that ear perfectly, leaving not the slightest particle of pus. I did that in two weeks, seeing the patient each day. Another case, which had been running through childhood, I succeeded a few weeks ago in stopping the discharge for about a month only. After trying all the other applications which I felt were safe, I resorted to the iodine treatment. After mopping with vaseline I first introduced glycerine into the ear, with no bad results. I then added about a tenth part of the tincture of iodine to it without bad results. After the operation was made, I filled the ear thoroughly with clear water, followed it with iodiform, and it was the last application I needed to make.

BLOOD-LETTING IN PNEUMONIA.

BY CHARLES R. EARLEY, M.D.,
Of Ridgway, Pa.

April 12th, 1889, was the forty-third anniversary of the last time I used the lancet in a case of pneumonia. On Sunday, April 12th, 1846, I was called to see George Clyde, a young man about twenty-three years old, and found him very sick with pneumonia. At that time it was considered malpractice to neglect to bleed at once. In this case I at once took from my pocket-case of instruments a thumb lancet, after putting the proper bandages on the arm preparatory to bleeding. The family were very decided I must not use a thumb lancet, as they all called it a "butcher-knife," and, owing to the condition of the pulse and the high grade of fever, and as it was in those days considered certain death in such cases
to omit bleeding. I, contrary to my decided stand in all cases, without consulting or regarding the pleading of patients and friends, sent to a store convenient and purchased a spring lancet, and although I had been taught while a student, and at our school in New York State, that a spring lancet should never be used, as it was not a surgeon's instrument and could not be controlled—that the cut was uncertain, a mere guess and experiment—yet in this case, after several unsuccessful attempts, I succeeded in bleeding him.

About this time I called to see another young man about the same age, a cousin of Clyde’s, by the name of David Worden, who had also pneumonia, with a pulse and fever fully equal to Clyde’s case. I here also took my thumb lancet, with the same determined protest as before. I therefore took my newly purchased spring lancet, and after several unsuccessful efforts to strike the vein, as every time I would spring it my hand would tremble, and would retract, for fear of cutting where I should not, finally the blade of my spring lancet broke and landed across the room. I picked up the piece of blade and the balance of what was called in that part of Pennsylvania the instrument, and threw them as far as I could out of the back door, and turned to him with my own lancet. But only met with the same positive refusal to have a thumb lancet used. I then refused to use this bungling instrument again, and would clear my conscience, therefore gave notice that I would not bleed him, and if he died it was not my fault. I at once ordered free friction over the chest, and in fact the whole body bathed with warm salt water and mustard to the feet; also a solution of antimony tartaricum every hour; and pulvis ippecac in two-grain doses every two hours and the bathing and friction to be kept up. This was persisted in up to the following Tuesday (two days), when the breathing was easy, the cough loose and the expectoration free; also the entire body moist, and the next Saturday, the sixth day, my patient was up and about the house and yard, while the patient on whom I used blood letting with like
treatment was able to get up and out, with the help of a cane, in about six weeks. These two young men had been down the river on a raft, both on the same raft, and a heavy storm came up, with rain, snow and sleet, and when they came home together and were taken sick the day before I saw them.

Since that time I never have used the lancet, and in every case the result was the same as in the case of Worden, and I have up to this time never lost a case of that disease. Of course, after the active stage is past, we use as expectorants squills, senega, carbonic acid, antimonials, and stimulants, such as whiskey, brandy, etc., and free bathing with bay rum, etc.

Notes of Practice.

TREATMENT OF DIPHTHERIA.

BY H. BERT. ELLIS, M.D.,
Of Los Angeles, Cal.*

One of the chief indications for treatment is to destroy, remove or limit the action of the invading poison. Measures for this purpose include the employment of a great variety of agents and processes for local disinfection and for the removal of the false membrane, and also of internal medication to promote the same objects.

In the local treatment, Dr. Lennox Browne relies most on lactic acid applied pure by the surgeon, at least once a day, and only moderately diluted—say 1:8 every two or three hours by the nurse.

Dr. W. C. Caldwell, of Chicago, uses a combination of—

B. Hydronaphthyl (a powerful antiseptic), gr. ij
Potassii chloras, 3 gr. iv
Acidi hydriodidici (lit.), gr. xv
Aq. destil., ad 3 iv. M.

Syr.—At the beginning use every half hour, unless asleep, by means of a syrups. This dissolves the membrane, and is a strong but innocent antiseptic.

At a recent meeting of the Geneva Medical Society, Dr. A. d'Espinque advocated the use of

* Conclusion of a paper read before the Los Angeles County Medical Society, in Southern California Practitioner, December, 1869.

Local irrigation with 1½ or 2 in 1000 aqueous solution of salicylic acid, using from 1 to 2 quarts a day, adults using a gargle. If employed early, pyrexia would disappear in a couple of hours, and the membrane in three or four days; but when not called in till late it might be thought it would be, in addition, a disappointent, such as lemon-juice, which has also marked action on Loeffler's dipheritic membrane. Many Geneva physicians have had excellent results with this treatment. Salicylic acid has the advantage of carbolic acid and corrosive sublimate in being harmless.

Dr. R. Bell, of Glasgow, uses an application, by brush or spray, every ten hours, of—

Carbolic acid, 1 part
Sulphuric acid, 3 parts
Sod perchloride of iron, 5 parts
Glycerine, 3 parts

Last February, T. Wyld, Paiman reported the following (successful) treatment of six cases:

The patients were surrounded by an atmosphere of steam, retained by fixing to the bed an open umbrella and throwing over it a large sheet. A pipe conveyed the steam to the tent from a boiling kettle, while a tepid stream of sulphur was burned in the room each hour. Another indication is to subdue or limit the inflammation. This is accomplished both by local methods already alluded to and by means of internal medication, such as tinct. extractum viride, every two hours; or salicylate of soda every two or three hours; or the balsamum—

Tinct. ferni chloridi, 15 ij
Potassii chloras, 23 ii
Glycerinum, 15 ii
Aqua, ad 15 iv. M.

A teaspoonful every one-half to one hour

A third indication is to obviate the occlusion of the air passages by false membranes,

which is accomplished by mechanical or surgical procedures. Lennox Browne attaches importance to the removal of the tonsils, as removing an impediment to the circulation; secondly, as tending to prevent downward progress of the exudation; thirdly, as an early substitute or means of averting the necessity for the more dangerous measure of opening the windpipe.

In the light of recent researches, a treatment which theoretically seems to smooth the path for the entrance of the poison is somewhat startling; but Dr. Browne affirms that in his hands it has shown good results.

The fourth indication consists in economizing and sustaining the vital forces in their combat with the disease. For this Dr. Jacob, as indeed every physician, advocates heart tonics and stimulants early, with absolute rest in bed. He gives two or three doses of mor phine, digitalis, m. j., or the sulphate of spartein, gr. j., four times a day for a child one year old. The alcoholic stimulants he administers in large doses, to the extent of ten ounces of brandy a day.

The fifth indication is to avert or combat the morbid effects of the disease upon particular organs, and other special dangers which may in any case arise during its course. Each case is a law unto itself; no routine method can be indiscriminately employed; our treatment must be intelligently adapted to the peculiar necessities of our patient.

TREATMENT OF INSOMNIA AND NEUASTHENIA.

At the recent meeting of the Epidemiological Association, the following views were expressed, as summarized by the New York Medical Journal—

The use of drugs, with the exception of sulphonal, perhaps, did not find much favor with the members. Some of them had found that their patients of this class slept when they were at the seaside, while others recommended the Colorado atmosphere. Some patients had been found to be able to sleep at sea, but not on land. The weight of evidence seemed to favor the resort to mountain air for patients who were anemic, with a presumption in favor of sea air for those who were plethoric. Dr. Solly, of Colorado Springs, has found that a large proportion of anemic neurasthenics find sleep on the mountain heights, but this cannot be said of the entire class. It is not improb-
able that other conditions besides those of climate enter into the account where the patient travels from our Eastern cities to the Rocky Mountains in pursuit of sleep. The jaded matron leaves the worries of the household, and the business man, broken down by the rush of daily cares, finds many things changed besides the atmosphere among the far Western altitudes. Still, as a rule, the climate gets all the praise, when an improvement takes place.

Business men from the East report a larger percentage of recoveries than the matrons, however, probably because fewer of their anxieties can follow them. Improvement in the assimilation of food, it should not be forgotten, goes a great way toward sleep-production in those who are affected with derangement of the nervous system; and this is one of the frequent accompaniments of any change of scene and environment. Not that there is always any marked increase of appetite or in the amount of food taken, but there is an appropriation of the food by the nervous centres, to their consequent strengthening. It is often a prominent feature in neurasthenia that the food may be taken in and digested fairly well, but stops short somewhere in its distribution to the tissues and is largely wasted. Ordinarily, when this waste ceases there is a corresponding abatement of wakefulness and other nervous symptoms.

ELECTRICAL INJURIES.

Dr. C. L. Dana (Med. Record, Nov. 2d, 1886) thus summarizes facts in regard to these injuries:

The extraordinary increase now going on in the practical application of electricity—there being already nearly $100,000,000 invested in lights and power alone. A practically new class of injuries met in connection with the new industries. Such injuries have been heretofore produced only by lightning, and they have been consequently rare. These injuries are not numerous or serious as compared with those met with in connection with other great industries. There have been in ten years only about 100 deaths in the whole world from artificial electric currents. The railroad kills annually over 2500 people (2541 in 1880) and injures about 6000 in the United States alone.

Electrical currents produce three kinds of severe accidents: They kill at once; or they burn severely; or by the mental and physical shock they cause traumatic neurosis. Usually if they burn severely they do not kill. Hen useful, practically, the rule is, if contact with electricity wires does not kill, the victim gets only a burn or a harmless shock. In very rare cases the current seems to affect the nerves or nerve centres, causing paralysis.

The minimum current safe to receive is not definitely known. Probably eight hundred one thousand volts of continuous current, or a third less of alternating current, would not be fatal.

The wires for lighting and for power carry the more dangerous currents.

TREATMENT OF HOSPITAL CASES OF TYPHOID FEVER.*

BY ELBRIDGE G. CUTLER, M.D.,
Of Boston, Mass.

The diet consisted exclusively of milk in every case till the period of apyrexia began. Six ounces were given every two hours, at rule, either plain, peptonized, or sometimes mixed with water. Vomiting did not occur very frequently and was usually easily controlled.

A daily sponge-bath was given, for cleanliness. If the temperature rose to 102.5°, a sponge bath of 65° F. was given every three hours. And for every additional 0.5° of heat shown by the patient, the temperature of the bath was diminished 5°. At 105° ice-water baths were given, and the interval between them diminished to an hour. If this had little or no effect in the diminution of temperature, phenacetin was given in four-grain doses (two grains or less to a child). The usual effect of the drug was to lower the temperature to about the normal point, from which slowly rose in from six to twelve or twenty-four hours to a point a little below that it had been before. It gave the patient quiet, restful night, diminished the frequency and increased the tension of the pulse, and never gave rise to the slightest unpleasant symptoms. It always made the patient feel more comfortable.

Cardiac stimulants were necessary in quite a number of cases. The best ones were found to be cocaine in 4% grain doses every three or four hours, nitroglycerine one minim of the 1% per cent. solution every three hours (or 10 grain in pill form), and a small dose of sulphate of atropia, given in the same intervals. These were found to be the best during critical periods for several days, given either in twenty-four hour periods or alternately in three-hour periods. They proved themselves infinitely better than subcutaneous injections of brandy, and after a few trials were exclusively relied on, till a time when digitalis could be used.

THE TREATMENT OF INFLUENZA.

BY PROF. ROBERTS BARTHOLOW, M.D., LL.D.,
Of Philadelphia.

Though having had no personal experience, the general principles are such as to permit an authoritative expression. When the great epidemic of 1845-46 prevailed, President Tyler's personal experience was so unhappy that the popular name of "Tyler's grip" was given to that epidemic.

Persons suffering from catarrhal affection of naso-pulmonary mucous membrane and adopt the most effective means to keep the condition—for the impressionability increased by anything that lowers the vital forces are not to be overlooked. To lessen this susceptibility and any general readiness to receive a new morbid process one may engage the old? It seems that the best manner of securing immunity is by the inhalation of sulphuric acid daily when the approach of the epidemic is near, and by taking five grains of chloral of cinchonidine three times a day, by so living as to avoid taking cold.

When the attack has begun, it seems to me desirable to give one or two grains of calomel at night, inhale some sulphuric acid gas, and have the patient sit in a room where steam containing eucalyptol can be inhaled in large quantity.

Local applications are useful in gelse, in vapors and in powdered solids by the method known as insufflation.

Of the gases, sulphuric acid is one of the more efficient against such troubles as tuberculosis, where a conclusion is reached by test of cultures. To give this, burn some sulphur in an apartment. The amount of the gas to be inhaled depends on the person and his condition. To determine these points, trials are necessary. Ordinarily, some constriction of the throat and a pronounced metallic taste—"brassy"—indicate the limit. The frequency may be twice or thrice a day. Peroxide of hydrogen, oxygen or ozone will no doubt act well in suitable cases.

The best vapor to use during the preliminary dry stage is steam, and the patient may inhale constantly by filling the air of the apartment. With steam may be included the vapors of cresote and oil of eucalyptus, or turpentine. A simple method of using these remedies is to put some water a sufficient quantity of eucalyptus leaves and add from time to time cresote or turpentine, or both. The water in the vessel containing these medicaments is made to simmer all the time. The heat may be obtained from a gas stove, a gas-burner, or the common stove. The amount to be disengaged may here be ascertained by noting the effects on the local trouble.

Of the vapors, those most useful are ethyl iodide, cresote, turpentine, iodine, carbolic acid, iodine with cresote or carbolic acid, etc. These are most useful in the stage when the dryness of the mucous membrane is becoming moist and relaxed.

By insufflation—that is, by projecting fine powders by blowing on the affected parts. An insufflator is an easy method for applying the powder; it has a cavity reservoir, a tube straight or curved, and an air-bag for forcing the air through.
Clinical Record.

The following is a table of the various periods of incubation and infection characteristic of the more common forms of fevers:

<table>
<thead>
<tr>
<th>Fever</th>
<th>Incubation Period</th>
<th>Infective Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Typhoid</td>
<td>5 to 14 days</td>
<td>Till diarrhoea ceases.</td>
</tr>
<tr>
<td>Typhus</td>
<td>7 to 14 days</td>
<td>Till patient convalesces.</td>
</tr>
<tr>
<td>Scarlet</td>
<td>3 to 5 days</td>
<td>Till patient convalesces.</td>
</tr>
<tr>
<td>Measles</td>
<td>12 days</td>
<td>Till completion of peeling; one to two months.</td>
</tr>
<tr>
<td>German Measles</td>
<td>7 to 10 days</td>
<td>One month.</td>
</tr>
<tr>
<td>Measles</td>
<td>14 to 21 days</td>
<td>One month.</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>10 to 15 days</td>
<td>Two to four weeks after disappearance of rash.</td>
</tr>
<tr>
<td>Small Pox</td>
<td>14 days</td>
<td>Till all crusts detached; three to four weeks.</td>
</tr>
<tr>
<td>Cholera Pox</td>
<td>14 days</td>
<td>Till all crusts detached.</td>
</tr>
<tr>
<td>Whooping Cough</td>
<td>14 days</td>
<td>To two weeks after disappearance of swelling.</td>
</tr>
<tr>
<td>Mumps</td>
<td>14 days</td>
<td>To two weeks after disappearance of swelling.</td>
</tr>
</tbody>
</table>

Class Room Notes.

Convallarum may be substituted for digitalis where the latter causes intestinal irritation. (Prof. Bartholow.)

To get the good effects of a throat spray, the vocal cords are to be drawn together by making an inspiratory sound when spraying the throat.

Prof. Parvin thinks it a mistake to make a routine practice of giving ergot after each case of labor. It should be given only when indicated.

Prof. Bartholow advises the subcutaneous injection of dubeosa sulphate, gr. 3/12, in puerperal mania characterized by delusions and systemic depression.

The indication for atropia in epilepsy is in those cases characterized by depression; in the opposite condition the bromides are indicated. (Prof. Bartholow.)
properly considered, and when the pharmacists should do all in his power to render the Pharmacopoeia valuable and useful to the physician. In other words, they should act harmoniously together. Many interesting questions must arise as to the introduction of new remedies with copyrighted names and of the preparations of some of the large manufacturing houses. The names of a number of drugs, to some extent popular, occur to us at this moment, such as antifebrin, antipyrin, sulphonal, and a host of others, many of them patented; what are the framers of the Pharmacopoeia going to do with them, we wonder? Will they rebaptize them, and then admit them into the family circle of medicinal preparations, of reputable nomenclature? Some of them have come to be recognized as reliable therapeutic agents; if totally excluded from the Pharmacopoeia, will not that important work be sensible of an occasional "aching void" at some points where such omissions may occur? Even at this late day we may quote the Japanese potenlle, but in a negatively opposite sense, when we remark that if they are not put upon the list, they certainly may be missed.

The columns of this journal will be open to physician and pharmacist alike for suggestions as to improvements in the Pharmacopoeia. We gladly invite any of our readers who may be so disposed to contribute their views as to desirable changes or innovations in the next revision of that work.

ONE WAY TO PROPAGATE TYPHOID FEVER.

The Secretary of the State Board of Health of Michigan sends us a very telling diagram illustrating one of the ways in which typhoid fever is propagated. In the town of Ply-

mouth, in that State, are two contiguous houses having a common well six feet deep, which the pumping of two or three pails of water empties. The outhouses in each yard are twelve feet distant from this well. Slopes are thrown all around the well, and probably into it. In one house six persons reside; four of these are now sick with typhoid fever. In the other house two persons reside, both of whom are prostrated with the same disease. This is probably one example of thousands of insanitary conditions existing in almost every town in every State of the country, the cause of which is not investigated until the actual occurrence of fever stimulates the inquiry.

Our Library Table.

[All new publications are noticed in this department, and all useful medical works may be procured by addressing the Editors of the College and Clinical Record, 841 N. Sixteenth St., Philadelphia.]


This is a republication of an important practical work. Read before the Philadelphia County Medical Society, which represents the results of the author's experience in public and private practice in a class of deformities that frequently seem almost beyond probability of relief at the hands of the most skillful surgeon.


The present exhaustive treatise is not based upon the author's work which appeared in 1881, the progress of knowledge since that time rendering the preparation of an entirely new and voluminous work an absolute necessity. The author truthfully states in his preface, that "the work has been done for the old practitioner as well as for the beginner and medical student; while prepared by a specialist, and undoubtedly largely written from the specialist's point of view, it has been my conscious and strenuous effort throughout to present such a thoroughly candid and unbiased study of the diseased conditions of the upper air tract as may prove acceptable to the general practitioner." The author may be congratulated on his eminent success.

EYAS ON MEDICAL PNEUMATOLOGY. By J. N. Demarquay. Translated, with notes, etc., by Samuel S. Walling, A.M., M.D 8vo, 300 pages. F. A. Davis, Philadelphia, 1889. Price, cloth, $2.00; half Russia, $3.00.

Such is the title of this work, although on the cover it is styled "Oxygen and Other Gases in Medicine and Surgery." The translator has added a chapter of more than 70 pages of notes, comments and additions, containing personal experiences, formule, improvements in apparatus, etc., all of which will doubtless prove interesting to those who are favorable to the employment of Aérotherapy. This method of practice has been so often in the hands of the medical pretender that it is to be hoped that a systematic treatise on the subject may possibly succeed in elevating it into a higher plane of professional esteem.

SAUNDERS' QUESTION COMPENDS. No. 5. ESSENTIALS OF OBSTETRICS. By William Easterly Ashton, M.D. 220 pages, 12mo. Phila., W. B. Saunders. 1890. Price, cloth, $1.00.

Dr. Ashton's ample experience in practical obstetrics and gynaecology has eminently qualified him for the preparation of this useful and excellent little volume, which is a valuable addition to those works of the same series of Compends which have already appeared from the same publication house.


The appearance of a new edition of this excellent work is well worthy of professional attention, as evincing a deservedly continuous
popularity. Briefly stated, it comprises instruction in the methods of making post-mortem examinations, of preserving dissected tissues, of preparing them for microscopic examination, and of cultivating and examining bacteria; gives an account of the lesions of the different parts of the body, of the general diseases, of violent deaths, and of poisoning; of the changes produced by inflammation and degeneration, and of the structure of tumors.


Messrs. P. Blakiston, Son & Co. have just issued a new edition of each of the above-mentioned popular works, with important additions and modifications, bringing them up to the very latest ideas of modern treatment. It is necessary only to call attention to the fact of this evidence of their renewed vitality.

—The Eighth yearly issue of the International Medical Annual (for 1890) is announced for early delivery. The prospectus gives promise of a volume of greater practical value to the profession than any previous edition. Its thirty-seven editors in the several departments will give a summary of New Remedies alphabetically arranged, also a résumé of New Treatment in dictionary form, with references to the Medical Literature of the world pertaining to the year's progress of medicine. 8vo, 600+ pages. Price $2.75, post free. E. B. Treat, Publisher, 5 Cooper Union, New York.

Therapeutic Briefs.

—in the treatment of ORCHITIS (American Practitioner, December 21st, 1889), Dr. Dupaui of Toulouse, recommends the application of a layer of iodized cotton on the scrotum, which is to be maintained in position by the aid of a suspendary bandage, which will at the same time exercise a certain degree of pressure. He observed, in a great number of cases in which he employed this method, that the painful phenomena of orchitis completely yielded at the end of from eight to twelve hours of treatment. The entire cure was obtained on an average of from three to eight days, and the induration of the epididymis, which often persists for a long time, had disappeared at the end of from fifteen to eighteen days. The author remarks that this treatment doubtless acts by compression, but it is also natural to admit that the slight revulsion produced on the scrotum should be taken into account, as also the eminently resolving properties of the iodine.

—The result of extensive experiments in the German army as to the best treatment for excessive SWEATING OF THE FEET has been to prove the great superiority of chromic acid over all other applications (Brit. Med. Journ.). Of 18,000 cases in which chromic acid was used, 42 per cent. were reported “cured,” 50 per cent. “improved,” and only 8 per cent. “unrelied.” The feet are first bathed, and after being thoroughly dried, a 5 per cent. solution of the acid is applied with a brush. Two or three applications suffice, as a rule, but the treatment has sometimes to be repeated after a fortnight.

—Dr. W. D. Hamaker (Therap. Gazette, December 16th, 1889) reports several cases in which ANTIPYRIN was employed, and draws the lesson that some patients are very susceptible to its influence, and that the first dose in febrile and other cases should be small until we find out if it is tolerated. In one case ten grains was an over-dose, although he was a man weighing 150 pounds, with a good strong pulse; five-grain doses never failed to bring his temperature down two or three degrees, and produced profuse perspiration every time.

—Dr. K. C. Mackenzie (Brit. Med. Journal Nov. 16th, 1889) suggests for VENEREAL WARTS the following treatment: Cut the whole of the wart off with scissors, apply solid nitrate of silver to the raw surface and dress with boracic lint. I have never known the warts to recur. It is much less troublesome and takes less time to effect a cure than caustics alone. The pain may be lessened by 10 per cent. hydrochlorate of cocaine.

—A very good mixture for a TURPENTINE STUFF is the following, easy prepared in any household:

| Vinegar, | a wineglassful |
| Turpentine, | a tablespoonful |
| White of one egg.

Beat all well together, and saturate a flannel cloth with it.

—A useful gurgle in CATARRH OF THE PHARYNX (Med. and Surg. Reporter, December 28th, 1889) is the following:

| Zinci sulph., | gr. xv |
| Thymol, | gr. ½ |
| Alcohol, | |
| Glycerin, pur., | f. 715 |
| Aquae menthe piperit., | f. 13 |

—in DIABETES MELLITUS, the patient’s food may be sweetened by adding as much as will lie on the point of a knife of the following powder (Med. and Surg. Reporter, Dec. 28th, 1889):

| Saccharin, | gr. lxviii |
| Sodii bicarb., | gr. xxix |

—FOR LUMBAGO, instantaneous relief is procurable by painting widely over the affected part a mixture of equal parts of colloid, tincture of iodine and liquid ammonia.

News and Miscellany.

Forbidden Drugs.—By a recent order of the Russian Medical Department, antifebrin and phenetaein are placed in the list of drugs which chemists are not allowed to sell unless prescribed by a medical man. Antipyrrin and cocaine are already in the same list.

Class Banquet.—The second annual banquet of the Class of ’78, Jefferson Medical College, was held at the Hotel Bellevue, Philadelphia, Dec. 20th, 1889. Among the gentlemen who responded to toasts were Drs. A. H. Hulshizer, Charles W. Karsner, Lambert Ott, J. A. Wamsley, John C. Da Costa, H. H. Drake, H. A. Brous, J. Moore Campbell, James Lincoln, and E. T. Wilhelm. These yearly gatherings are looked forward to by the members with much pleasure. The experiences and anecdotes related make this day one of the jolliest of the year.

The President, Dr. L. Webster Fox, appointed Drs. J. Moore Campbell, Ott, Wamsley, Brous and Hulshizer a committee on "Banquet," which will be held Nov. 19th, 1890.

—Prof. Ricord, of Paris, who died recently, was bequeathed, says a correspondent of the Journal of the American Medical Association, 10,000 francs to the Academy of Medicine for the foundation of a biennial prize, 5,000 francs to the Société de Chirurgie for a similar purpose, and 10,000 francs to the Association Générale des Médecins de France. To the Hôpital de la Médicale Hospital he has bequeathed his splendid library, in memory of his twenty-nine years' service as surgeon and teacher in that hospital, to which he owed his reputation and his wealth. It is proposed to perpetuate his name in a similarly appropriate manner in connection with the scene of his scientific labors and triumphs by calling the Hôpital du Midi the Hôpital Ricord.

—the German Imperial Home Office, in making a contribution of 50,000 marks to the expenses of the Tenth International Medical Congress, to be held at Berlin this year, sensibly states "that the considerable expense which these Congresses entail are, as is proved by experience, only partly covered by the contributions, so that on former occasions, especially at the last Congress in Copenhagen and Washington, considerable subsidies were granted by the respective governments from public funds for the defrayal of the expenses. It will not be possible for the Empire to lag behind other States in this respect.

—Dr. C. M. Atkinson, 1400 Pine Street, Philadelphia, announces that he has in preparation the eighth edition of his "Medical Directory, etc., of Pennsylavia, Delaware and vicinity." Members of the profession whose names were not in the edition of 1885, and all who have made changes of any kind, are earnestly requested to forward notice at an early date. The information needed is the place and date of graduation, office hours, residence. All information relative to medical societies, hospitals, institutions, etc., is also solicited. Geo. Kell, 1715 Willington Street, Philadelphia, is the publisher.

—the Journal of Comparative Medicine and Veterinary Archives is the new title of The Journal of Comparative Medicine and Surgery, which will be issued monthly instead of quarterly, as heretofore. The editors are W. A. Conklin, Ph.D., D. V. S., Director of Zoological Gardens, New York City, and Rush Shippen Huiderek, M.D., Veterinarian, Philadelphia. Dr. A. L. Hummel, Philadelphia, is the publisher.
A Valuable Remedy.—Gentlemen (to village cobbler)—"What's that yellow powder you are taking so constantly, my friend?" Cobbler—"It's snuff—catarh snuff." Gentleman—"Is it any good? I'm troubled somewhat that way myself." Cobbler (with the air of a man who could say much if he chose)—"Well, I've had catarh for more'n thirty years, and I've never took nothin' for't but this."—Epoch.

The recent exhibition of apparatus of research used in the laboratories of Jefferson Medical College interested a large number of spectators. It was planned and executed by Committee of the Faculty, and illustrated the methods of teaching by laboratory work, microbes, and normal sections, etc., as well as the practical use of the different instruments.

The Ophthalmic Review begins its new volume with an American editor, Dr. Edward Jackson, of Philadelphia, who succeeds Dr. James Anderson, of London, and will hereafter contain original papers from American as well as English ophthalmic surgeons, with a list and review of all papers on ophthalmological subjects published in this country or in Europe.

A very convenient and unique desk calendar, for 1890, is the Columbia Bicycle Calendar and Stand, issued by the Pope Mfg. Co. of Boston, Mass. The Calendar proper is in the form of a pad containing 366 leaves, each 3½ x 2¼ in.; one for each day of the year, to be torn off daily, and one for the entire year. A portion of each leaf is left blank for memoranda.

The holiday number of the Trained Nurse contains the details of the proposed organization of Trained Nurses for New York State, which will be made the basis of a national organization. We believe that the interest of every physician in the country will be subserved by this movement.

Dr. Wm. H. Cobb, Jr. (J. M. C., 1889) passed the highest examination of 61 applicants for license to practice medicine in North Carolina, receiving the Appleton Prize for 1889, being $25.00 in books of their publication. On September 3rd he was elected Superintendent of Health of Wayne County.

PERSONAL.—Dr. J. L. Marbourg (J. M. C., 1888) is at Port Gamble, Washington.—Dr. A. W. Swearingen (J. M. C., 1888) is at Bonne Terre, Missouri.—Dr. D. M. Koonz (J. M. C., 1889) has removed to Moshann, Johnstown, Pa.—Dr. W. W. Clark (J. M. C., 1886) is at Clyde, N. C.—Dr. Ira A. Eberhart (J. M. C., 1888) is in practice at Moline, Ill.—Dr. W. A. Recap (J. M. C., 1888) has located at Olney, Philadelphia.—Dr. P. J. O'Neill (J. M. C., 1886) has removed to San Francisco, California.—Dr. W. B. Lawrence (J. M. C., 1834) has removed from Winchester, Kansas, to Red Oak, Iowa.—Dr. J. E. Hall (J. M. C., 1889) is spending a few months at Clatskanie, Ore.—Dr. J. K. Miller (J. M. C., 1870) has removed to Somerset, Pennsylvania.—Dr. W. E. Donough (J. M. C., 1865) is at Glen- side, Pa.—Dr. H. H. Sinnott (J. M. C., 1887) is at Trenton, N. J.—Dr. S. M. Lichy (J. M. C., 1886) is at Wakarusa, Ind.—Dr. John C. Harter (J. M. C., 1835) is at Pueblo, Colorado.—Dr. John J. Thomas (J. M. C., 1881) is at Youngstown, Ohio.—Dr. D. F. Kline (J. M. C., 1888) is at Maytown, Pa.—Dr. Paul Osterhout (J. M. C., 1883) is at Bluefields, M. R., Nicaragua.—Dr. B. M. Barnett (J. M. C., 1882) is at Waynesburg, Ohio.—Dr. J. C. Reinhard (J. M. C., 1882) is at Toledo, Ohio.—Dr. W. S. Gay (J. M. C., 1869) is at Village Green, Pa.—Dr. W. G. Moore (J. M. C., 1875) is at St. Louis, Mo.—Dr. C. D. Keene (J. M. C., 1883) is now at Ponca, Nebraska.—Dr. W. E. Shastad (J. M. C., 1866) is at Wichita, Kansas.—Dr. W. J. Fredericks (J. M. C., 1885) is at Duke Center, Pa.—Dr. S. J. Hickey (J. M. C., 1888) has removed to Philadelphia.—Dr. A. S. Bower (J. M. C., 1882) is at Salt Lake City, Utah.—Dr. Wm. G. Freiday (J. M. C., 1889) is at Simpson, Kansas.—Dr. H. H. Smith (J. M. C., 1887) is at Raytown, Mo.—Dr. Geo. W. Doyle (J. M. C., 1881) is at Albany, Mo.—Dr. Henry C. Houston (J. M. C., 1883) is at Inverness, Ill.—Dr. Mckinley (J. M. C., 1880) is at Columbus, Ohio.—Dr. C. Willard Fox (J. M. C., 1882) is at Roaring Spring, Pa.—Dr. W. E. Ritter (J. M. C., 1885) is at Proctor, Pa.—Dr. Robert McColgan (J. M. C., 1888) is at Monongahela City, Pa.—Dr. Geo. F. Eames (J. M. C., 1882) is at Boston, Mass.

Marriages.

SMITH—ALLEN—At Germantown, Philadelphia, October 24th, 1889, Dr. S. MacCuen Smith (J. M. C., 1884) and Virginia, daughter of John Allen.

SPARKS—COTTON—At Portsmouth, Ohio, January 1st, 1890, Edwin Erle Sparks and Kartharine Bullard, daughter of Dr. D. B. Cotton (J. M. C., 1856).

Deaths.


The Early Detection of Pulmonary Consumption

By William B. Canfield, A.M., M.D., Of Baltimore

Chief of Chest Clinic, University of Maryland.

The relation of rare cases, the presentation of unusual specimens, and the reading of deep papers, make up the usual programme of our medical societies. Still we should not forget that in the absence of anything new under our present luminary, old subjects may often with advantage be renewed, typical cases and specimens may be exhibited, and indeed facts must be repeated and repeated until their importance becomes impressed upon each one of us. It is this reason that has induced me to take up the old theme of the early detection of pulmonary consumption. There can be no doubt in any one's mind that such prevention is better than cure. Unfortunately, in pulmonary consumption the physician is generally called in too late even to hope to effect a cure. Up to within a few years ago, consumption, when detected, was considered absolutely hopeless, and the physician's only duty was to try to alleviate the accompanying suffering and produce a painless euthanasia. This plan of treatment was followed because the disease was recognized at too late a stage. Although the judicious use of auscultation and percussion, and in fact, of what is called physical diagnosis in general, has done much toward mapping out with comparative accuracy the locality and extent of the lung lesion, still even before this method was used, the keen observer, by other signs and symptoms often suspected the fatal disease at a time when the most skillful diagnostician could have found no physical signs of it.

Now that newer department of medicine, bacteriology, which too many consider unpractical and as belonging to the pathological laboratory, has given us a more certain evidence of the early approach of consumption, we need rarely be in doubt. Ever since the discovery of the bacillus tuberculosis by Koch, few or probably no important observers will deny its causative relation to tuberculosis in general and pulmonary consumption in particular. The discovery by Koch has given us one solid fact. If we find the tubercle bacillus in the sputa, consumption is present, and if after a sufficient number of examinations the bacillus is not found, then there is, generally speaking, no consumption. I was in Vienna at the time that Koch's discovery was announced, and noticed there how at first it was received with incredulity by Nothnagel, Bamberger and others, and how they all gradually came over to Koch's opinion; and again and again have I seen the statement, no bacillus, no consumption, and where there is a bacillus there is consumption, proved in the wards of the General Hospital at Vienna, and in the Charité at Berlin. This ocular demonstration and positive proof was much more convincing to me than that I had simply read these statements in the various journals and text-books. In every case examined in the wards of the foreign hospitals, clinical and microscopic examinations are made of the secretion and excretion of each patient, in the little laboratory attached to each ward, just as it is done at the Johns Hopkins Hospital. Thus it was that in a great many cases where little history and absolutely no physical signs could be found, the microscope showed the presence or absence of bacilli, and this rendered the diagnosis certain.

In the large number of cases under my care in the Chest Department of the University Dispensary, Baltimore, and of some in private practice, I have had frequently cases presenting a history of obstinate continued tickling cough, hoarseness, fever, emaciation, but with no marked physical signs. In such cases I always examine a specimen of the morning spuita and I have often had the satisfaction of early detecting the bacilli. Although such an observer as von Ziemssen may say that tuberculosis of the larynx is always secondary to that disease of the lungs, still we know that the larynx offers the first cause of com-
plaint, and through this the disease has been detected when there were absolutely no physical signs in the lungs.* In most of my cases, even after the early diagnosis, the fatal result could not be averted, but in some quick action has succeeded in staying the progress of the wasting and a cessation of the symptoms. Of the poorer class at the dispensary, I sent a selected number to a small private hospital which I attend, and several times I have been rewarded by seeing great improvement, and in more than one case stopping the disease. In several cases detected very early by the presence of bacilli, the climatic cure was insisted upon at once, and, as you all know, this is the cure giving the most hope of success. The great trouble was that in young people, and especially men, as I noticed in one case, the desire to go on with their work has cut short the climatic treatment and started up the disease afresh. One case which I had last year was almost well, but a return to business renewed all the old symptoms, and before he could sufficiently rally he died. In another case, which went so far as to have breaking down of the right lung with a cavity, this cavity is now so small that it can only be found with great care.

In examining sputa the two most important abnormal ingredients are elastic tissue and tubercle bacilli. The latter alone are pathognomonic of pulmonary consumption; the former may be present in any breaking down of the lung, whether tubercular or not. There has been an attempt made to measure the severity of the case by the number of bacilli found. This is not always practicable, as many bad cases show few bacilli and light cases expectorate sputa laden with bacilli. What I claim then, from my own experience only—and it is nothing original—is that the microscopic examination of the sputa for tubercle bacilli is so easy, and in doubtful cases so important, that no physician should fail to undertake it or have it done for him, for the sake of the patient. The early detection of such cases as apparently begin in the larynx, or have sufficient cough, emaciation and fever to cause suspicion on the lungs, will enable the patient to be sent to a proper climate before it is too late, and from this treatment there is much to be expected, as we all know by experience.

A few words about the technique will close this subject. The method of looking for these bacilli is soon learned after a little practice by one already familiar with the use of a microscope. Others may not find it so easy, and there may be danger of drawing too hasty conclusions by those not versed in these matters. To examine the sputa for tubercle bacilli, the patient is requested to bring a specimen coughed up in the morning on waking up, when it is free from food. I generally have it expectorated into a wide-mouth bottle, and then tightly corked. This is labeled at once and may be examined at once, which is best, or may be delayed several days without much harm. The bottle is tipped up on the side and a bit of those yellowish or opaque masses is spread out on a clean cover glass with a sterilized platinum needle, or is taken with sterilized forceps and put in the centre of a clean cover glass upon which a second cover glass is pressed, and then the two are drawn apart and allowed to dry. They are then passed through the alcohol or Bunsen flame to coagulate the albuminous substance and fix the layer on the glass.

Good microscopists, with the aid of strong lenses and strong light may have detected the bacilli unstained, but such a procedure is uncertain and time-wasting. The principle of rendering the bacilli visible by staining them has been clearly enunciated by Koch and modified, but not improved, by a host of followers. This principle of all is about the same, namely, to overstain the specimen and then decolorize, experience having shown that the bacilli retain their color better than the cells and other matter. The stains most commonly used are fuchsin or magenta, properly called hydrochlorate of rosaniline, and methyl violet or gentian-violet. The coloring fluid which I find most convenient and durable is made up of—

<table>
<thead>
<tr>
<th>Fuchsin (by weight)</th>
<th>1 part.</th>
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<tbody>
<tr>
<td>Absolute alcohol</td>
<td>10 parts.</td>
</tr>
<tr>
<td>Solution carbolic acid (5 per cent)</td>
<td>100 parts.</td>
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</tbody>
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This keeps better and longer than the ordinaryiline solutions, which should be prepared fresh for every examination. The cover glass, with spuita side downward, may be floated on the staining solution in a watch glass which is held on a wire gauze over the flame to hasten the coloring, or a few drops of the stain may be dropped on the cover glass, which is then cautiously held over the flame high above it until bubbles break on the surface; the glass is then dipped into diluted nitric acid (one to three or four), until slightly decolorized, then directly into water, to stop the decolorizing process, or some prefer to pass it from the acid into alcohol. For immediate examination it is laid on a slide, the excess of liquid taken up by blotting paper and examined. An immersion lens is generally used to find these bacilli, but good dry lenses are made of sufficient strength and definition, as the one I here show you, made by Queen, of Philadelphia. Indeed, the bacilli may be recognized with 350 diameters, although it is not desirable to use less than 500. The method of staining and double staining other than these I shall not mention, and will only add, in conclusion, that I shall be pleased after the session, to demonstrate to any of the members the method described here.

FACE PRESENTATIONS.

BY J. J. GREEN, M.D.,
Of Pittsburgh, Pa.

Read before the Pittsburgh Obstetrical Society, Nov. 9th, 1879.

We understand by a face presentation that the chin is extended, that the occiput is reflected against the neck, and the face with the frontal portion of the skull occupies, or has a great tendency to occupy, the pelvic entrance. This condition does not occur frequently. Statistics show that among French obstetricians, about one in 250 presents a face. Dr. Churchill, some years ago, found that in British practice, face presentation occurred once in 292 cases.

According to German statistics, it occurs once in 130 cases. If it could be proven that the difference in number really occurs, we might conclude that some difference in the anatomical formation of the pelvis exists, or that the fetal head among Germans is somewhat less; or may frequently possess a long occiput.

Face presentations seem to solicit only a cursory mention by many of our writers in obstetrics. We regard the subject of much more importance than seems to be attached to it by many writers. When we review the causes leading to face presentations, and difference of opinion with reference to the management of the same, it will be noticed that some good authorities recommend one method of procedure, while equally as good advocate manipulation almost directly opposite. One directs version of this character tend largely to confuse the general practitioners—the men who really occupy the front rank among obstetricians, for it is they who wait on the legitimate mothers of families.

Edward L. Partridge asserts that there is no great disparity in the views of obstetricians upon the cause of face presentations. This may be true in a measure; yet it is equally true that scarcely any one writer coincides in a majority of particulars with any one else. There seems little dispute about the classes or varieties of face presentations. Anterior, transverse, and the posterior varieties, we think may with propriety include all shades of position as well here as in any other presentation; for a very small difference in the pelvic slopes will sometimes cause a vast modification of a vertex presentation. Any ordinary obstetrician can, after a few hours of impatient waiting, discover some kind of a misfit between the outline of the fetal head and the beautifully described pelvic planes as set forth by Meigs and Bedford.

Obliquity of the uterus, according to most authors, is believed to be the cause of a very large majority of face presentations, from the fact that in nearly all cases, immediately after the diagnosis of face presentation is confirmed,
obliquity of the womb is found to be present. Yet, frequently obliquity of the uterus is well marked, and the face does not present. We find recorded a number of face presentations observed during post-mortem examinations, which we think prove very little, the diagnosis not having been made out previous to the death of the mother. If the mother died before the fetus made its last effort to move, the absence of contractile power of the uterus would permit the child to assume almost any position, and remain there indefinitely. Again, the fetus might gravitate, regardless of any and all surrounding circumstances, either with tendencies to bring about face presentation or any other head position. It seems reasonable to grant that in case of dead fetus with head presenting that the chin would drop away from the chest. We find all manner of presentations when the child is dead in utero, previous to setting in of labor pains. It is in such cases that a large quantity of liquor amnii is usually present, and the membranes usually protrude unobstructed, containing an excess of fluid. The membranes being ruptured, a large quantity of fluid suddenly escapes, thus accounting for a portion of the excess in number of face presentations, when the fetus dies some time before the beginning of labor. Another cause of face presentations: In dead children there is lack of resistance on the part of the spinal column, when the uterus is conducting the early stage of labor and the fundus pressure cannot be properly centered. In other words, the axis of the fetus cannot be sustained; the mechanism of labor becomes unnatural, and the result doubtful. We might state that we believe any cause that may lead to the separation of the chin from the chest will lead to a face or brow presentation. This cause may exist in the fetus itself or in the anatomical formation of the mother's pelvis. The bony or soft parts may be at fault. Ahfeldt ascribes one case to enlargement of the thyroid gland. Increased size of the chest; some unusual looping of the umbilical cord; either too small or too great a quantity of amniotic fluid may give rise to face presentations. The causes may be physiological, pathological, anatomical, and we might safely and truthfully state, traumatic or surgical, for not long since I heard a physician say he believed he had converted a crown to a face presentation. Hecker places great stress upon the shape of the child's head. Judging from the appearance of most of the babies that have faced me as an obstetrician, I would be perfectly willing to grant Hecker the full credit of his claim. Some of them were days in getting into human shape. The diagnosis may be very easy for some, but with others the task is a troublesome one. My first case was properly made out after some time. I have always congratulated myself on the case, believing that it was some unusual form of face presentation that never occurred before, and I am very certain have not made a similar diagnosis since.

By the touch only can the diagnosis be made, and then the membranes must not be thick or largely distended. You must see that everything connected with the case is favorable for an early diagnosis, for in the majority of cases the head remains high and the membranes low, and usually the frontal bone can most easily be touched, and it moves about with such a degree of facility that the obstetrician frequently finds it expedient to remain silent in the presence of the lady in labor and her near relatives. The outlines of the face, according to most authorities and all the obstetricians, is the only reliable sign. These, however, are easily determined as soon as the head descends low enough.

The mechanism of labor in face presentations is similar in nearly all respects to that of head in any other position. When the chin presents in either of the lateral positions, descent and rotation, though somewhat delayed, always take place without interference. It is when rotation of the chin does not take place that the skill of the obstetrician is taxed. That labors have terminated successfully without the rotation of the chin we cannot doubt, when such men as Partridge, Taylor, Tarriere and others report them. But in nearly all cases the results are disastrous.

I have succeeded in rotating the head three times, I think, in all; once in converting a face to a vertex. After repeated efforts the patient was directed to take the knee- chest position. I had not read of placing the patient in this position with a view of converting a face to a vertex, nor can I speak of it in the hands of others, but I accomplished the end without much difficulty by placing my left hand under the abdomen of my patient and introducing the right hand well into the vagina, and by upward pressure I was with very gentle pressure against the head with index and middle fingers of right hand enabled to force back the chin and face. I then placed the woman on her left side and in a few minutes the vertex presented. I then ruptured the membranes. The case terminated successfully in a short time.

POISONING FROM PARIS GREEN.

BY A. M. PIERCE, M.D.,
Of West Elizabeth, Pa.

Mrs. M., colored, aged 26, married, in the sixth month of pregnancy, swallowed, with suicidal intent, two tablespoonsfuls of Paris Green, which had been in the house to be used for killing potato-bugs. I was called, and one-half hour after found her in excruciating pain, vomiting, cold. Could answer questions only in whispers. I used iron, whisky, artificial heat. Twelve hours after she was able to converse, although much prostrated, and in a few days was about. Gastric trouble continued for some time. Four months after I delivered her of a healthy child.

Notes of Practice.

TREATMENT OF THE PRESENT EPIDEMIC OF INFLUENZA.

BY PROF. J. M. DA COSTA, M.D., LL.D.*

The treatment must, of course, be the ordinary treatment of catarrhal affections. For the relaxed and irritated throat I have found nothing so serviceable as a gargle of salicylate of sodium, glycerine and water. For the nasal catarrh, which at times is very unpleasant, I have found that a two per cent. solution of cocaine does the most good. The bronchial catarrh should be treated as any other bronchial catarrh, according to the exact seat and the number of râles. A good deal of the paroxysmal cough is laryngeal, and you will find that small doses of opium at night, or bromide and opium, or what I have employed in a number of cases, broken doses of Dover's powder, will give good results. One-fourth of a grain of cocaine, repeated according to the circumstances of the case, is often useful; it allays the cough, induces sleep, and does not cause much sweating. Let me say here, that while, perhaps, the routine practice of using diaphoretics in these cases is useful, yet such drugs must be used with judgment. In some cases there is a great tendency to sweating, and you do not want to increase it, as it rather adds to the debility. The diaphoretic must be adapted to the individual case, not employed too actively, and not at all where sweating is a prominent symptom.

The debility must be borne in mind, and it is good practice to give sulphate of cinchonidine or quinine, ten or twelve grains daily. Nourishment should be kept up, and the action of the bowels looked after. The patient should not be overpurged, for, in some instances, diarrhoea is associated with the malady.

For the headache and the pain in the bones I have found two remedies of especial advantage. One is antipyrin in five-grain doses, with a grain or two of quinine to prevent depression, repeated every two or three hours until the headache is relieved; the other is phenacetin in five-grain doses. In one instance where these two drugs failed to relieve the headache I found gelasium to answer.

The general strength and the circulation must be looked after, and especially during convalescence the patient must receive nutritious food, alcohol, small doses of strychnine, and, later, iron.

I shall not speak of the treatment of the complication pneumonia, but let me point out, in concluding these remarks, that you should keep your patients for a long time on tonics.

*Medical News, January 18th, 1890.
THE ANTI-SEPTIC VALUE OF IODOFORM.

A. Ernest Maynard, M.B., *Annals of Surgery*, Jan., 1890, concludes an experimental paper on this subject with the remark that iodiform has a distinct effect upon the microbes themselves, but such effect is only produced when the drug is largely in excess of the organisms.

Surgeons who use iodiform with any real faith in its antiseptic properties do so in large quantities, as it is the only proper use of the drug which brings about the good results that occur.

As compared with many other much more powerful antiseptics, the special value of iodiform must rest upon its prolonged action. Solutions are absorbed, or carried away by the discharges, whereas iodiform remains as an almost permanent application. So that it is not infrequent to find, on the removal of a dressing, some weeks after its original application, the iodiform still on the surface of the wound, and as active—if the pungency of the odor may be accepted as a criterion of the continuance of its antiseptic power—as when first used.

THE ABUSES OF UTERINE TREATMENT THROUGH MISTAKEN DIAGNOSIS.

**By Prof. William Goodell, M.D., of Philadelphia.**

From a large experience, I humbly offer to the reader the following watchwords as broad helps to diagnosis:

1. Always bear in mind what another has pithily said, that "woman has some organs outside the pelvis."

2. Each neurotic case will usually have a tale of fret or grief, of care and care, of wear and tear.

3. Scant or delayed or suppressed menstruation is far more frequently the result of nerve-exhaustion than of uterine disease.

4. Anteflexion of the uterus is not a pathological condition. It is so when associated with sterility or painful menstruation, and only then does it need treatment.

5. An irritable bladder is more often a nervous symptom than a uterine one.

6. In a large number of cases of supposed or actual uterine disease which display marked gastric disturbance, if the tongue be clean, the essential disease will be found to be neurotic, and it must be treated so.

7. Almost every supposed uterine case, characterized by excess of sensibility and by scantiness of will-power, is essentially a neurasthenia.

8. In the vast majority of cases in which the woman takes to her bed and stays there indefinitely, from some supposed uterine lesion, she is bedridden from her brain and not from her womb. I will go further, and assert that this will be the rule, even when the womb is displaced, or it is disordered by a disease or by a lesion that is not in itself exciting or dangerous to life.

Finally, uterine symptoms are not always present in cases of uterine disease. Nor when present, and even urgent, do they necessarily come from uterine disease, for they may be merely nerve counterfeits of uterine disease.

STERILIZATION OF INSTRUMENTS AND DRESSINGS.

Dr. H. Beeckman Delatour recently read a paper on this subject before the Brooklyn (N.Y.) Surgical Society, which concludes as follows:

To sum up, we may say:

That in heat we have a most efficient sterilizer;

*This expression, it is claimed by that journal, originated in the* Boston Med. and Surg. Journal. *vol. xxii., p. 241.*

That it can be easily obtained, either in a dry or moist state;

That if care be taken not to exceed 150° C., but to go above 150° C, no harm will come to the instruments, and they will be absolutely sterile; and

That all dressings, gowns, towels, etc., can be treated satisfactorily by heat.

Dressings prepared by heat alone (aseptic dressings) are not sufficient for cases that are already septic. In these cases a chemical antiseptic should be added. Dressings sterilized by heat should be prepared just at the time they are to be used, and should be applied directly from the sterilizer.

Again let me repeat that aseptic instruments and dressings are useless without aseptic hands, and to have the hands aseptic they must be exposed to the chemical solution for a longer time than is ordinarily given. Simply dipping the hands in the solution is but to delude one's self. With nail-brush scrub the hands in hot 10,000 bichloride for five minutes, after having previously washed them with soap and warm water, and see that no dirt remains beneath the nails.

A bacteriologist not long since remarked: "When surgeons use heat as their means of sterilization, they will have reached the ideal of asepsis." I think we may say that means of sterilization is sure to surpass all others.

INTERMITTENT PYREXIA ASSOCIATED WITH GALL STONES.

By Prof. William Osler, M.D.,

Of Baltimore, Md.

**Conclusions.**

1. In cancer and in cirrhosis a certain number of cases present fever of moderate grade, but scarcely distinctive enough to be of value in diagnosis.

2. Chronic obstruction of the common bile-duct is often accompanied by an intermittent pyrexia, associated with a symptom-group of the greatest diagnostic importance.

3. This pyrexia is not usually the result of suppuration, as has been supposed, but occurs with a catarrhal cholangitis.

*From Johns Hopkins Hospital Reports, Jan., 1890.*

4. That it arises from the absorption of a ferment, produced in the ducts, is rendered highly probable by the discovery of microorganisms, both in the catarrhal and in the supplicative cholangitis.

5. While recovery may follow, even after months, or even years, a fatal event is only too common.

6. A recognition of the importance of this intermittent pyrexia and its associated symptom-group, as diagnostic of obstruction of the common duct by gall stone, should, in the present condition of hepatic surgery, lead to more frequent operative interference in these cases.

**TREATMENT.**—The remarkable success which has recently been obtained by surgeons, indicates clearly the line of treatment which should be followed; and although the results of opening the common duct have not been so favorable as in cholecystotomy, yet they are sufficiently hopeful to warrant the attempt in every case, either to push the stone into the duodenum, to crush or to extract it.

Of medicinal agents I have not found any of the slightest value, either in preventing the onset of the paroxysm or causing the solution or propulsion of the stone. Certain of the cases were drenched with olive oil, and most of them had taken soda salts and mineral waters. Many, perhaps all, of them had taken quinine in large doses, but it is quite ineffectual, either to control or to prevent the paroxysms.

I have dealt at length with this special symptom, or rather symptom-group, so characteristic of obstruction of the common duct by gall stones, as I believe a wider recognition of its importance may be the means of saving valuable lives by timely surgical interference.

CONTINUED SLIGHT FEVER.

Prof. Pepper (University Med. Magazine, Dec., 1889), referring to the treatment advisable in a case of this kind, remarks:

"I believe that by the institution of prompt, rigid, and long-continued treatment, the development and course of the disease have been powerfully modified. If I could gain
control of this man I should confine him strictly to bed until all fever had been absent continuously for some time, in the hope that if this were attained, the excitement of the circulation would subside; and that his impaired general health would be improved, if not restored to its former tone. If complete rest in bed were not attainable, the most rigid and minute enforcement of hygienic rules should be insisted upon. I should advise the application of repeated small blisters over the pericardium, the aortic area, and the course of the large arteries. When practicable, the use of hot sulphur baths is of service, or interrupted courses of mercurial inunctions may be prescribed. Internally the most useful remedies are:

- Sodii salicylatis, 3 s.
- Potassii iodidi, 2 g.
- Tinct. aconiti radicis, 1 d. mtx.
- Aq. cinnaemonis, q. s. ad 1 f. v.

Sto.—From one to two teaspoonfuls in water three times daily.

or else a prolonged course of small doses of Donovan's solution (liq. arsenici et hydrargyri iodidi, gtt. 1/2 v. t. d. p. c. in water) with aconite or veratum; or, after the process has lasted some time and the vascular tension is lessened, with digitalis.

In cases marked by anemia or atony, a combination of small doses of iodiform (gr. 1/2 to gr. 1), with pil. ferri carb. (gr. 1/2 to gr. 1/2) has proved very valuable in allaying excitement of circulation, and as an alterative tonic. The urine should be closely watched, not only to detect incipient renal change, but in order that its character may guide the direction of the diet, which in such cases always demands careful attention. It seems impossible to lay down fixed rules, since in each case the state of primary digestion and ultimate assimilation must be considered. It must be understood that in order to counteract the progress of endarteritis, a very prolonged course of treatment, general and medicinal, will be needed. These remarks upon slight fever continued type are offered in the hope of directing attention more closely to the frequency of its occurrence in chronic conditions, and to its great importance as an aid in diagnosis, and as a guide in treatment."

**TREATMENT OF THE PREVAILING EPIDEMIC OF INFLUENZA.**

BY RAMON GUティЕRAS, M.D.,
Inspector Health Department, City of New York.

Rest in bed during acute stage. Patient should remain at home until temperature is normal. It would be advisable for patient to remain in the house until entirely well, but as they generally will not do this, it is important that they should remain at home evenings; should be very careful in regard to their clothing, the wearing of rubbers, overshoes, etc.; should avoid all draughts of air, as in the stage of prostration and sweating they are very susceptible to pulmonary complications. They should ride in cabs if possible; if not, in horse cars or the front or rear car of the elevated.

At onset move bowls, calomel two grains every two hours until they are moved. At bedtime, quinine and Dover's powder with a hot whisky-punch.

For headache, fever, and muscular and neuralgic pains, give antipyrine, ten grains every two hours, with whisky, one ounce, until headache is relieved. Two of these powders will generally be sufficient to relieve the most obstinate. It is not advisable to give more than three of them, but in case they do not work, to change to antifebrin or phenacetin, in five-grain doses every two hours. Whisky should be given with these drugs, as it hastens their action and tends to counteract their depressing effect. In case the muscular pains are obstinate, salol, five grains, or salicylate of soda, grains fifteen, will generally relieve them.

Great anorexia and weakness being present, milk-punches should be given every two hours, if well borne, during the acute stage.

In all stages of the disease the whiskey is the remedy par excellence to counteract the great prostration, and should be taken three times a day throughout the attack. Quinine is also a standard remedy, and is useful both as an antipyretic and a tonic. During the acute stage it should be given, if the stomach can bear it, in five-grain doses three times a day, and in the stage of prostration following it should be given purely as a tonic in three-grain doses, in combination with nux vomica and iron in pill or solution. In the gastric forms, where there is considerable vomiting, good results have followed a milk diet with a powder of bicarbonate of soda, pepaine, and bismuth, ten grains of each every four hours. In catarrh of upper respiratory tract's belladonna, camphor, morphine, and quinine every two or three hours gives speedy relief.

In bronchitis of the dry and semi-asthmatic form, which generally occurs, and which seems to be more of a congestion of the bronchial mucous membrane with nervous spasms, a mixture containing belladonna and morphine will usually give relief. When this does not, however, a mixture containing codeia will generally produce the desired effect. In case of bronchitis with abundant secretion, muriate of ammonia or some other stimulating expectorant must be given. In case of angina and tonsillitis being marked, a gargle of chloride of zinc, four grains, in listerine, two drachmas, and water, six, generally affords relief. Complications should be treated accordingly, and digitalis should be given in cases where the heart action is weak, to prevent heart failure, as influenza seems to have depressing influence on the heart action.

**THE TREATMENT OF ORGANIC URETHRAL STRICURE.**

BY F. W. McRAE, M.D.,
Of Atlanta, Ga.

The soft stricture is often met clinically, and is capable of causing retention though there be but slight organic change. The retention in these cases is due to spasm induced by the constant irritation. The spasm is often so intense as to prevent the introduction of a filiform bougie, while a larger instrument can generally be passed with comparative facility. They are generally very readily cured by rapid dilatation, though some prove quite rebellious. That strictures of the second class, or simple fibrous variety, situated in the spongy urethra, may be permanently cured has been abundantly demonstrated. To Dr. Otis all credit is due for the brilliant results obtained by dilating internal urethrotomy.

That this class of strictures may be cured by gradual dilatation, I think, is unquestioned—that they usually are not is generally conceded. The length of time required to effect a cure is so great in strictures of small caliber that few patients are willing to give the treatment the necessary time and care. I have little faith in electrolysis. The method of treatment which I prefer is dilating internal urethrotomy with Dr. Otis' dilating urethrotome. Where the stricture is of small caliber a certain amount of dilatation must be obtained before the instrument can be used. This, however, is generally very readily accomplished. The operation, with the proper attention to detail, and aseptically performed, is almost if not quite as safe as gradual dilatation. Otis has done the operation hundreds of times without a fatal result. Other operators have obtained equally good results. Under cocaine anesthesia the operation is painless.

Before operating I always immerse all the instruments which I may need in a three per cent. solution of carbolic acid for at least half an hour preceding the operation, so as to render them thoroughly aseptic. I next thoroughly cleanse with a stiff brush, soap and water all the parts of the patient with which my hands or instruments must come in contact, and disinfect them with a 1/20 solution of bichloride of mercury. In other words, I prepare the parts just as I would for an amputation.

I always make a careful examination of the urine before any operation within the urethra. If seen there, I will, while I am under aseptic knowledge, I wash out the urethra with a warm saturated solution of boric acid. The instruments are taken
out of the carbolic solution and dipped in boiled water or Thiersch's solution, to remove the acid before introduction into the urethra. I then perform the operation in the usual way, first ascertaining the extent and location of the stricture and the normal caliber of urethra. I always, except in strictures of the first inch, cut the roof of the urethra up to the full size of its normal caliber, as indicated by the urethrometer. All constricting bands should be cut. The after-treatment consists of the introduction of bougies every third or fourth day, with saline laxatives and diuretics, as indicated, to keep the bowels well open and the urine bland and unirritating. The after-introduction of sounds is an essential part of the treatment, for it allows the cut to fill up from the bottom with granulation tissue instead of simple adhesion of the cut surfaces, which would otherwise occur. This granulation tissue is finally covered with epithelium, and the cure is complete.

NUTRITION AND STIMULATION IN THE DISEASES OF CHILDREN.

BY I. N. LOVE, M.D.,
Of St. Louis, Mo.

I present for your consideration the following conclusions:

1. The most careful consideration of the diet of children, from the day of birth, should be given on the part of physicians and parents, with a view to building up in the child a power of resistance against disease.

2. The majority of the diseases of children can better be treated dietetically than medically, though medicine should not be despised.

3. Of course, in diphtheria and the exanthemata, and some other diseases, we have a specific germ, which must never be lost sight of; but in all other diseases, acute or chronic, elimination, tranquillization, stimulation, and nutrition are the "big four" combination upon which we can safely rely.

4. In typhoid and other continued fevers, a gently open condition of the vital sewerage system, a daily cleansed skin, proper sleep, and quietude, mental and physical, a safe temperature (not permitted to go too high, or brought down too low) maintained, judicious stimulation and persistent feeding, feeding to the limit of the assimilative powers of the alimentary canal, and the skin as well, if need be, never losing sight of the necessity in the majority of cases of predigestion of all foods. A persistent course of treatment such as this, I believe, accomplish the saving of nearly all cases, a record of one hundred per cent. of recoveries.

CASES OF POST-FEBRILE INSANITY.

BY PROF. WILLIAM OSLER, M.D.,
Of Baltimore, Md.

One of the most distressing accidents which can follow an acute disease is the development of mental symptoms which may take the form of excitement, depression, loss of mental power, delusions, or hallucinations. In medical practice these cases form the counterpart of the insanity seen by surgeons after operations, and of the puerperal insanity described by obstetricians. It is a somewhat rare condition, and in a tolerably large hospital experience, I had seen, to January, 1888, but two instances: one after pneumonia, and one after typhoid fever.

At the November meeting of the College of Physicians, of Philadelphia, Dr. H. C. Wood discussed the relation of these forms to each other, and proposed to consider them as instances of "Confusional Insanity," with one common fundamental brain condition, viz.: impaired nutrition with consequent exhaustion of the nerve centres. Of the cases which he reports, three followed operations and one typhoid fever.

Two points of practical interest may be mentioned. The prognosis in post-febrile insanity is usually good. Of the seven cases in all, which I have seen, five after typhoid fever and two after pneumonia, six have recovered, and Case 1, reported in this paper, will, in time, probably get well. This should be remembered in considering the treatment of these post-febrile insanities, and renders it advisable, if at all possible, to care for the patient at home. When actively maniacal, as in Case 1, this may not be practicable, but in general practice among the better classes, with a hopeful outlook and the prospects of recovery within a period of three months, home treatment should at first be tried. Seclusion, incessant watchfulness, absolute rest in bed, with massage and careful feeding, constitute the essentials in treatment. It is interesting to note, as in Case 3, how, with the recovery of strength and improvement in general nutrition, the mind becomes stronger.

A FEW DERMATOLOGICAL POINTS FOR THE GENERAL PRACTITIONER.

BY PROF. GEORGE H. ROHÉ, M.D.,
Of Baltimore, Md.

Nearly every dermatologist has some favorite application which he prescribes in certain classes of cases, almost as a matter of routine. In acute or subacute eczema, for example, oxide of zinc and Hebra's ointments are, perhaps, most frequently prescribed, and in many cases are very efficacious in arresting the morbid process and restoring the healthy condition. In a considerable proportion of cases, however, both of these applications act as irritants and increase the extent or intensity of the disease. In these cases great satisfaction will be obtained from a combination first suggested by O. Lasar, of Berlin, and known as "Lasar's paste." From numerous inquiries among my professional friends, I am inclined to think that the merits of this preparation are not sufficiently familiar to the profession, and I therefore give its formula. It is as follows:—

B. Acidi salicylici pulv., gr. v.
Pulv. amyl., 5
Zinci oxidi, 16
Cupr. acidi, 14
Dipsis dehydrat., 32 ss. M.
Fl. triguent.

This may be thickened, applied to the most acutely inflamed eczematous surface, without danger of producing irritation, provided the materials are pure and the paste is rubbed up together to destroy all grittiness in the resultant mixture. In the original form of the paste, vaseline is used as the base, but I have occasionally found this grease to be irritating, and now rarely use it in ointments. Vaseline, cosmoline and other petroleum bases have another property which is sometimes an objection to their use, namely, they are not saponifiable, and hence do not yield readily to the detergent influence of soap and water. Dehydrated lard as an ointment base will give more satisfaction than any other with which I am acquainted. It is unirritating, is easily absorbed by the skin, and can be readily washed off with soap and water.

As stated above, this ointment is especially valuable in acute and subacute eczema, but can be used with good results in all forms of acute dermatitis, whether due to burns, frostbite, chemical or mechanical irritants, etc.

In the more chronic forms or stages of eczema, where there is much infiltration, I have been long in the habit of using ointments of mercurials, the white and yellow precipitants being the greatest favorites. The white precipitate, or ammoniated mercury ointment, may be prescribed in the strength of from ten to forty grains to the ounce, while the yellow oxide should not be made stronger than fifteen or twenty grains to the ounce. From five to twelve grains to the ounce will give the most useful strengths.

The pharmacopoeial, stock or made-up ointments of the stores should never be prescribed by the physician who desires the best results. They are either too strong or too weak, and are very frequently in an advanced stage of chemical decomposition. The mercurial and fatty combinations seem especially prone to rapidity. Hence, I always direct an ointment to be made up extemporaneously, varying the strength to suit the stage of the case.

There is one ingredient which should be worked into all ointments in large proportions, but which is very frequently omitted by the apothecary. It is the article known in vulgar parlance as "elbow grease." For lack
of it many ointments, even though made of the purest materials, fail to accomplish the purposes for which they are intended. I have frequently returned ointments to the druggist with the polite request to supply the missing "elbow grease," and have in consequence lost favor with quite a number of members of the profession who so intelligently edit our prescriptions. However, unless the physician knows a well-made ointment when he sees it, and insists upon having it properly made, he will be at a loss to account for many of his failures to cure the simplest forms of skin disease. An ointment which shows the slightest trace of decomposition, or in which flakes or gritty particles of the active ingredient can be detected, should be always rejected. I am convinced that the frequent want of success in treating skin diseases is not so much due to lack of knowledge on the part of the physician, as it is to the carelessness with which the preparations are compounded. I have given especial attention to this matter for some years past, and find that my own success in treating certain eruptions increases almost in proportion to the elimination of untrustworthy or careless pharmacists from the list of those patronized by my patients.

The ointment of ammoniated mercury will be found not only of service in the treatment of subacute and chronic eczemas, but of especial value in psoriasis, particularly of the scalp. I have often seen a papular eruption of the scalp, which is always extremely annoying from the large quantities of scales constantly shed, disappear within a week under the application of a six per cent. white precipitate ointment. I also use it frequently in cases of seborrhcea, and of that morbid condition of the skin termed by Unna "seborrhcea eczema."

I have been sometimes asked by physicians whether there is not danger of the general or toxic effects of mercury when used in the form here recommended. I have only observed this effect in one case, where I used the ointment very freely in a case of generalized eczema. Slight salivation resulted, which rapidly disappeared on temporarily discontinuing the ointment and giving a mouth wash of potassium chlorate.

Another point of practical value in connection with the use of ointments is that they should not only be applied to the diseased surface, but that they should be kept in contact with it by means of a bandage. Frequent eruptions upon the face, hands or other parts of the body refuse to heal because the ointment is not properly used. A practitioner who knows the capabilities and the proper method of using a few good ointments, will benefit his patients more than one who knows the formula of two dozen, but who pays no attention to their preparation or use.

**IODOFORM IN CHRONIC CYSTITIS.**

**BY C. J. EDGAR, M.D.,**

*Of Shorter.*

A few weeks since there appeared in some of the medical journals a notice of the treatment of chronic cystitis, by Dr. V. Moestig-Moorhof, of Vienna, with iodoform injections. Having on hand at the time several cases of decidedly chronic cystitis, which did not show satisfactory signs of improvement under ordinary treatment, I decided to treat one-half of the cases (3) with the iodoform injections. The bladder was first washed out with moderately hot water, as usual, and then an injection of the following emulsion made:

<table>
<thead>
<tr>
<th>Iodoform</th>
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<tr>
<td>Glycerine</td>
<td>0g</td>
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<tr>
<td>Tragacanth gum</td>
<td>0g</td>
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<tr>
<td>Distilled water</td>
<td>0g</td>
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Sig.—One tablespoonful to a pint of lukewarm water, well stirred, for one injection; injection made every second day.

The first part of the mixture was injected and held about half a minute, until the iodoform had settled, and was then allowed to come away clear. The latter part was ordered to be retained as long as possible without pain. The day after the first injection, the patients all agreed in finding micturation less difficult, less painful, and much less frequent. They had all noticed, also, that the urine had deposited a yellow sediment—the iodoform.

The effect of the second injection was still more marked, and the third injection completed the cure, leaving them perfectly free from any symptoms whatever of their old trouble. The remaining three cases were then put on the same treatment, with the same result, excepting that the two worst cases required five injections before they confessed themselves quite cured. Of these cases three were gonorrhoeal, one from cold, and two cause unknown, and had all been under medical treatment for periods ranging from six months to three years. The treatment in these cases was alike for all, independent of their causation, and was followed by a uniformly good result. In one case treated last week, the iodoform was simply mixed with warm water and injected, but the patient—a male—complained that the gritty powder hurt him in coming away, and was stuck in masses like little calculi. The effect on the disease, however, was identical with those mentioned before. I have not had the opportunity of testing the use of this drug as an injection in other affections of the bladder, but certainly in the cases mentioned, and occurring in both sexes, its action was most satisfactory.

**ACTION OF NATURAL MINERAL WATERS IN THE TREATMENT OF DISEASES OF THE SKIN.**

**BY L. DUNCAN BULKLEY, A.M., M.D.,**

*Of New York.*

Mineral waters, whether used internally or externally, or combined, are able in but relatively few instances to cure diseases of the skin; what, then, is their real value in the practice of dermatology? I will answer briefly, that in a not inconsiderable proportion of cases they may, if used wisely, afford us a greater or less assistance as adjuvants, mainly at a season of the year when our patients are apt to be away from our personal supervision more or less, in order to seek change of scene and air in the pursuit of health and happiness. During these summer vacations our patients not infrequently, from fancy, fashion, or folly, go to places and localities, and indulge in pleasures and occupations which act prejudicially, and to a greater or less degree undo the good already obtained by previous treatment; or it often happens that during this period they often neglect the routine of treatment which they had previously followed, and suffer proportionately therefrom.

It is, therefore, at this time that proper treatment at mineral springs will often come to our aid, and, if judiciously selected and faithfully carried out, means of cure adds its mite, little or great, to what we have already accomplished; for this reason I have thought it best, at the present time, to direct your attention to the subject which has thus been imperfectly considered.

**TREATMENT OF HERPES ZOSTER.**

**BY F. B. GREENOUGH, M.D.**

With regard to the treatment of zoster, I have very little to say beyond that it should be symptomatic, that is to say, that I do not believe the course of the eruption can be aborted or shortened, or that cicatrizes can be prevented by any application or the administration of any drug. It is important to prevent any friction or irritation of the skin at the seat of eruption. With regard to the vesicles, I should say decidedly that it was best to let them alone, as they do better by being allowed to dry up and scab over than by being emptied artificially, in this respect, I think, being different from most eruptions of a vesicular character with a tendency to become purulenta. The eruption can be protected from the air and friction from the clothes, in a degree, by the use of powders, such as oxide of zinc and starch, or oleate of zinc and starch, or plain flour, for that matter, or by ointments of zinc or boracic acid, etc. I have found in costal cases a large plaster made by spreading diachylon ointment on a piece of linen the right size and shape, and put on to be kept on permanently, to work well. When neuralgia exists, I do not believe that any topical application will control it, at least I never have been able to do so, neither...
have I ever got any benefit from quinine or other anti-neuralgic remedies. I must admit, however, that in the cases reported, the fact of their being Dispensary out-patients makes them of not much value as examples of the result of any special treatment. What I have said, however, is borne out by the result of my experience in the very much smaller number of cases of zoster that have come under my observation in private practice. I have not used cocaine, but I should doubt whether its use externally would control a really severe case. When necessary, we have always, at least, a temporary relief in a hypo- dermic administration of morphine. In cases where pain persists afterward, and cicatrices are formed, a circular incision around them deep enough to go through the cutis and dividse any nerve filaments that might be bound down by cicatrical tissue, might be of value.

CONTRA-INDICATIONS TO USE OF ANTIPYRIN. Dr. Humphreys, in *The Practitioner*, thus sums up the contra-indications to the use of antipyrin:—

1. In all cases of cardiac weakness.
2. In diphtherial affections in which there is evidence of myocarditis lesion.
3. After exhaustive hemorrhages.
4. During menstruation and dysmenor- rhoeas.
5. In catarhal pneumonia generally, and lobar pneumonia when there is edema of the lungs—heart failure.
6. In the latter stages of tuberculosis.
7. In cases of great debility and exhaustion and the latter stages of long-continued fevers.

It is believed that the foregoing contra- indications with regard to the administration of antipyrin and similar medicaments will receive the approval of physicians generally.

**Class-Room Notes.**

—Valerianic acid does not represent the active principle of valerian; therefore the vale-

rianates do not represent the action of vale-

rian. (Prof. Bartholow.)

—Prof. Forbes gives the class the following as a preventive against bed-sores and to harden the skin in cases of fracture:—

Salt, 3

Alum, 3

Water, 3

Alcohol, 1.

Sto.—Apply over surface affected.

—Dr. Van Harlingen, for a boy nine years old, with *ichthyosis*, directed that he be given a daily warm bath, and be anointed with goose grease or petrolatum to keep the skin soft, and the following ointment:—

B. Sulphur, precip., 3 

Acid, salicylic, gr. xx

Adipin, 3.

Apply daily.

—Many young children are irritable and cry because they have *intestinal fluxus*. Instead of using opiates, which are the basis of most of the soothing syrups, Prof. Bartholow gives the following as a valuable remedy:—

B. Mixture asafoetidae, f3

Sodi bromid, gr. iij-v. M.

This is a dose for a child from one to four months old.

—Dr. Van Harlingen prescribed for a clinical patient with *eczema rubrum* of the leg, complicated by furuncle, salicylic acid plaster, cut in round pieces, applied over the furun-

cles as an antiseptic and to soften, and the follow-

ning ointment applied on paraffin paper:—

B. Acid, salicylic, gr. x

B. Acid, carbonic, gr. xv

Unguent, zinci oxiidi, 3

Petrolii, 3.

Fiat unguent.

—The amount of alcohol the average individ-

ual can digest and convert into force in twenty-four hours is three ounces. Its equiva-

lent in other spirituous liquors can be calcu-

lated, whiskey having 50 per cent., brandy 45 to 55 per cent., red and white wine 10 per cent. alcoholic strength. All above this quanti-

ty is injurious, and is excreted unchanged. (Prof. Bartholow.)

—For the immediate relief of *acute laryn-
gitis*, as in public speakers and singers, Dr. Jurist recommends a drug that will produce anesthesia of the vocal cords, lessening their sensibility to the air. He has had good re-

sults from potassium bromidum, gr. x, and between each act a wineglassful of wine of coca; during the day, frequent inhalations of steam from the following:—

B. Tinct. benzoin. comp., f3

Aque bull., f3.

—In a case operated upon by Prof. Parvin before the clinic for *septo-vaginal fistula*, he pulled down the fistula with a tenaculum through the vagina, and with Emmet's curved scissors cut out the fistulous ring entirely, and brought the cut edges together with silkworm-gut sutures. The after-treat-

ment was to be a sigmoid catheter placed in the bladder through the urethra, a rubber tube attached to this, one end to be directed into a basin placed alongside the bed, to be removed about the third day.

—To reduce the very high fever of *typhoid fever*, Prof. Da Costa advises the free use of whiskey or brandy, and ice to the head and back of the head; sponge the patient with cold water (or, if more agreeable to patient, tepid water) three times a day. If this should not succeed, then,—

B. Antipyrin, gr. y

Quinine sulph., gr. j.

Fiat charta 1.

To be given every hour until the temperature is reduced, only two doses being required. The object of adding the quinine to the anti-

pyrin is to prevent any depression.

—Prof. Brinton strongly advises against dressing a fracture of the shaft of the hu-

merus, as directed in many of the books, with four short humeral splints. His objec-

tion is that so directed non-union often re-

ults. The method preferred by him is the application of the internal angular splint, well padded, and assisted by three short humeral splints, the latter fastened after the internal angular splint and one at a time. A large handkerchief sling, entirely covering in hand and elbow, the hand elevated a little higher than the elbow. No primary roller to

be used unless there be violent muscular

action.

—Prof. Da Costa prescribed the following for a clinical patient, a girl of sixteen years, very anemic as a result of *round worms*:—

B. Santonini, gr. j

Hydrarg. chlorid. mitis, gr. iv

Sacchari lactis, gr. iv

Franci charta ii.

Sto.—One evening and morning.

To destroy the ova, he prescribed—

B. Acid. carbonic., gr. vj

Glycerini, 3

Aqua, q. s. ad f3.

Sto.—Teaspoonful three times a day.

Also, for the anemia—

B. Ferri et potassii tartr., 3

Aqua, q. s. ad f3.

Sto.—Teaspoonful three times a day.

—Phytophatic treatment of *influenza* con-

sists in keeping regular hours, avoiding ex-

citement, daily bath, plain, easily digested food, and three to six grains of quinine sul-

phate every morning. For the disease, keep the patient well nourished from the very onset; give moderate doses of quinine as a stimulant, and, if the fever should be high, give full doses of quinine or antipyrin. For the cough, give demulcent drinks; should it be severe at night, give Dover's powder with nitrate of potas-

sium, and inhalations of the vapor of pare-

goric and compound tincture of benzo in 
boiling water. Examine the lungs carefully, and if the bronchi become affected give ipe-

cacuanha and ammonium chloride.

—To dissolve the membrane of *diphtheria*, in persons with sufficient intelligence to help you, use a freshly-prepared paste of trypsin and apply with a brush; or, if unable to do this, make a solution of it, using bicarbonate of soda to help dissolve it, this solution to be used as a spray. When once made into paste or solution, trypsin rapidly deteriorates, hence always make it up fresh.

In nasal diphtheria the following, as a spray, is directed:—

B. Sodi hypomuri, 5

Glycerini, f3.

Aqua, 8.

Sto.—Spray.
A FAIR DISTRIBUTION OF CLINICAL ADVANTAGES.

Our local readers are, of course, familiar with the facts detailed under our "News" department, as to recent changes in the medical staff of the Philadelphia Hospital; those more remote will have had the same facts presented to them in such biased phraseology, through other sources of information, that they doubtless have assumed that politics, and not professional qualification or status governs these appointments. Such an inference, however, would be based upon a very forced construction of the actual circumstances of the case.

In old times, before clinics were such essential and popular features in medical colleges, the Philadelphia Hospital (which is the Hospital department of the Philadelphia Almsgouse) was one of the great centres of clinical instruction in this city. The Jefferson and the University were then, as now, the two leading schools of Philadelphia, situated about one block apart in the centre of the city. Omnibuses, or sleighs when necessary, conveyed the students of each school to the Hospital over the river, and the professors en route to the scenes of their clinical teachings, frequently took a row boat at South street wharf, on the Schuylkill, to be ferried across to the proximity of the Hospital. After a while times and circumstances changed, and clinics became a part of the regular course in the medical schools, and subsequently the University sought a new home in West Philadelphia, near the Almsgouse and the Hospital attached to it; so near, indeed, that the clinical advantages of the latter soon became a feature of the programme of the outlived work of the University, and gradually the Hospital staff became in a marked and conspicuous degree, representative of that school.

It must be distinctly understood, in this statement, that we do not indulge in any unkind reflection upon the University or its staff. It is simply to state the undeniable fact that the current was diverted—not wholly the result of accident, we are very sure—so that a great municipal hospital became utilized to the particular advantage of one medical school, which eventually counted in its total of beds available for clinical instruction the beds of the Philadelphia Hospital, as if the latter was an authorized adjunct to the former. This condition had endured for a number of years, and was borne with patiently, until public attention was at last awakened to the fact, and action taken giving to other schools a fair share in the enjoyment of, and participation in, the facilities offered them for clinical teaching and ward instruction, as detailed in our "News" columns (page 46).

An effort has been made to disguise the true facts of the case by personal attacks upon the chief magistrate of the city, and a futile and senseless endeavor to cast opprobrium and ridicule upon the excellent gentlemen who have been appointed to succeed such of their equally able and efficient medical brethren as have been displaced by the Board. The question whether the Mayor exhibited good taste in the method of accomplishing the results is a separate matter entirely, having nothing whatever to do with the consideration of the justice of the action of the Board. It was natural that this action could not be effected without exciting personal animosities or affecting private interests. That the Mayor had the power to constitute the Board according to his own views and policy is an undoubted fact, fully recognized by all those who accepted positions at this Hospital by the vote of the Board at this election, whether such appointees were old or new in service at that institution. So far as we have heard, none of those re-elected have declined to serve because they disapproved of the constitution of the Board at the hands of the Mayor.

The lesson of this election may be squarely stated; it is that the full clinical advantages of the Philadelphia Hospital are now thrown open to other schools, to the Jefferson as well as to the University; that ward instruction is practicable to the students of one school as well as to those of another; and that representation on the Hospital staff is not so much of the jug-handle kind—all on one side—as it has been. The number of beds available for clinical instruction can now be as fairly counted in the programme of work at the Jefferson as at the University. The thousands of alumni and friends of the Jefferson throughout the country will be glad to learn that through the perfectly fair arrangement just instituted this school will add materially to its clinical resources and to its direct methods of practical instruction, increasing its usefulness and its capacities as a great teaching centre.

OUR ADVERTISERS.

We have on previous occasions called the attention of our readers to our advertising columns, and will now repeat substantially what we stated in our editorial pages several years ago. The remarks then made are equally true at the present time.

The College and Clinical Record is one of the few medical journals that constitute a class by themselves, being peculiar in the fact that they are owned and edited by medical men, and carried on solely in the interest of the profession. In such cases only is it possible to hold editors responsible for the character of the advertising columns of their journals. We have, on this account, always endeavored to keep up the tone of our advertising pages, feeling that our editorial supervision and responsibility extend to and include everything between the covers of the Record.

What we desire particularly to say in this connection is that, while we make it a rule, as our readers have noticed, not to institute invidious comparisons by selecting certain advertisers for editorial mention, to the exclusion of others, we feel that there are none among them but those who possess professional confidence, and deserve such commendation. We can point with pride to our advertising pages, and hope that our readers will consult them regularly, for the information concerning instruments, books, new remedies, etc., which they contain.

Our Library Table.

[All new publications noticed in this department, and all other medical works, may be procured by addressing the Editor of the College and Clinical Record, 614 N. Fifth street, Philadelphia.]
with the view of including all that is useful in the wide domain embraced in it. The present volume includes all the elementary subjects usual in such works, although somewhat differently considered from the methods of other treatises, while the greater portion of the volume is devoted to remedies and remedial agents used in the treatment of disease, not properly classed with drugs. A large number of blank pages are bound in with the printed matter to allow of written notes by the reader. Such interleafing will doubtless have the effect of intensifying the latter's interest in a work that will supply him with abundant food for thought and lessons for study.

**Education and Culture as Correlated to Health and Diseases of Women.** By Alex. J. C. Skene, M.D. Price 25 cents. **Diabetes, Mellitus and Insipidus.** By Andrew Hemmings, M.D. Price 25 cents.

These are the two latest issues of "The Physicians' Leisure Library," published by Geo. S. Davis, of Detroit. Dr. Skene's work treats upon a subject of inestimable value to women and to physicians who have the care and responsibility of their training and treatment. Dr. Smith's little work has for its object the presentation of such points as will most interest those who have to manage cases of diabetes, his own valuable experience in that direction being quoted whenever practicable.

**Wood's Medical and Surgical Monographs.** December, 1889, and January, 1890. William Wood & Company, New York, 1890.


This summary gives a very good idea of the variety and character of these monographs, but the multiplicity of subjects forbids further notice of them.

**A Handbook of Dermatology, for the Use of Students.** By A. H. Ohmann-Dumesnil, A.M., M.D. 167 pages, 12mo. St. Louis. This little work, issued by the St. Louis Medical and Surgical Journal Publishing Company, is intended as a guide to students in their reading, and in the hope that it will stimulate them to continue further studies in the same direction. The author is Professor of Dermatology in one of the medical schools of St. Louis, and well qualified by experience and powers of observation for the preparation of a useful book for the student or the practitioner.


This very important and valuable treatise, universally recognized as occupying the foremost place in the line of works devoted to Practical Medicine, has been thoroughly revised and largely rewritten. Many important changes and additions will be noticed. Among these are brief descriptions of the more frequent pathological processes, and a detailed statement of the methods employed in bacteriological study, with an enumeration of the distinguishing characteristics of those microorganisms which at the present time are regarded as pathogenic, with a lithographic plate illustrative. Bacteriology, which subject has been carefully brought up to the present date. Several additions have been made to the list of diseases considered.

**Therapeutic Briefs.**

—**Hydrastis canadensis** is favorably spoken of as a styptic in UTERINE HEMORRHAGES.

—It may be concluded, says the Medical Record (Jan. 25th, 1890), that the treatment of locomotor ataxia by suspension has established itself as a measure of real value in the therapeutics of that chronic and painful disorder.

—A leading article in the Boston Med. and Surg. Journal, Jan. 1890, expresses the opinion that attempts to control the course of Typhoid Fever by antisepsis of the bowel will be ultimately abandoned as irrational and unavailing.

—An old formula for a liniment for Rheumatism (Med. Classics, Dec., 1889) is the following:

| Tincture of capsicum | $3 |
| Oil of orangia | $1.50 |
| Oil of hemlock | $1.50 |
| Soap liniment | $0.75 |

Sig.—Rub the parts three or four hours.

—Dr. Percy Newell (American Druggist) recommends the following lotion for Pruritus Vulva:

| Acid. carbolic | Gt. xv |
| Tinct. lodoform | Fz. ss |
| Acid. hydrocyanic. dilut. | Fz. ss |
| Glycerin | Fz. ss |
| Aqua destillat. | q. s. ad Fz. iv |

—For QUSINSY (Chem. and Druggist, Jan. 4th, 1890), apply the following solution with a brush three times a day:

| Acid. tannic | Gt. xv |
| Tinct. lodoform | Gt. iii |
| Acid. carbolic | Fz. ss |
| Glycerin | Fz. ss |
| Aqua | Fz. s. |

—According to the Med. Times, nothing so quickly restores tone to EXHAUSTED NERVES and strength to a weary body, as a bath containing an ounce of aqua ammonia to each pail of water. It makes the flesh firm and smooth as marble, and renders the body pure and free from all odors.

—Prof. H. M. Field, of Dartmouth Medical College (Therap. Gazette, Jan. 15th, 1890), suggests good reasons why aloin, strychnia, belladonna and ipecac, the very popular combination for APERIENT purposes, should be prescribed in the following proportions:

| Aloh. | Gt. i |
| Strychnia sulphat. | Gt. i |
| Extract. belladonna | Gt. i |
| Ipecac. pulv. | Gt. i |
| Fiat pil. | M |

—Dr. Goodell's prescription of "Lemonade Iron" is composed of the following ingredients:

| B. | Strychnia sulphat. | Gt. i |
| Tinct. ferri chlorid. | Fz. iv |
| Acid. phosphoric. dilut. | Fz. iv |
| Syrup. limonis | q. s. ad Fz. iv |

Sig.—Two teaspoonfuls three times a day.

—The bluish Spots produced by gunpowder may be removed (Rev. de Thérap.) by painting them with the following:

| B. | Ammonii bichrom., Aquat. | p. sq. |

To reach more deeply affected tissues, use also dilute hydrochloric acid.

—The following salve (Med. and Surg. Reporter, Jan. 18th) will be found a useful application for CHAPPED LIPS and slight abrasions:

| B. | Acid. boric. | p. i |
| Vaselin. | p. xxx |
| Glycerin. | p. iii |

This may be perfumed with a few drops of attar of roses, if intended for a lip salve.

—For the relief of Toothache, Revue de Thérap. (Med. News, Jan. 25th, 1890) suggests the following:

| Acid. arsenicos. | Gt. iv |
| Cocain hydrochlorat. | Fz. ss |
| Menthol | Gt. i |
| Glycerin | q. s. (to make paste) |

A small portion of this to be packed into the cavity.

—In the treatment of Barber's itch, Dr. Rosenthal (Med. Record, Jan. 4th, 1890) orders the seat of the affection to be closely shaved daily, and the following ointment to be rubbed in twice a day:

| B. | Acid. tannic | Gt. xiv |
| Lact. sulph. | Fz. ss |
| Zinci oxid. | Gt. v |
| Amyl. | Gt. v |
| Vaselin. | Gt. i |

Sig.—Use twice daily.

In a month nothing remains of the eruption but a very slowly disappearing erythema.

—Dr. H. L. Wolfer (St. Louis Courier of Med., Jan., 1890) states it is principally due to the better facilities we have for discovering and correcting errors of refraction and accommodation, that So Many Persons Wear
Glasses. Now that we can give better advice (since the introduction of the ophthalmoscope, etc.), persons afflicted with these errors are only too glad to take advantage of the relief afforded by properly selected glasses.

—Dr. C. R. Earley, of Ridgway, Pa., writes: I have been using the alun whey during the last six months in all my cases of Diabetes or Excessive Discharge of Urine with the very best results. I have used the same formula during the last forty years up to the last few years, and now am freely using it again, and in every case it gives perfect satisfaction:

Alum., 2 drachms.
Cows’ milk (fresh), 1 pint. M. bene.
Boil and filter.
Dose from one to four ounces three or four times a day.

—Dr. Hinkle (Chem. and Druggist) recommends as the best VOICE LOZENGE in the ordinary hoarseness of singers and talkers the following, a small piece of the lozenge to be allowed to dissolve in the mouth just before using the voice:

Cubeb, $\frac{1}{4}$ grain.
Benzoin, $\frac{1}{8}$ grain.
Hydrochlorate of cocaine, $\frac{1}{4}$ grain.
Powdered tragacanth, $\frac{1}{4}$ grain.
Extract of liquorice, 5 grains.
Sugar, 13 grains.
Eucalyptol, $\frac{1}{2}$ min.
Oil of anise, $\frac{1}{2}$ min.
Black currant paste, enough to make 20 grs.

In the SUMMER DIARRHEAL Troubles of infants, where milk in any form disagrees, and vomiting is early provoked, Jacobii (Archives of Pediatr.) says that a mixture which has rendered him valuable service is the following: Five ounces of barley-water, the white of one egg, from one to two teaspoonfuls of brandy or whisky, some salt and sugar; a teaspoonful every five, ten or fifteen minutes, according to circumstances. Mutton broth may be added to the above mixture, or may be given by itself, with the white of an egg and some salt.

—As a remedy for SLEEPLESSNESS The Dixie Doctor suggests to wet half a towel, apply it to the back of the neck, pressing it toward the base of the brain, and fasten the dry half of the towel over so as to prevent the too rapid exhalation. The effect is prompt and charming, cooling the brain, and inducing calmer, sweeter sleep than a narcotic. Warm water may be used, though most persons prefer cold. To those suffering from over-excitement of brain, whether the result of brain work or pressing anxiety, this simple remedy is an especial boon.

—Dr. J. G. Brooks, of Paducah, Ky., in a case of PREGNANCY ASSOCIATED WITH GLYCOSURIA (American Practitioner, Jan. 18th, 1890), was again, once again. That in grave cases of glycosuria associated with pregnancy, premature labor should be induced.

1. That the so-called diet treatment in such cases is pernicious and worse than useless, inasmuch as the diabetes is due to some unknown cause or condition brought about during gestation, and which cannot be benefited by the withdrawal of saccharine and starchy substances.

—Prof. E. E. Montgomery (Journ. of the Amer. Med. Assoc., Feb. 1st, 1890) urges: 1. That the operation for the REMOVAL OF THE UTERINE APPENDAGES should be promptly performed in every case in which it is evident that relief cannot be otherwise secured. 2. It should be considered as a dernier ressort where there is a hopeful prospect of restoration to health by less dangerous methods, or without the sacrifice of the reproductive function. 3. Its consideration should be dismissed in every case capable of restoration to health by other plans of treatment.

—Dr. H. L. Manchester, of Pawlet, Vt. (Med. Record, Jan. 18th, 1890), has been accustomed for some time to make use of the vapor of bromine in the treatment of DIPHTHERIA. His method is to put some solution of bromine in a shallow dish on a high shelf, since the vapor is heavy, and thus keep it constantly in the sick room. Since employing this he has had much better success with his cases of diphtheria than he had before. He also brushes the throat with a soft camel’s hair brush dipped in tincture of the chloride of iron, and gives tincture of digitalis interally. Phenacetin and antifebrin are the agents which he prefers for reducing fever and quieting restlessness.

—Prof. William Pepper (University Med. Mag., January, 1890) reports the case of a man who had evident symptoms of HEART FAILURE with DYSPNEA on exertion, difficulty in going up stairs or in lifting weights, increasing EDEMA and ALBUMEN IN THE URINE, without casts, who had been treated chiefly by iron in conjunction with diuretics, as acetate of ammonium or nitrate of potash, but who was restored to health by the continuous use of blue mass in small doses, as follows:

B. Mass. hydrarg., Digitalis pulv., Cinchonide sulph., $\frac{1}{4}$ gr. M. 

Flat mass, et div. in pil. al. 

Sig.—One pill t. d.

These pills were given for thirteen days without purgation or mercurial action, and all the symptoms above given disappeared. He rested eight hours at night, one hour in daytime. A mouth-wash of solution of chlorate of potash will generally remove danger of ptomaine.

—Pharm. Era (Dec., 1889) gives the following formula:

1. For FERMENTATIVE DYSPESIA:

B. Acidum carbolicum, gr. vij.

Tinct. mucis vomi, $\frac{1}{4}$ scr. M.

Acidi salicylici, dibut, $\frac{1}{4}$ scr. M.

Elixir lacteoperini, $\frac{1}{4}$ scr. M.

Spiritum frumenti, $\frac{1}{4}$ scr. M.

Sig.—A teaspoonful t. d. before meals.

2. EXPECTORATORY MIXTURE of Bellevue Hospital:

B. Ammoniacea carb., gr. xxxij.

Extract senega fluidum, $\frac{1}{4}$ scr. M.

Tinct. opii camph., $\frac{1}{4}$ scr. M.

Aquæ, $\frac{1}{4}$ scr. M.

Syrup. tolu., q. s. ad fij. M.

Sig.—Dose, a teaspoonful.

—Of all remedies for SIMPLE LECORHREA (Phar. Era), the old tincture of perchloride of iron is the best, combined with hyoscyamus, opium, hop or Indian hemp, when the mucous membrane is in a state of irritation. Gourd water, tepid or cold-water injections, cold hip baths, etc., are useful local applications, with rest; and avoidance of occupations involving prolonged standing or pedal exercise.

Sometimes tannin, zinc or alum are valuable additions to the injections. When the discharge emanates from the glands of the os uteri, local applications of belladonna and bichromate of potash are serviceable, two ounces of tincture and a teaspoonful of the alkali to about a pint of water.

—Dr. Keferstein has published some good formulas for the administration of CREASOTE:

Creasote, gr. xx.
Alcohol, $\frac{1}{4}$ scr. M.
Cinnamon water, $\frac{1}{4}$ scr. M.
Cinnamon syrup, $\frac{1}{4}$ scr. M.

One tablespoonful three times daily.

For the pill-form the following is recommended:

Creasote, gr. ix.
Powdered marshmallow root.
Fused liquorice, $\frac{1}{4}$ scr. M.
Calcareous gum arabic, $\frac{1}{4}$ scr. M.

Div. pill 120; coat with gelatin. Sig.—One pill three times daily.

In irritative cough and diarhœa, the following is administered:

Creasote, gr. xxx.
Acetate of lead, gr. vij.
Opium (pure), $\frac{1}{4}$ scr. M.
Extract of liquorice, $\frac{1}{4}$ scr. M.
Maclura of pomegranate, $\frac{1}{4}$ scr. M.

Div. pill 50. Sig.—One pill three times daily.

For children, creasote in the form of the following emulsions seems best adapted:

Creasote, gr. xx.
Dissolve in almond oil, $\frac{1}{4}$ scr. M.
Gum arabic, $\frac{1}{4}$ scr. M.
Water, $\frac{1}{4}$ scr. M.

Make an emulsion and add

Comp. tinct. of orange-peel, gtt. xv.
Oil sugar of peppermint, $\frac{1}{4}$ scr. M.

One teaspoonful two to five times daily.

For drop doses the author uses the following:

Creasote, gr. xiv.
Tincture of cinnamon, $\frac{1}{4}$ scr. M.

Fifty drops, three times daily, in half a cup of warmed milk or Malaga wine—Deutsche Med. Woch., in Med. Record, Jan. 18th, 1890.
ELECTION OF A MEDICAL STAFF.—On Monday, December 31st, 1859, the Board of Trustees elected the Medical Staff of the Philadelphia Hospital for the year 1890, the new term to commence on January 1st. The election of the entire staff is, under the new rules, made annually. Six physicians, representing the University of Pennsylvania, were retired, and their places filled by five representing Jefferson Medical College and one the Medical-Chirurgical College. Previous to the election the schools were represented on the Medical Staff as follows: University 22, Jefferson 7, Woman's Medical College 3, Medical-Chirurgical 2. For 1890, the representation will be University 16, Jefferson 12, Woman's 3, Medical-Chirurgical 3.

This result was doubtless, in a great measure, effected through a sense of justice to the Jefferson Medical College, the Faculty of which had, a few days previously, addressed the following communication to the Board of Trustees:

PHILADELPHIA, Dec. 19th, 1859.

Mr. Robert Laughlin, Pres. Board of Public Charities.

Sir,—The Faculty of the Jefferson Medical College has been called to the fact that an impression prevails that this Faculty is satisfied with the present representation of this College on the Medical staff of the Philadelphia Hospital.

At a meeting of the Faculty of this date, it was resolved that a protest against this view be entered, and that a respectful demand be made of the Board of Public Charities that the representation of the Jefferson Medical College be accorded a full and proper recognition in influencing the general medical management and teaching at the Philadelphia Hospital. We hold that the teaching body of this city should be proportionately represented. At the present moment there are in attendance at the Jefferson Medical College 563 students, representing all parts of the United States, Canada, Mexico, Central and South America, and other countries.

The nature of the medical teaching here, as evidenced by its attracting such a class not only this year but for fifty years past, is second to none in the world. The great reputation of the College through the length and breadth of the land has grown from the work of the eminent men who have formed its Faculty, such as Mütter, Pancoast, Gross, Meigs, Bache, Dunglison and Mitchell, and it is hoped that this reputation will be maintained by the present inquirers. The splendid hospital service and brilliant surgical clinics given here for more than half a century have been the admiration of the surgical world and a source of attraction to thousands of medical students who otherwise would probably never have visited Philadelphia at all.

And yet, with such a reputation, one that the citizens of Philadelphia have good reason to be proud of, at the present time, at the Philadelphia Hospital, the people's hospital, out of thirty-eight medical appointments but five of such positions are filled by the physicians and teachers connected with this College.

In view of the new rule adopted by the Civil Service Board soon to take effect, the Faculty feel that the long silence maintained by them has ceased to be a virtue, and that the Board need only to have represented to them such facts as those just mentioned to do full justice to the claims of the Jefferson Medical College.

I have the honor to subscribe myself,…

Very respectfully yours,
J. W. HOLLAND, D.M.

"THE WORK ALREADY DONE IN THE DIRECTION OF STANDARDIZING FLUID PREPARATIONS" is the subject of an article in a recent issue of Medical Age, showing that the first and most notable advance made in the direction of supplying standardized preparations not open to the dangers of the existing Pharmacopoeial processes for fluid extracts, was by Messrs. Parke, Davis & Co., who introduced in 1853 a class of assayed preparations which were entitled Normal Liquids. These may be defined to be concentrates of constituent drugs, and more closely than fluid extracts made by the present Pharmacopoeial methods the average standard strength crude drugs. The simplest explanation of their nature would probably be to regard them as fluid extracts adjusted and standardized by the average standard strength of which makes them absolutely uniform in composition and therapeutic action.

Whatever may prove to be the decision of the Committee of Revision of the U. S. Pharmacopoeia, as to making such assayed preparations official, there can never be any question as to whom the honor of their actual practical introduction is due.

—At a special meeting of the Medical and Surgical Staffs of the Pennsylvania Hospital, held January 8th, 1890, the following resolutions were adopted:

Resolved: That, by the sudden death of Dr. James H. Hutchinson, we have been deprived of a valued and beloved associate, while the Hospital has lost an able and faithful officer, the medical profession a distinguished ornament, and the community one of its best citizens.

Resolved: That we hereby place upon record our high estimate of the character of our departed colleague, who, during the many years of his professional life among us, commanded our respect by his ability and sterling integrity, while his genial and kindly disposition won for him our warm friend-ship: he has left behind him a spotless reputation and a memory which will always be dear to those who were privileged to know him.

(Signed)
JOHN H. PACKARD, M.D.,
Secretary of Staff.

—Following a suggestion recently made by Dr. C. Seller in the Medical Record, Messrs. William R. Wight and his associates will publish and circulate pasteille manufacturers, of Philadelphia and New York, now placing on the market ANTISEPTIC PASTILLES for the treatment of certain nasal affections. These pastilles are not only powerfully antiseptic and contra-gripping, but have the most soothing taste, being composed of camphor, ant, as sodium bicarbonate, sodium bichromate, sodium benzoate, sodium salicylate, menthol, and oil of wintergreen enter into their composition. One of the pastilles makes 2 oz. of a lotion or spray for the nostrils, and it is, according to Dr. Seller, "sufficiently alkaline to dissolve the thickened secretion adhering to the nasal mucous membrane, and as it is of proper density, it is bland and unirritating, leaving a pleasant feeling in the nose. As an antiseptic and deodorizer it is also far superior to Dill's solution or any other non-irritating deodorizer and antiseptic."

—STATISTICS OF LEPROSY IN THE UNITED STATES.—In view of the general impression that leprosy is spreading in this country, it is desirable, in the interest of the public health, to obtain accurate information upon this point. The undersigned is engaged in collecting statistics of all cases of leprosy in the United States, and he would ask members of the profession to aid in this work by sending a report of any case or cases under their observation, or coming within their knowledge. Please give location, age, sex, and nationality of the patient, and the form of the disease—Tubercular or Aesthetic; also any facts bearing upon the question of contagion and heredity. Address Dr. PRINCE A. MORROW, Journal of Cutaneous and Genito-Urinary Diseases, 56 West 46th Street, New York.

TENTH INTERNATIONAL MEDICAL CONGRESS.—The Congress will be opened in Berlin on Monday, August 4th, 1890, and will be closed on Saturday, August 9th. It will consist of legally qualified medical men who have subscribed as Members, and have paid for their Card of Membership. Other men of science who interest themselves in the work of the Congress may be admitted as Extraordinary Members. Those who take part in the Congress will pay a subscription of 20 marks (one pound stg. or £5) on being enrolled as members. For this sum they will receive a copy of the Transactions as soon as they appear. Gentlemen may, however, be enrolled as members by sending the amount of the subscription to the Treasurer, Dr. M. Bartels, Berlin SW, Leipziiger-strasse 75, with their name, professional status and residence appended, and enclosing a visit card.
ordinary methods. The report further states that the aggregate of bad bills turned in by the members during the first month was $32,000, and the number of delinquent debtors was about one thousand four hundred.

The Berlin correspondent of the *The New York Times* (Dec. 16th, 1880) states that Prof. Koch’s charming simplicity is a refreshing contrast to the usually exhibited presumption of German celebrities, and reminds one of a distinguished American anatomist, who, inquiring once for the cause of the students’ applause as he entered the lecture room, learned that a tribute was paid to his new suit.

Dr. W. R. Wilson (J. M. C., 1888), youngest son of the late Dr. Ellwood Wilson, has been chosen senior Resident Doctor of the Women’s Hospital of Munich, Germany, under Professor Winckel. This is the first time that the honor of holding this position has been conferred upon an American physician.

*The Daily Journal* is the title of "A Medical Journal for the Busy Physician," edited by T. H. Huxley, M.D., at Atlanta, Georgia. Every editor—ourselves included—sincerely wishes that the busy physician—as many of them as possible—may find his own journal agreeable to his fancy.

According to the *Athenaeum* Medical Calendar, *Deutschland* there were only 514 dentists in the German empire in a population of 65,840,598 inhabitants. As this gives one dentist to 91,129 of the population, this must be an elysium for gentlemen of that profession.

It is said that the late Dr. Ellwood Wilson (J. M. C., 1845), of Philadelphia, had personally delivered more than 14,000 women, and was present at 20,000 other cases of difficulty. He at one time delivered nine women in twenty-four hours.

The Trustees of Jefferson Medical College have had under discussion the question of removal of the College and Hospital to Broad street, to increase still further the facilities for instruction, but have not come to any conclusion on the subject.

According to the *Med. Record*, the late catarhal epidemic has made the young doctors dance with joy, while the older ones wish they had never been born; and the specialists are a little in doubt, but expect something later from the wreckage.

Dr. William Goodell (J. M. C., 1845) has been invited by the Gynaecological Section of the Tenth International Medical Congress, at Berlin, to read a paper and open the discussion on the Induction of Premature Labor.

At the annual meeting of the Trustees of the State Miners’ Hospital, at Ashland, Pa., Dr. J. C. Biddle (J. M. C., 1876) was re-elected Chief Surgeon and Superintendent of the Hospital.

Prof. Goodell (J. M. C., 1854) has been invited to deliver an address before the Ontario (Canada) Medical Association, at the annual meeting at Toronto in June next.

PERSONALS.—Dr. J. C. Biddle (J. M. C., 1877) has been re-elected Surgeon and Superintendent of the Miners’ Hospital, Shenandoah, Pa., for a term of five years. He has held the position ever since the hospital has been in existence, and his re-election now, with an increase of salary, is a just recognition of the services that only an experienced surgeon and a competent manager can render.

Dr. F. P. Hough (J. M. C., 1884) has removed to Binghamton, N. Y.—Dr. S. H. Green (J. M. C., 1885), of Williamstown, Pa., has recently died.—Dr. E. A. Santee (J. M. C., 1869) is at Wapwallopen, Pa.—Capt. R. R. Benham (J. M. C., 1870), Assistant Surgeon, U. S. A., has been ordered to report to the commanding officer at Madison Barracks, N. Y.—Dr. E. G. Jones (J. M. C., 1884) is at Dry Run, Franklin Co., Pa.—Dr. Braxton Banks (J. M. C., 1886) has removed to Garnet, N. C.—Dr. C. A. Pennington (J. M. C., 1886) has removed to Chouteau, Indian Terr.—Dr. A. S. McKnight (J. M. C., 1886) is at Smithfield Flats, N. Y.—Dr. J. T. Porter (J. M. C., 1876) is Health Officer and Secretary of the State Board of Health of Florida, at Jacksonville.

Marriages.

KARNS—JEANES. At Philadelphia, January 23d, 1890, Daniel Karner, M.D. (J. M. C., 1855) and Caroline Marguerite, daughter of the late Isaac Jeanes.

Deaths.

BICKLEY. At Philadelphia, January 21st, 1890, Lloyd Wharton Bickley, M.D. (J. M. C., 1861).

LAIENDEYER. At Oakland, Texas, December 12th, 1889, Thomas Mortimer Laiedeyer, M.D. (J. M. C., 1849), aged sixty-four years.

PORTER. On December 30th, 1889, Gabriel Ellis Porter, M. D. (J. M. C., 1853), of Lonacoming, Maryland.

A careful study of recorded cases shows several varieties of dilatation of the pulmonary artery. The first and by far the most common variety is a general dilatation of the trunk and primary branches. Next in frequency comes sacciform dilatation. The artery in some cases of sacciform aneurism has been dilated to the size of a pomegranate, and the case recorded by Dr. Sydney Coupland, in 1875, showed a dilatation of six and one-eighth inches in circumference. Fusiform dilatation is also found. I have found reports of but two cases of dissecting aneurism of the pulmonary artery. Finally, we have the arterio-venous aneurism, where there is a communication between the aneurismal sac and the ductus arteriosus. The only case of this variety known to me is that recorded by Drs. Balfour and Smith, in 1879. The diagnosis, in this instance, however, was inferential and based on negative signs, for the patient was living when the article was published.

Aneurisms of the pulmonary artery, such as I have been considering, are for the most part usually situated on the trunk. But the dilatation has extended to the main branches and even to smaller ramifications of the artery.

Through a process of atheromatous change multiple aneurisms of the pulmonary artery are often formed on the walls of old phthisical cavities; and through erosion or sudden bursting of the walls of these aneurismal sacs a fatal hemoptysis has frequently occurred. Buhl and Zenker have described such cases, and Jos. Cornet, in an elaborate thesis, has recorded thirty-four cases of peripheral aneurism of the pulmonary artery occurring in phthisical cavities.

Dr. William Atkens, of Edinburgh, records a case of a soldier who had died suddenly of hemorrhage from the lungs. On opening one of the tubercle cavities it was found filled with coagulated blood, and projecting from a spot on the wall of this pulmonary cavity was a round tumor of the size of a walnut. The tumor had ruptured and the rupture held a coagulum of blood. The tumor was found to be an ectasis or aneurismal dilatation of the pulmonary artery. Several other tumors of a similar nature, but of much smaller sizes, existed in other cavities in the lungs, projecting from the pulmonary artery.

The causes of aneurism of the pulmonary artery are chronic endarteritis or atheroma, syphils, great pressure in the pulmonary circulation, as in marked mitral stenosis or insufficiency, collapse or emphysema of lung with great hypertrophy of the right ventricle, and patency of the ductus arteriosus.

The symptoms of aneurism of the pulmonary artery are lividity of face, dyspnea, cough, dysphagia, headache, pain in the chest and epigastric. The principal physical signs that have been recorded are a systolic pulsation and tremor (sometimes also diastolic) between the second and third ribs of the left side near the sternum, perceptible in a decreasing degree downward, but wholly wanting above the clavicle. A very loud, superficial, rough, systolic murmur propagated to the left and upward above the clavicles and over the whole precordial region, but loudest upon the prominence between the two ribs just mentioned. The above physical signs and symptoms are by no means constant; and even should they all be present they might be caused by aneurism of the aorta or by a mediastinal tumor lying over the vessels.

It is claimed that means of establishing a differential diagnosis between aneurism of the aorta and pulmonary aneurism can be made by observing the hypertrophy of the pulmonary artery by dilatation. If it should prove to be on the left side of the heart, aneurism of the aorta is indicated; if on the right side, pulmonary aneurism.

The differential diagnosis between subcla-
vian aneurism and aneurism of the pulmonary artery may be made from the fact that a pulsating tumor above the clavicle points to subclavian aneurism, while such a pulsation, on the other hand, is entirely absent in pulmonary aneurism.

The treatment of aneurism of the pulmonary artery is the same as in other thoracic aneurisnms. And, probably, the method that will give most success is that instituted by Mr. Tuftnell, i.e., a careful regulation of diet, a definite quantity of solids being administered at stated intervals, the object being to support life with as little food and drink as possible. Potassium iodide and subcutaneous injections of ergotine have been also recommended.

Lichtheim, after a series of thirty-three experiments, mostly made on dogs, seems to have shown that ligation of a pulmonary artery is without any effect upon arterial blood pressure, hence, any operative treatment of this kind in aneurism of the pulmonary artery would be useless.*

OPERATION FOR STRANGULATED HERNIA AND RADICAL CURE.

BY B. P. JONES, M.D.

Of Kearney, Nebraska.

On June 4th, 1888, Wm. H., freight agent on the B. and M. Railroad of this place, came to my office and said that, in assisting to push a car, his truss had broken. The hernia had protruded and he was unable to reduce it, as he had previously done on many occasions. He was placed in position, and after considerable difficulty, being assisted by my partner, Dr. L. P. Woodworth, the hernia (right inguinal) was reduced, a new truss was substituted and the patient sent home. Before arriving there, however, the truss slipped sufficiently to allow the hernia to again protrude. Medical aid was immediately summoned, and, when it came, every effort was made to reduce the hernia, but without avail.

We then proposed and urged the use of an anesthetic, to which the patient refused to submit. We then applied hot fomentations, and placed the patient in bed in the recumbent posture, with the hope of relaxing the parts and again making an attempt at reduction. The applications were regularly made until nine o'clock on the following morning. The parts then presented a soft but somewhat congested appearance.

Anesthesia was proposed and accepted, but an attempt at reduction proved futile. The necessity of an operation was then urged, but was refused by his wife and friends, and the patient was allowed to recover from the anesthetic. Cold applications were then decided upon, and were applied in the form of pounded ice placed in a rubber bag.

In a short time vomiting began, which could not be controlled, and about noon began to be stercoraceous. At one o'clock a messenger was despatched for the doctor, reporting that "gangrene" had set in. Upon reaching the patient I found that the scrotum, dorsum of the penis and entire inguinal region, extending nearly to the umbilicus, were in a complete state of ecchymosis. Vomiting became more frequent, and all the symptoms of strangulated hernia were present.

An operation was again urged, and accepted by all concerned. After two hours' delay, in the presence of Drs. Porter and Hoover the patient was placed in position, anesthetics administered, and the parts were shaved and cleansed. Rigid antiseptic precautions were used throughout. An incision two and a half inches long was then made in the integument over the line of the tumor. The tissues were carefully divided down to the hernial sac. This was greatly distended with dark extravasated blood, which spurted a foot high when liberated. The scrotum was also completely filled. After cleansing the parts the structure was successfully divided. The intestine was then carefully examined and found to be intact but greatly congested, and was allowed to return to the abdominal cavity. The wound was then brought together by six deep sutures, iron-dyed silk being used and left sufficiently long to protrude. Six sutures of the same material were used in the integument. Lastly, the wound was sprinkled with powdered salol and covered with bichloride gauze, securely retained by a roller bandage.

The patient was then allowed to recover from the anesthetic. Vomiting did not occur after the operation and the temperature of the patient did not rise above 99° F. Upon the tenth day the wound was examined, primary union was secured, and the superficial sutures were removed. The deep ones were not moistened until six weeks later, when they were found to be entirely absorbed beneath the skin and were easily removed.

It is now a year and a half since the operation; the patient is pursuing his usual occupation and enjoying his usual health, and there is no sign of the return of the hernia, which before the operation was such a source of pain and annoyance to him.

CHRONIC INDURATION OF THE BREAST.

BY G. G. DAVIS, M.D.


Read before the Philadelphia County Medical Society, January 10th, 1889.

Having lately had two cases of chronic trouble with the breast under my care, I bring them to the notice of the Society, not on account of any peculiar interest which belongs to these particular cases, but rather because of that which attaches to the class of which they are familiar examples.* * *

These two cases are of interest, because they show the manner in which benign growths of the breast commence, and their amenability to treatment in their earlier stages. There is no question in my mind that if these cases had been allowed to go on untreated they would have resulted in the production of some of those fibro-glandular tumors of the breast, for the removal of which incision would have to be performed. The question of diagnosis is also an important one. The promptness with which they improved under treatment demonstrated beyond a doubt that they were of a chronic inflammatory nature, involving primarily the fibrous structures. That the glandular structure in the first case was also somewhat involved was shown by the discharge from the nipple. The second patient had been told she had cancer by one doctor, and when she consulted an eminent surgeon in this city, he urged the removal of one of the breasts. In one of the breasts of this patient, and also in the other patient, there was no tumor to be detected on pressing the gland against the chest wall, although induration was marked. This was probably because they had not existed long enough. Had the chronic inflammation continued, the fibrous tissue would eventually have become so contracted and matted together as to form a more or less solid mass, in the meshes of which the glandular tissues would have been imprisoned. We would then have commencing glandular changes, cystic formations, and, perhaps, peri- or intra-canicular growths. Should the glandular structure, under the influence of irritation, proliferate, a so-called adenomatous growth might be produced.

Concerning the origin of these growths, personally I regard them as largely the product of traumatic and irritative causes. In the first case, the induration was undoubtedly due to the abscess with which the trouble commenced. In the last case, the primary cause could not be ascertained. The subsequent increase in the trouble in one of the breasts was due, at least in some measure, to knocking it. This case complained of feeling pain in the breast on the approach of a storm, and also had pains in the shoulder, for which salicylate of soda was prescribed. It is possible that it may have been rheumatic in origin, and the probabilities of its being in part such are enhanced by the fact of the fibrous tissues being the parts affected. The dragging and movements and slight injuries to which the breasts are so often subjected evidently play such an important part in the production and increase of these growths,
that it is to them our treatment ought to be directed. The breasts should be protected from any slight knocks by a thick layer of cotton, and all movements absolutely prevented by bandaging them securely and firmly to the chest by a roller bandage, over which are placed adhesive straps to prevent displacement. As regards the value of any applications of belladonna and mercury, such as were used in these cases, or of iodine, I am not prepared to say; but it should be borne in mind that if an ointment containing mercury is applied, it is perfectly possible to produce constitutional effects. I was compelled to abandon its use on one of these cases for that cause.

The question of prognosis is also an important one. S. W. Gross states that in 8.21 per cent. of carcinomatous cases the growth was preceded by chronic circumscribed induration; but this only occurred after an average period of fourteen years. The number of women who at some period of their life have had an inflammation or abscess of the breast is very large, and the proportion of these that are attacked by malignant growths cannot be large, probably not any larger than is proportionate to the total number of women so affected. The relation is so small that I cannot believe it should induce the surgeon to recommend the removal of a breast so affected for that reason alone. If, in spite of careful treatment, a localized tumor and pain still persists, then an operation is advisable. The value of such a breast as a secreting organ is probably destroyed. Personally, I have little faith in the transformation of a benign into a malignant growth as a common event. That such instances do occur I am willing to admit, but I think it more likely that most of those cases which turn out malignant have in their origin been malignant and mistaken for benign troubles. There is no doubt that even with the aid of the microscope we are often unable to tell positively whether a certain growth is malignant or not; how much more liable, then, is the clinician to make the mistake? The dividing line between fibromas and sarcomas is not always well marked, and the same is true of adenoma and carcinoma.

In conclusion, I would recall to your attention the necessity of a careful examination before giving an opinion. Retraction of the nipple, even when associated with a hard growth and an enlarged axillary gland, is not pathognomonic of carcinoma. One of these patients was assured she had a cancer. The unnecessary distress caused by such an announcement can easily be imagined.

Another point which these three breasts illustrate, is the influence a lack of proper protection and support has upon the progress of the affection. Had these been applied when the trouble first showed itself, its progress would probably have been checked at once, the disease permanently cured, and not have continued for years.

In cases of suppuration of the breasts, one is too liable to dispense with dressings and support as soon as the wound has closed, forgetting that there is a mass left behind which, from continued irritation, may be the starting point of a chronic inflammation, resulting in a more or less circumscribed fibroid thickening. A continuance of careful support and protection would probably cause a complete resolution and disappearance of the inflammatory products, leaving the breasts but little altered from their previous healthy condition.

THE TREATMENT OF CHEST PAIN IN BRONCHITIS.

BY M. W. EVESON, M.D.,

During the recent epidemic of influenza (epidemic bronchitis), my attention has been attracted to the amount of pain in the chest manifested by bronchitis, and the means of relief afforded by the different medicines. The pains complained of are not confined alone to the area under the sternum, but radiate all over the chest, both anteriorly and posteriorly, and oftentimes are most annoying to the patient and troublesome to the physician.

The remedy which I find gives most relief in these cases is the salicylate of sodium combined with nitrate of potash, and a minute quantity of Dover's powder, given preferably in capsule, and I have been using the following formula with marked success, viz.:

B. Soda salicylate,
Potassium nitrate,
Pulv. ippecac et opii, 20 gr. 6. M.
Fiat capsule.
Sto. — Every three hours.

This formula relieves pain to a remarkable extent, and is also curative to the existing inflammation, with the assistance of the amoniac salts as the râles become moist, or of the iodide as the inflammation tends to run down into the smaller tubes. The knowledge of the value of the iodides in inflammation of the bronchus, where the process tends to run down into capillary bronchitis (the râles becoming sibilant), and even into catarrhal pneumonia is inestimable, and the most admirable results may be obtained by the administration of these salts, particularly the potassium salt. I generally give one to two grains of potassium iodide every three hours, either alone or in combination with other remedies, using at the same time, if the case is very severe, dry cups over the chest walls.

Lastly, counter-irritation is very useful in chest pain and bronchial inflammation, applied in half the strength of the tincture and alcohol, the latter being added to prevent vesication, which in most cases is not either necessary or desirable.

THE USE OF STATIC ELECTRICITY IN GENERAL PRACTICE.

BY ANDREW GRAYDON, M.D.,
Of Philadelphia.*

1. Static electricity is a safe and reliable agent in the general practice of medicine. I do not mean to say that its reliability is of such a nature that its use in medical practice is not open to question. For example, the office in which the instrument stands must not have any dampness about it. That state of perfection

* Conclusions of a paper read before the Philadelphia County Medical Society, Jan. 193, 1860.

has not yet been reached that will give a static current at all times in an office so damp that the paper will not stick to its walls. A wooden case can hardly be made which will not absorb moisture in an atmosphere like that. In placing a machine, I should see that there was no wet cellar within; if the office be on the first floor; when the room is on the second it is not so material.

2. This treatment can be applied pleasantly and with benefit to patients, and at times when the galvanic and faradic cannot be used.

3. In "static insulation" we get results only attainable from "general galvanization" and "general faradization," without the expense of time, trouble, and expense—and frequently, too, after both these forms have failed.

4. In many forms of pain prompt and permanent relief follows its application, such as is unequalled by other agents.

5. As a tonic in systems overworked and over-drawn, mental grip slipping away, it performs a very important part. The readiness with which it can be applied, and the good results obtained, prompt me to make use of its properties frequently.

6. In various forms of headaches its effects are uniformly good. It is a common remark to hear from patients, "I can feel the pain being lifted, the heaviness going," or similar expressions indicative of appreciable relief.

7. In the treatment of insomnia the value of the douche is effective, a feeling of drowsiness making itself felt during its application.

8. In treatment about the head I have found a difference in the effect between the positive and negative poles, not elsewhere.

9. The benefit of the faradic current is obtained from the static inducer.

10. Growth of the hair, I have observed, has been promoted, and the falling out of it stopped in some of my cases of head pain.

--A good Disinfectant may be made by adding together paraffin 9.5, iodine 1.0, and salicylic acid 2.0, in pastilles, which are burnt in the room to be disinfected.
MANAGEMENT OF TYPHOID FEVER.

BY L. N. LOVE, M.D.

Of St. Louis, Mo.*

In the treatment of typhoid fever as little medicine as possible should be given, yet we should never lose sight of the fact that we have ever available medicines which are frequently indicated in the treatment of typhoid fever cases. Remedies which tranquilize, soothe and comfort the patient, others which aid digestion, others which act upon the secretory and excretory organs, others which reduce temperature. In connection with this there are two remedies to which I have not referred, which I feel are of great value in the treatment of typhoid fever, the benzoate of soda as a stimulator of the glands, an antiseptic to the alimentary canal and a mild reducer of temperature, and last, but not least, turpentine. It acts similarly to the above, and besides has an admirable local effect upon the mucous membrane of the alimentary canal. The remedies previously referred to as stimulators, pure air, good nutrition, personal cleanliness of the patient, guarding against mental worry, and over-exertion, comprises in my judgment the treatment of typhoid fever. I would lay special emphasis upon the importance of having the food in a form to be available.

I have found in my adult patients, the majority of whom have been coffee drinkers, that many times I get great satisfaction by administering to them, in the early morning, the proper amount of coffee. It seems to overcome the depression which is often present at this hour. I think we too often overlook the previous habits of life of our patients. We are all of us impressed with the danger of ignoring the whisky habit possessed by victims of disease, and we are careful to use whisky throughout the conduct of such cases, knowing that, if the patient is suddenly let down without his usual stimulant, harm will result. I think we too often forget that we may have persons seriously sick under malaria, leucocythaemia, uraemia, hepatic cirrhosis or heart disease.

TREATMENT OF SPASMODIC CROUP.

Dr. W. A. Briggs (Oecid. Med. Times, Feb. 1850) considers that the efficacy of opiates in controlling the spasmodic action of croup is incontestable in the severest cases, however, in combination, the bromides to ipecac, and often uses morphine instead of laudanum; and in the severe cases, as well as in the milder ones, except when the stomach seems the source of reflex spasm, proceeds at once to their administration without the preliminary emetic. The bromides not only reinforce and prolong the action of the opiate, but produce, perhaps, a slight anaphylaxis of the upper air passages. An excellent prescription for a child of two years is the following:—

B. Tinct. opii deodor. 2.
Ammon. bromidi 2.
Sodii bromidi 2.
Aquae cinnamomii 40.
Syr. cinnam. ad 60. M. 1.
Syr. —Teaspoonful as a dose, to be repeated in an hour, and again in three hours, if necessary.

After subduing the spasm, unless the attack be clearly of catarrhal origin, it is important that the bowels be thoroughly evacuated from above; oil, of course, being the most laxative after an opiate followed, if necessary, by a copious enema of warm water.

THE TREATMENT OF CHRONIC DIARRHEA.

BY H. F. VICKERY, M.D.*

The occurrence, during long periods, of frequent loose alvine evacuations is associated with many different diseases. Thus it may be due to a simple enteric catarrh, or to amyloid degeneration, or to dysenteric ulcers; it is frequent in pulmonary tuberculosis, even when the intestine presents no tubercular lesions; it may be referable to gastritis,
THE COLLEGE AND CLINICAL RECORD.

promptness, probably exceeding it in durative action, but that it has a toxic effect on the blood which places it high on the list of dangerous remedies.

These clinical and experimental results correspond with those of Gutmann and to the more recently published account from von Ziemssen’s clinic, by Ziegler.†

While as prompt and as efficient a reducer of fever as the other members of the anilin group, pyro tin thus possesses in a more marked degree their poisonous properties, and should not be given in doses exceeding two grains (.13 gms.), or continued for longer periods than two or three days.

TREATMENT OF DIPHTHERIA IN YOUNG CHILDREN;

The means at hand for the successful treatment of diphtheria of the fauces in children who are old enough to submit to treatment without resistance, are amply sufficient in most cases. It is generally quite easy to keep the membrane from excessive development, or even to free the surfaces of the throat entirely from it, by the constant use of gargles or sprays, or direct application with the hand of solutions which dissolve the membrane, yet do not irritate the tissues. In the case of infants or of children who struggle violently against local treatment the practitioner is driven to despair. The exhaustion of the patient produced by frequent battles with its nerve, and by the violent crying spells which are excited, as well as the incompleteness of the application under such trying circumstances—especially when a trained nurse is not employed—soon convince him that it is better to give up energetic local treatment, and to trust to medication of the air of the sick-chamber and to internal remedies. It is in view of such difficulties in treatment that the suggestions made by Dr. Burghardt (Wien. Med. Woch., September 28th) are of value.†

Directions go far to remove it, if present; but at the start, it is often advisable to add five minims of deodorized tincture of opium or a drachm of paregoric to each dose of medicine, omitting it as soon as may be. Sometimes the bowels are loose, so that motion is painful. Sometimes changes of temperature affect the patient disastrously. For both these conditions a flannel swathe is useful. And in severe cases, rest in bed is demanded.

The various astringents, such as tannin, sulphate of copper, alum, liquor ferri nitritis, and nitrate of silver, I have used little. I once saw a remarkable case of diarrhœa, under the care of Dr. Francis Minot, yield to half-grain doses of oxide of silver.

Where the frequent dejection of small amounts of mucus and blood with tenesmus indicates the predominance of colitis, rectal irrigations through a soft tube passed high up, are both rational and efficient, although my personal experience with them is slight. Two or three pints of simple cold water used in this way prove good. In it can be dissolved sulphate of zinc or alum to the amount of one grain to every four to six ounces of water; or two grains of nitrate of silver to a pint, can be injected every one or two days, if allowed to come away at once.

THE ACTION OF PYRODIN.

BY HENRY A. LAFLEUR, M.D.*

Of the antipyretics belonging to the anilin group, pyro tin or acetyl-phenyl-hydrazin has not met with such favor as antifebrin or phenaclin. The observations of Dreschfeld and others prove it to be a most efficient reducer of temperature, but toxic effects were often noticed, due to the action of the drug upon the blood. The statements, however, were made that the pyro tin first used was impure, the bad results were possibly due to the foreign matters; and it was thought worth while to test the action of the chemically pure drug as furnished by Merck.

The following report shows that the drug is a powerful antipyretic, equaling antifebrin in its action on the temperature, and apparently without toxic effects:

* Johns Hopkins Hospital Reports, Jan., 1890.
† Medical Chronicle, 1888.
‡ Wiener Archiv fur Inn. Medicin, Bd. 43, Hef 3 and 4 (Oct. 29th, 1890).
§ Leading article in Medical Record, Feb. 8th, 1890.

The whole surface of the mouth, and had spread even to the lips and nostrils.

Since he has had such good results with this insufflation, he has entirely given up inhalations. When it is advisable he recommends, with the tradition, cold external applications to the neck, sucking of ice, and gargling with solutions of chlorate of potassium or lime water. With children under three years of age it is often impossible to use these additional applications. Between the insufflations he gives tincture of iron, and brandy, as tonics; and if blood poisoning appears, stronger doses of iron, with ergot and lemon-juice. Such blood-poisoning appeared in only one of the thirty-three cases, in which the family would not permit him to see the patient daily.

He keeps up the insufflations until all glandular swelling has subsided. All of his cases were seen early in the attack. In most cases, as soon as insufflation was begun the fever fell and the debility gradually disappeared. The membrane separated in bits, and though a second or third membrane occasionally formed, the process gradually ceased. The patients always felt fresher and more calm, with better appetite and less painful deglutition, after each insufflation. There were no complications nor sequelæ, except in two cases, where middle-ear catarrh and perforation of the drum occurred.

The insufflation must generally be made by the physician, as he must first locate the membrane, and must apply the powder quickly and accurately.

Dr. Burghardt presents his method not as absolutely sufficient, but as well worth testing.

THE USE OF IODIDE OF POTASSIUM IN HEART AFFECTIONS.

Germain Sée recently communicated to L'Academie de Medicine of Paris the results of experiments to elucidate the manner in which the iodides act upon the heart and blood vessels (L. Concours Méd. in Weekly Med. Review, Feb. 15th, 1890). This conclusion is that the true remedy for the heart is the iodide of potassium. So far from being...
a depressor, as has been maintained, it is especially applicable in non-compensatory mitral or myocardial lesions, and where there is cardiac debility. It restores first the energy of the heart and the vascular tension. Then, by dilating, later on, all the arterioles, it accelerates the flow of blood in them, so that the heart is freed from its resistance and recovers its contractile power. Finally, by the vascular dilatation, which, of course, extends to the coronary arteries or nourishers of the heart itself, the iodide renders a new service by accelerating the movement of the blood, as well as by furnishing nutrition to the central organ of circulation which dominates over life.

TREATMENT OF INFLUENZA.

Dr. J. Frederick Haller (Boston Med. and Surg. Journal, Feb. 13th, 1890) states that in the recent treatment of 314 cases of influenza, he experimented with several modes of treatment—antipyretics, anodynes, sedatives, laxatives and expectorants. The following gave him good satisfaction: First laxative and chologogue, then—

**B.**
- Ammonii iodidi, 1 f. i. 1
- Liti puriss. s. m. 8
- Tinct. calomel., 1 dr. 4
- Aque, m. 8
- Sto.—Teaspoonful three or four times a day.

But the following proved to cut the duration of the disease short, removed the pains and caused a free expectoration and rapidly diminished cough. First laxative with chologogue, then—

**B.**
- Salol, Pharnacetine, 8 gr. i. 4
- Sto.—Every three or four hours, until pain and fever have disappeared. Also

**B.**
- Capsulae eucalypti, n. v. (P. D. & Co. make very elegant capsules.)
- Sto.—Three or four or six a day; never to be taken on an empty stomach.

For a powerful expectorant and antiseptic for internal administration, oil of eucalyptus has proved to be most excellent in the present epidemic in my cases. It never failed to bring about a free and easy expectoration; and made up in capsules, it is easy to take, and should there be any gastric distress following its use, some simple saline or subnitrate of bismuth will easily correct that. Before leaving eucalyptol I would state, that it has given excellent results in almost every affection of the bronchial tubes and lungs, even phthisis in its beginning having been arrested by the use of eucalyptol in three cases in my experience, where a microscopical examination revealed the presence of the bacillus tuberculosis. I have also used it with much advantage in diphtheria. Being confronted with the great need of a safe, efficacious and powerful antiseptic for internal administration, we may depend upon the oil of eucalyptol as one of the very best among the antiseptics at present known. It is also a powerful antimalarial remedy.

As regards diet, milk with lime water, where there was gastro-intestinal irritation, was the chief nourishment for the first two or three days, with stimulants and tonics where indicated. Rest and protection from atmospheric changes was quite important for days and weeks after the active symptoms had disappeared.

**MISPLACED PREGNANCY.**

**BY WALLACE A. BRIGGS, M.D.,**
Of Sacramento, Cal.

1. The diagnosis of early misplaced pregnancy is beset with considerable, but not insuperable difficulties, and can ordinarily be made with positiveness.

2. The steps in diagnosis are the establishment (a) of pregnancy, (b) of absence of the ovum from the uterine cavity; (c) of its presence in either the Fallopian tube or pelvic cavity.

3. Ova destroyed by electricity in the early months of misplaced pregnancy may be completely absorbed, or so nearly so as to leave no perceptible trace at their former site.

4. The treatment of early misplaced pregnancy (previous to the fourth month) should consist in: (a) Before rupture, the continuous galvanic current. (b) After rupture into the broad ligament, if hemorrhage be slight and

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**QUICK PREPARATION OF SURGICAL GAUZES.**

H. Helbing (Pharm. Journ. in Amer. Drug., Feb., 1890) suggests the following mode of preparing surgical gauzes at short notice:

Good raw material is of the first importance in preparing gauzes. This should be perfectly free from fat, should have at least thirty threads each way in a square inch, and should weigh about to drachms to the square yard. This is about the average for good stuff, though, if we examine the various gauzes on the market, we shall find that only the very best houses furnish a material of this standard. I have myself examined a number of samples and give a few of the figures.

**Samp;e;es.**

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<tr>
<th>Weight of square yard.</th>
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Gauze is sold here by measure, an entirely wrong principle, as, unless the buyer knows the weight and the number of threads, he cannot tell what he gets for his money. Supposing the samples I have given you were all made into 10 per cent. iodiform gauze, Nos. 1 and 2, as you will readily understand, would contain nearly double the amount of iodiform in each square yard of any of the others, and if finished they were charged at double the rate of the others it would only be a fair price. This shows how important it is, when procuring such articles, to ascertain the weight of the gauze and the number of threads. Of course, the gauze should also be tested to see that it contains the percentage of antiseptic claimed.

Gauzes are usually kept ready by the chemist, but it may sometimes happen that a medical man may want a gauze for a case of emergency, and if the chemist have none

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**ICHTHYOL OINTMENT EXTERNALLY IN INFLAMMATIONS OF THE THROAT.**

**BY SOLOMON SOLIS-COHEN, M.D.,**
Of Philadelphia.

I have recently had occasion to treat a number of cases of an apparently edematous sore throat, belonging in all probability to the same class of staphylo-amygdalo-pharyngeal inflammations as those to which Glasgow has particularly directed attention, and which he is doubtless correct in regarding as a variety of influenza. The point to which I now desire to call attention in regard to these cases is the great relief afforded by the injection of a fifty per cent. ointment of ichthyol externally, beneath the angle of the jaw and along the border of the sternomastoid muscle. In three cases there were infiltration and tenderness in this region which suggested the application. Its prompt and unexpected effect in relieving the pain which accompanied deglutition, suggested that the same measure might be usefully employed, even in the absence of external swelling. In most cases of sore throat, even simple follicular tonsillitis, there is usually more or less involvement of some of the
fibrinous tissues, whether of the submucosa of the subcutaneous connective tissue of the muscles or of the various planes of fasciae. The same relief followed in the cases without external manifestations, as in the others. I am inclined to a more extended use of the agent in this manner, and even to its topical application to the mucous membrane, with a view to ascertaining its true value. It is quite possible that this use of ichthyol is not novel, and I make no claims in that direction.

TREATMENT OF BUOBEES.

Prof. Pontain (Jour. of Cutaneous and Gen.-Urin. Diseases) makes the following suggestion as to the treatment of these ofttime obstinate affections.

1. Washing and antisepsis of the region by means of Van Swieten's liquid, diluted one half with hot water. 2. Puncture with the lancet if the skin is soft, with the straight bistoury if the pus is deeply situated. The puncture is small and made in the most fluctuating point; it is not necessary that the incision have a slope, for there will be no discharge in the next succeeding days. 3. Evacuation of the pus, pressing out completely all the liquid contents of the ganglion; it is indispensable to cause all that the ganglion contains to be gently and gradually pressed out, and this procedure is sometimes painful. A few injections of diluted Van Swieten's liquid are now made to wash out well the pouch. 4. Injection of iodoformized vaseline melted by heat; it is to be pressed gently in by means of a glass syringe previously charged and placed in hot water. 5. Dressing with absorbent cotton. As soon as the cavity is full of the iodoformized vaseline, a wad of cotton, soaked in cold Van Swieten's liquid, is placed over the adienuis, and kept in place with a spica. The contact of the cold congeals the vaseline, and makes a plug at the orifice of the bubo. After the first day all pain disappears, and ordinary healing is complete without cicatrix in an average of six or seven days. It is at times necessary to renew the injections of vaseline. Out of forty-one buobes thus treated by the author, more than half were cured in less than five days. The most rebellious required twenty-three days.

The Canada Lancet, Feb., 1890, in quoting the above treatment, states that it was the late Prof. Ricord, if it remembered correctly, who said that he expected to find his punishment in the next world, if he were so unhappy as to go down instead of up, in having numbers of patients around him clamoring for the cure of their gleet. Every one who has had any experience in treating veneral diseases can sympathize with him in the weariness of curing that condition, and will feel that he might have extended his remarks by including the healing of buoobes. To a nervous, worrying patient, an open bubo is a thing of horror, and soon becomes the same to the medical attendant.

THE ADMINISTRATION OF CHLORAL.*

Widerhofer recommends the following in the treatment of convulsions in children:—

Chloral, gr. viis to xi Water, 1/3 fl. Syrup of bitter orange-peel, 1/2 fl. Teaspoonful to be taken every two hours.

The following has been recommended by Vyon for administration to adults:—

Chloral, gr. xxx to xlv Bromide of sodium, gr. xxx to xlv Syrup of cociaine, 2 fl. to 8 fl. Syrup of bitter almonds, 2 fl. to 8 fl. Water, 2 fl. to 8 fl.

The following is likewise recommended by Vyon in cases of asthma and dyspnoea:—

Chloral, gr. xxx to lix Iodide of sodium, gr. xlv Simple syrup, 2 fl. to 8 fl. Tablespoonful to be given every hour.

As an enema in infantile convulsions the following has been proposed:—

Musk, gr. 6i Chloral, gr. viis to xx Camphor, gr. xii The yolk of one egg, 2 fl. Water, 3 fl.

As a suppository chloral may be used in the following combination, in which the caustic


and irritating action of chloral is largely overcome:—

Chloral, gr. viis Extract of belladonna, gr. 1/2 Cocoa-butter, gr. xiv.

PROPHYLACTIC TREATMENT OF HEREDITARY TUBERCULOSIS.

The Paris correspondent of the Archives de Pediatrie states that this is the subject of an article by Dr. H. Gillet. Passing over the doctor's arguments proving the facts of hereditary phthisis, we will give his ideas in brief on treatment. Administration is of the first importance, and if the baby has a phthisical father, it should be isolated from him. If the mother is healthy, she should nurse the child or engage a healthy wet-nurse, or, if this is not possible, the next best thing would be that the child be allowed to suck the teats of a goat or an ass. This direct method is often used in France, and it is well known that the ass and goat are not often tuberculous. In case of artificial alimentation, great care should be used in selecting the milk of cows, and the indication is given here that cows having a dark coat, and those that are of a purer breed, are better than those having white or light-colored coats and kept in stables. If fresh cow's milk cannot be had, then it should be boiled, and during the first two months it should be mixed half and half with boiling water.

Tarnier's system of gasage and couvage must be used for delicate infants of this class when born any time before term; another author says to simply pour the milk into one nostril, and the child can be fed in this way as well as by gasage, which sometimes caused gastric troubles, owing to the irritation of the stomach-tube. It must not be forgotten that the open air is the most precious of all the ailments for such children; and, with proper care, every chance of the child going out must be taken advantage of, well covered with woolen clothes, of course. Salt baths should be advised, using one hundred and twenty-five grammes of common salt to twenty quarts of water. The following prescription can be given for baths:—


The child should be put into such a bath for five minutes, at a temperature equal to that of the room, and rubbed briskly afterwards. In some cases thirty grammes of potassium sulphate may be added to the warm water; or the natural sulphur waters may be recommended both in baths as a drink and in inhalation. Sea baths are to be advised with caution, and stopped the moment there is the slightest bronchial trouble. As to medication, the best are iodides, arsenic, cod-liver oil, phosphate of lime, and tannin. The following formule are given:—

Potassium iodide, gm. 1 Tinct. of iodine, gm. 1 Antisecorbutic syrup (French), Cinchona syrup, 5 fl. Tannin dust according to age.

Or, iodide of sodium, 2 grammes; glycemi and bitter orange-pearl syrup, of each 50 grammes. A dessertspoonful of this per day is enough for a child of three years of age. Arsenic is not given before the child is three or four years of age, and then in half-drop doses. Cod-liver oil may be commenced as soon as the baby has done nursing, and the phosphate and tannin are best given in jelly or preserves. In one word, the medication is to be subordinate to the hygienic methods; but with both, it is possible to bring up these children to a useful life.

ANTISEPTIC PROPERTIES OF RESORCIN.

Leblond and Baudier reach the following conclusions in the Journal de Medicine (N. A. Pract., Jan., 1890):—

In diphtheria it is to be used in the strength of 3 gms. to 30 of glycerine, brushed over the pharynx every hour. When the larynx is not invaded, they claim the disease will be arrested in 6 to 10 days; if invasion of the larynx and trachea has occurred the medication is less efficacious; nevertheless, it gives good results.

Whooping Cough.—After 10 or 12 days' medication the number of paroxysms is re-
duced to 4 or 5 in twenty-four hours, and the bronchial irritation disappears. It has rarely happened that the total duration of an attack treated by Resorcir has exceeded five weeks.

Pulmonary Tuberculosis.—In subacute cases of this affection in two weeks' time the sweats disappear, the fever abates, the vital forces and energy return. By continuing the treatment they have been able to keep most of their patients in a satisfactory state for from one to six years. In acute cases, or where the disease is much advanced, they only obtain temporary remissions. In this and the preceding the medicament is used in the form of fumigations of one gramme each every two hours in whooping cough; in phthisis it is kept up constantly, so that the patient is enveloped in an antisepctic atmosphere.

Chancre.—Here it is applied locally in the form of powder, modifying the surface in five or six days, and transforming the ulcer into a simple wound, which is entirely healed by the twentieth to twenty-fifth day.

Class-Room Notes.

—Dr. Jurist prescribed for a patient with nasal catarrh the following as a spray:—

Dobell's solution, Listerine, 

—in breast operations, as in other cases, Prof. Keen prefers double drainage, the rubber drainage tube to be removed at the end of twenty-four hours, the horsehair on the fifth day (leaving only one or two strands), also, half of the stitches, if as is usual the union is good; on the seventh day the rest of the stitches and strands of horsehair.

—Prof. Parvin thinks creoline must act as a specific poison to the gonococcus, as a case of gonorrhcea in a woman, in whom many remedies had been used without decided benefit, yielded at once to the treatment by copious vaginal injections of one per cent. solution of creoline.

—for a man with gonorrhoeal rheumatism, affecting the wrist particularly, Prof. Bartholow prescribed small doses of protiodide of mercury guarded by belladonna, three times a day.

—Prof. DaCosta recommends the following as of the greatest value for the spasms of spinal meningitis: 1st, hydrobromate of hyoscine, r ½ grain; 2d, chloral, 3d, chloral, potassium bromide, each ten grains.

—Prof. Keen directs that in amputating a part attacked with sojile gangrene, the amputation should be done far away from the seat of the disease, or much trouble will be experienced in tying the vessels.

—Prof. Bartholow prescribed for a young lady with chlorosis:—

B. Lio. potass. arsenitis, f ½j.
Ferri carb., f 3j.
Glycerini, f ½j.
Aque, f ½j. M.

—Dr. Van Harlingen prescribed the following for a man with tinea syphilitis. Shave the face closely, and wash with a solution of sulphurous acid, and apply to the spots the following ointment:—

R. Acid. chrysarob., gr. xv
Adips, f ½j. M.

—Prof. Parvin, for the sore eyes of infants, resulting from infection while passing through the birth canal, directed the eyes to be washed out with a 3 per cent. solution of boric acid, and a few drops of nitrate of silver, two grains to the ounce, dropped into the eyes; this to be repeated twice or thrice a day.

—if sarcoma, after having been removed by the surgeon, does not return in three years, we consider the patient cured. Should it return at any time it can be removed immediately with the prospect of occasional cure; should it become generalized, only palliative treatment can be resorted to. (Prof. Keen.)

—Prof. Bartholow prescribes the following for nocturnal incontinence of urine, if due to excessive acidity of urine: eliminate those foods from the diet out of which the acid is produced. If due to weakness of sphincter, give iodide of iron; if due to some nervous state similar to nocturnal emission, give hypodine treatment.

—Dr. Van Harlingen treated a clinic patient suffering with psoriasis as follows:—

B. Lio. potass. arsenitis, m ½j.
Ferri citrat., f ½j. M.

—Prof. Bartholow prescribed for a clinic patient, from whom he elicited a specific history, and made the diagnosis of necrosis of transverse portion of the aorta pressing upon the left recurrent laryngeal nerve:—

B. Solidi iodidi, gr. xx
Aque, f 3j. M.

—Also barium chloride.

—Prof. DaCosta, in treatment of delirium tremens, depends largely upon alimentation. Tincture of capsicum is of value not only as a stimulant, but increases the appetite. As to stopping the whisky, this should be done in all cases where possible, depending largely upon the amount of food taken by the patient. To give rest and sleep, ten grains each of chloral and potassium bromide given every two hours (if indicated) is far preferable to opium for this purpose.

—for two cases of gastric, one parasitic, the other non-parasitic, Dr. Van Harlingen described the following: For the first case the face to be washed in a dilute solution of sulphurous acid (using a sponge for washing the face), then removing the loose hairs from the face with a pincer, and apply the following to the affected part:—

B. Chrysarobin, gr. xx
Adips, f 3j. M.

—For the non-parasitic case, glycerine of subacetate of lead as an application to the part.

—including the treatment for ordinary acute ulcers should be systemic as well as local. The history should be most carefully obtained, so as to get at the cause and remove it, then build up the patient. The local treatment consists in rest, elevation, soothing applications of antiseptic poultices, warm or cold, as is most comfortable to the patient; soothing ointments of calomel and oxide of zinc. Stimulation is often necessary; if so, carefully wipe the ulcer, moisten slightly, and gently sweep over its surface nitrate of silver, or apply resorcin 30 to 50 per cent., or chloral 10–20 grs. to f 3j. It may be necessary to remove portions of the ulcer with the cautery or knife.

Dr. Van Harlingen used with success Lister's very latest antiseptic dressing, the dyed double cyanide gauze, in the clinic. The working formula for the preparation of the dressing is as follows:—

Potass. cyanide, gr. 130
Mercury cyanide, gr. 251.7
Zinc sulphate, gr. 286.9
Hydromucalcain, gr. 1.3
Sal ammoniac (gas NH3), m 6.
Gauze (previously boiled and dried), Sol. bichloride mercury t 4000.
Distilled water, q. s.

Dissolve the two cyanides in two ounces of distilled water, and add the zinc sulphate dissolved in six ounces of distilled water, collect the precipitate (which will be thrown down) upon a filter and wash thoroughly by pouring over it (while still in the filter) distilled water. While the precipitate is still moist diffuse it in eight ounces of distilled water.

Dissolve the hydromucaine in one and a third drachms of distilled water to which the ammonia has been added. Add this to the precipitate diffused in the water, allow to stand for three hours, then add the whole to the solution of bichloride of mercury. Draw the gauze through this. The dye salt will settle upon the gauze and fix the cyanide. The gauze should be hung upon an asceptic cord to drain. When it is nearly dry remove and place in a tight glass jar. The superficial moisture can be removed by pressing the gauze between the layers of a sheet if needed for immediate use.
A FEW CONSIDERATIONS FOR THOSE WHO WILL REVISE THE PHARMACOPEIA.

One of the most important subjects connected with the forthcoming revision of the U. S. Pharmacopeia is, undoubtedly, that of the value of assayed pharmaceutical preparations. This implies the desirability of having the preparation administered by a physician to a patient always of an absolutely uniform strength. Such uniformity unquestionably does not now exist. Deviations from it result from various influences. Of all the crude drugs which are consumed in the manufacture of fluid extracts, etc., the smaller portion, and probably the much smaller portion, can be ranked as strictly first class. Variations resulting from the use of those which do not belong to this class will be greater than those which exist among the different samples of such as are first class. Good samples of drugs sometimes show an average variation of 100 per cent.; in some cases as high as 300 per cent., while in other special articles the variation may be slight. These variations, as determined by assay of the active constituents, apply particularly to the most powerful and important drugs, such as belladonna, erythroxylon, stramonium, cantharides, jaborandi, conium, colchicum, etc. In many cases, particularly concerning jaborandi, belladonna and erythroxylon, a difference of from 100 to 200 per cent. in strength is accompanied by not the slightest perceptible difference in the crude drugs, most carefully examined by experts. It is apparent, then, that to secure the desired uniformity, even as applying to preparations from good samples, requires specific action.

It is perfectly feasible to secure this uniformity, and it can be done in many ways. While this question pertains properly to the province of pharmacy, many pharmacists are disposed to manufacture objections and to overlook the possibilities, and it becomes necessary, therefore, to point out the ways by which the end can be attained. We can, by the process of recalculation, bring a fluid extract up to almost any reasonably required strength. To do this we have simply to adopt such a process of recalculation as shall result in the use of more than a pound of drug for a pound of fluid extract, the excessive amount corresponding to the degree of weakness presented by that sample. It is then a perfectly easy matter to reduce this strength to the condition of a tincture or to increase it to that of an abstract or a solid extract, or any other preparation bearing a definite ratio, and strictly maintaining its uniformity. But there are other ways. The means are ample for the end.

To secure uniformity, a number of ways have been proposed, some of them, indeed, by interested parties with the sole view of defeating the object sought, by their impracticability. Much good can be done by a careful study of the drugs in a growing state and by personal supervision of their collection, preservation and shipment. Under existing circumstances, a commercial house resorts to heavy expenditures to make a preparation to sell in competition with others obtained at trivial cost, while a great, majority of practicing physicians never investigate the quality of the preparations furnished on their prescriptions, or are not competent to appreciate existing differences were they to do so; and druggists too often select the preparation on which they can make the most money. One of the most feasible methods of securing uniformity is through this very method of obtaining drug supplies, and this method will ultimately be found economical as a means toward securing the desired end; because it will be cheaper to send a representative to collect fifty thousand pounds of a bark or root of first quality, thus saving the expense of being obliged to use 50 or 100 per cent. more of a poor quality in producing the preparation. There should be such requirements as would compel all houses to resort to the same process, thus avoiding the not only great, but financially very serious, injustice which now obtains.

The proper method, then, is simply to prescribe in the U. S. P. a line of assayed preparations of such drugs as readily admit of the process, be they few or many. There might, perhaps, be two fluid preparations, namely, a fluid extract as now prepared, and the assayed fluid. This would avoid any outcry against sweeping changes. It would give the profession an opportunity of testing the differences between these two classes of preparations in the most practical manner; but at the same time it would guarantee to a physician who prescribed the assayed preparations of the U. S. P. an absolutely uniform result from his efforts as a prescriber. The objection to this might, however, be urged that confusion might arise between the similarity of names in having an "assayed fluid extract" and an ordinary one. For this reason a name sufficiently distinctive should be chosen.
Our Library Table.

[A ll new publications noticed in this department, and all other books mentioned, may be procured from the Edinburgh College and Clinical Record, 84 N. Sixteenth St., Philadelphia.]


The same skill is noticeable in the selection and treatment of topics and the same careful editing which has characterized the work from the beginning. The judicious use of illustrations is a helpful feature, and the treatment of subjects is clear, direct and practical. It is of great value to professional men, and is also a thoroughly serviceable and helpful work for the mass of the people. Covering the various fields of agriculture, manufacture, commerce, science, art, invention, history, religion, law, biography, and politics, the work is truly manifold in character as well as name.


This book grew out of a series of lectures delivered to the nurses at the Boston Lying-in Hospital, during Dr. Worcester's term of service there as house physician. The author has succeeded in presenting a very excellent, readable, and practical little work, setting forth the principles of action in the order in which the nurse will need them, and telling what kind of service the physician and the patient have the right to expect from the monthly nurse.


This will be a valuable little book to any practitioner of medicine, no matter at what school he may have graduated. The arrangement of text is conspicuously lucid, and the subject-matter is in such shape as to be easily grasped. It does not strike one, glancing through its pages, as a mere synopsis of a didactic course, but rather as a brief but thorough presentation (not obstetrically speaking, however) of the whole field of obstetrics. This Syllabus is really a compliment to Prof. Hirsh, the teacher of this branch, if it be a fair outline and exponent of his course and methods of instruction.

SPINAL CONCUSSION: Surgically Considered as a Cause of Spinal Injury, and Neurologically Restricted to a Certain Symptom Group. By S. V. Cleverger, M.D. 359 pages, $8.00. Price, $2.50, cloth. F. A. Davis, Publisher, Philadelphia and London, 1890.

The literature of Spinal Concussion has been increasing to an unwieldy shape for the general student, and Dr. Cleverger has in this work carefully and systematically arranged and reviewed all that has been done by recent observers. The different and sometimes antagonistic views of many authors are fully given, with abundant illustrations. The author proposes the term "Erichsen's disease" for this form of traumatic neuroses. The work comes from the publisher's hands excellent in style and attractive in execution. It will be a useful book for the lawyer as well as the doctor.


The second number of this series includes nearly 300 pages devoted to the three following monographs: The Formation and Excretion of Uric Acid, by A. Haig, M.D.; The Initial Stages of Consumption, by Horace Dobell, M.D.; Ectopic Pregnancy and Pelvic Hematoccelle, by Lawson Tait, F.R.C.S.

Therapeutic Briefs.

—Dr. E. T. Reichert (Therap. Gazette, Feb. 15th, 1890) thus concludes a valuable experimental paper on "The Action of Alcohol on Animal Heat Functions." Alcohol does not affect the total quantity of heat produced, while more heat is dissipated than produced; the fall of temperature is due to the excess of dissipation and is in direct proportion; in all likelihood, alcohol, by undergoing oxidation, yields energy in the form of heat, thus conserving the tissues and acting as a food.

—for Bedsores, lanolin has been recommended, rubbed into the red spot denoting an impending sore.

—for Pruritus, menthol in alcoholic solution of 5 to 6 per cent. is considered (Therap. Monats) superior to carbolic or salicylic solution.

—an elegant Pomade may be made as follows:

- Lanolin, 1 3 iv
- Prepared lard, 3 v
- Rose water, 3
- A ttr of roses, 3 v.

—two new Antipyretics will soon burst upon an astonished world, so far as lengthiness of name is concerned, at any rate: acetylethylenephylhydrizin and ethylenylenphylhydrizin succinic acid!

—The following salve is recommended for Chilblains (Jour. of Cut. and Gen. Urin. Dis., Feb., 1890):

- Zinci sulph., 30 2 a
- Acid. taniac., 2.0
- Unguent. aqua rose, 30.0.

—The following ointment (St. Louis Clinicé, Jan., 1890) is said to be very advantageous in acute and chronic Rheumatism, Eczema and Erysipelas:

- Ichthylol, 3 iv
- Lanolin, 3.

—for Warts, an exchange recommends that unguent hydrargryi nitritatis, containing from five to ten per cent. of arsenic, be spread on the wart and applied over the wart. Soften-
ing will result, with gradual disappearance of the growth without pain.

—In Burns of the first and second degrees, Nikolosi (Deutsches Med. Wochen. in Med. Neu, Feb. 19th) employs the following mixture as an external application:—

B. Acid. tannic, xx p. 10
   Alcohol, p. 80. M.
   Ether, p. 80. M.

—For Pediculi Pubis, rub the affected part with a piece of flannel wet with the following mixture:—

Salicylic acid, 2 or 3 parts
   Tinct. offic. 25 parts
   Alcohol (80 %) 75 parts

One application is usually sufficient.

—Pharmaceut. Era, Feb., 1890, suggests the following DANDRUFF POMADE:—

B. Acid. salicylic, gr. xx
   Sodii borat, gr. xv
   Balsam Fur, m. xx
   Olei anisii, vit. vj
   Olei benzoin., gr. x
   Vaselin, 3 vj. M.

—The following is suggested as an injection in GONORRHEA IN THE FEMALE (Jour. de Med. de Paris, Dec. 1st, 1889):—

B. Creolin, m. xxx
   Extract. hydrast. canad. vj
   Aspergillus, 1/2 M.

Sig.—Add a dessertspoon to a pint of water, and use as an injection.

—For INFANTILE COLIC the following is suggested (Canada Medical Record, Feb., 1890):—

B. Olei terebinthina, 1 fl.
   Chlorofor., gr. x
   Sodii bicarb., gr. x
   Mucilag. acac., 1/2 fl.

Sig.—A teaspoonful every two or three hours for a child six months old.

The result of extensive experiments in the German army as to the best treatment for EXCESSIVE SWEATING OF THE FEET (British Med. Journal), has been to prove the great superiority of chromic acid over all other applications. Of 18,000 cases in which chromic acid was used, forty-two per cent. were reported "cured," fifty per cent. "improved," and only eight per cent. "unrelied." The feet are first bathed, and, after being thoroughly dried, a five per cent. solution of the acid is applied with a brush. Two or three applications suffice, as a rule, but the treatment has sometimes to be repeated after a fortnight.

The following points of contrast between TRUE and DIPHTHERITIC CROUP are given by Dr. Gay, of the Boston City Hospital (Kansas Med. Journal):—

TRUE CROUP.


—For SHRINKING OF THE GUMS, some of the French pharmaceutical journals suggest the following:—

B. Acid. tannic., gr. v
   Tinct. iodini, gr. vii
   Potassi iodidi, gr. n
   Tinct. myrth., gm. v
   Aquae rosea, gr. c.
   Put a teaspoonful of this mixture in a third of a tumbler of water, for a mouth wash.

—In PRURIGO and dry ECZEMA, the following is said to be efficacious (Med. Press and Circular, Jan. 29th, 1890):—

B. Acid. carbonic, gr. x
   Glycerin, 2—1/2 fl.
   Syrup, 1/4 M.

Sig.—A tablespoonful morning and evening.

—Dr. G. E. Abbot (Med. News, Feb. 15th, 1890) mentions the case of an ASPHYXIATED INFANT, the first in 900 cases at full term in which, when the case demanded it, some one of the usual methods of artificial respiration did not suffice. He adopted the following modification of the method in vogue in France: A nozzie of his obstetrical syringe was inserted into the end of the male catheter, the air with which the syringe was filled being drawn each time through a thick pad of antiseptic gauze moistened, with twelve per cent. hydrogen dioxide. The air was cautiously pumped into the lungs, the arms at the same time being elevated. On withdrawing the nozzle, the lowering of the arms and pressing them against the sides expelled the air. Thus the two methods, of Sylvester and insufflation, were employed simultaneously. In twenty minutes the respiration became automatic. To-day the child is apparently healthy in all respects.

—In the treatment of CHRONIC GONORRHEA, Dr. Breima (Riforma Med. in Med. Neu, Feb. 15th, 1890) recommends the following injection:—

B. Cresor, m. x
   Extract. hamamelis fluid., 1 fl.
   Extract. balsam. canad., 1/2 fl.
   Aquae rosea, f. 1/2 M.

This should be slightly diluted with warm water before using.

—The Chemist and Druggist suggests jaborandi in the following combination as a very satisfactory HAIR-RESTORER:—

Sulphate of quinine, gr. x
   Tinct. of jaborandi, f. 1/2
   Glycerine, 1/2 fl.
   Eau de Cologne, f. 1/2
   Bay rum, f. 1/2
   Rose water, f. x

Dissolve the quinine in the rose water with the aid of 20 drops dilute sulphuric acid, and add the glycerine. Mix the tincture, Cologne and bay rum, and the rose water was added. The statement was made in a quoted article from another journal, from a paper read before a medical society. The dose is, of course, excessive, and should not be administered. Dr. Jacobi does not, however, state what the dose should be, or whether these agents were really prescribed by him in any dose.

Nates and Queries.

THE USE OF IODOFORM IN CYSTITIS.

EDITOR "COLEGE AND CLINICAL RECORD":—

I see in the COLLEGE AND CLINICAL RECORD, Vol. xi, No. 2, page 36, an article copied from the Montreal Medical Journal, Jan., 1890, on "Iodoform in Chronic Cystitis."

The formula, as given, and directions would inject 300 to 400 grains at a time. It would seem to me that some doctor will have a case to report of "Poisoning from Iodoform," if this amount should be followed to any extent. Of course the most of the iodoform will wash out of the bladder—probably at first micturition—but is not this quantity unsafe?

E. W. DUDLEY.

[Our correspondent will find a reply to his communication in the following letter from an able
and experienced surgeon, who is thoroughly familiar with the action and uses of this remedy. — Editor.

EDITOR "COLLEGE AND CLINICAL RECORD." —

In the February number of your journal is an interesting article upon the use of "Iodine in the Treatment of Chronic Cystitis." I began its use in this condition about five years ago, and continue it with great satisfaction. There can be little doubt that the large mucous glands at the base of the bladder become the seat of the infection, and it is almost impossible to clear them by injections, even when kept up as an irritation, which method I have long advocated as the best. The weight of the iodine causes it to settle to the base of the organ, and its slow action gradually renders the antiseptic medication of the parts. Its use, attested in constant experience, is of the greatest value — safe, simple, satisfactory.

In a paper on "Cystitis in the Female," read before the Section on Diseases and Gynecology, at the annual meeting of the American Medical Association, June, 1887, I stated that "the bladder tolerates iodine well, and the treatment is finished by injecting a few grains in suspension, which is allowed to remain. This soon settles to the base of the bladder and is not easily expelled. It dissolves readily in the bladder than in most parts of the body. I examined recently a specimen of urine voided at will, which contained a large amount of iodine, and in reply to my inquiries, I found the patient, a man, had for some time taken a teaspoonful of iodine in suspension as an injection daily, without inconvenience." I have in one instance — a male — known of the iodine being used in general for daily use for some time. The urine was sent to me for examination, and the large quantity of yellow deposit first attracted attention. I advised limiting to five grains, and yet, upon inquiry, learned the only inconvenience experienced was a slight irritability felt in the urethra on micturition. The explanation is doubtless the extremely slow solution of the iodine in urine. Its benefit is the continuous effect in a mild way — especially upon the bladder walls at the base of the bladder, the common seat in that organ of bacterial reproduction. In a general way, I believe the great value of iodine as a surgical dressing lies in its extremely slow solubility, and that iodine poisoning is far less than generally supposed. The danger now lies in this very valuable agent being discarded on this account, the medical press repeating the statement that germs will grow in dry iodine, without comment. This is, of course, true, but equally so of dry bichloride of mercury, the most powerful of all germicides. The preparations used for this purpose, to be of any value, must, of necessity be in solution.

H. O. MERCY.
Boston, Mass.

NEWS AND MISCELLANY.

— The Health Department of Providence, R. I., has issued a circular, in which we find the following suggestions for popular appreciation for the prevention of consumption:—

(1) "No person with consumption should ever spit on the floor or in the street. If handkerchiefs or bits of cloth are employed they should be at once disinfected or burned. A good plan is to use a small wide-mouthed bottle with a rubber stopper. The contents should be thrown into the fire and the bottle and stopper thoroughly scalded with boiling hot water every day.

(2) "The dishes used by a consumer should be at once scalded, and the unwashed underwear and bed-clothing should not be thrown with that of other persons, but should be thoroughly boiled and washed as usual.

(3) "When a person with consumption has diarrhea, the discharges from the bowels should at once be disinfected, as at this time they contain the disease germs. A good way is to add a half teaspoonful of baking powder or fill up the chamber vessel with boiling water.

(4) "No one with consumption should sleep in the same room with another person, and the room occupied by a consumer should be thoroughly cleansed as often as possible.

(5) "No mother with consumption should nurse an infant, and children ought never to be taken care of by a consumptive person."

— The Forty-first Annual Meeting of the American Medical Association will be held in Nashville, from Tuesday, May 20th, to Friday, the 23d. As possible the most important exhibition of pharmaceutical, surgical and sanitary products and appliances. It is expected to be one of the largest and most interesting exhibits of the kind ever held. Those intending to exhibit their manufactures, etc., should address Dr. J. Berrien Lindsey, Chairman of Sub-Committee on Exhibits, Nashville, Tenn., at once. The local committee desires to exercise care and deliberation in assigning space, etc., so as to present everything in the most attractive and effective manner. Choice of space will be given in accordance with date of application. The Committee reserves the right to place on a building as suitable as can be obtained for such an exhibition, near the city postoffice and custom-house, on the widest thoroughfare in the city, convenient of access, and only five minutes' walk from the place of meeting of the Association. It is all on one floor, a one-story brick building, detached and well lighted, with large area of floor and wall space.

— An Army Medical Board will be in session in New York City, from May 1 to 31, 1890, for the examination of candidates for appointment in the Medical Corps of the United States Army.

The pay of a first lieutenant of cavalry, or of a medical officer during the first five years of his service is $1260 per annum, or $113.33 per month. At the expiration of his five years of service, he becomes, by virtue of that fact, a captain, and his pay is that of a captain of cavalry, $2500 per year, increased by ten per cent. for his years of service, viz. $2500 annually, or $183.33 monthly. At the end of his service this rate of pay is increased by the service-addition to $2600 annually, or $200 per month, and after five years more the service-addition makes his pay $2600 annually, or $216.67 per month. If he continues in the rank of captain, at the end of twenty years of service, his monthly pay becomes $2333.33; but about this time promotion to a majority is usually obtained, and a major's annual pay of $2500, with forty per cent. added, makes the monthly pay of the major and colonel $201.67. Subsequent promotion, investing the individual with the rank of lieutenant-colonel, colonel, and brigadier-general, augments the monthly pay respectively in the proportions of $333.33, $375.00 and $458.33.

THE INFLUENZA BACILLUS.—A daily paper thus refers to the reported discovery of this micro-organism: "We are glad of this on general principles, though precisely what good is to flow from the discovery it is difficult to guess. On that point Agassiz's rebuke to the man who asked what use there was in a certain scientific discovery is applicable. Agassiz answered the question with the inquiry: 'What is the use of a new-born babe?' Dr. Koch, it will be remembered, was positive that his comma microbe was the bacillus of cholera, because he had been able to show a man with a severe pain in the region of the transverse colon. If the grip-bug belongs to the punctuation group, so to speak, he should resemble an exclamation mark, as that is the only typographical device we have that suggests a sneeze. The important thing for the professors to discover, however, with reference to the grip-bug, is how to put him to death. As regards him, the man is interested only in the effectiveness of modes of execution. What have the pathologists to say on that point?"

— The principal French accouchers of the present day answer the question, "When should the baby and mother go out?" as follows (Arch. of Obst., Feb., 1890): "When the mother is not very far from bed until the uterus has again become a pelvic organ, which takes place only from the eighteenth to the twenty-fifth day after confinement; and a mother should not go out of the house until the end of the fourth week or the fifth. As to the baby, it should not go out until the cicatrization of the umbilicus is perfect, say the tenth day in summer-time, and in winter-time not until the fifteenth to the thirtieth day, and then when the temperature is at least 50° F."

— It is stated that Prof. Billroth recently stipulated to perform an operation on a Russian Jew, in a small town, for 5000 marks. On making the journey he was informed that the Jew was dead, but to render him some equivalent for his loss, an offer was made to treat five hospital patients at 1000 marks each, to which Dr. Billroth acceded, and before starting homeward learned that one of the patients whom he had just treated was the supposed dead man, who had received the professor's services for one-fifth of the original fee.

— The Medical Colleges of the United States will be represented at a conference to be held at Nashville, Tenn., in May next, at the time of meeting of the American Medical Association, to consider the following points: 1. Three years' course of six months' session. 2. Graded curriculum. 3. Written or oral examination. 4. Preliminary examination in English. 5. Laboratory instructions in chemistry, histology and pathology.

— Dr. James E. Reeves, of Chattanooga, Tenn., has issued a notice to physicians generally, that he is devoting special attention to Microscopical Diagnosis of Tumors and other Morbid Tissues, Secretions and Excretions. He also receives students in Microscopical Technique, Histology and Pathology, including use of microscope, microtome, etc., and has for sale Typical Mounts in large assortment.
PERSONALS.—Dr. D. A. Hurst (J. M. C., 1878), Pittsburgh, Pa., has returned from a tour of the Continent.—Dr. Frank H. Caldwell (J. M. C., 1870) is Chief Surgeon of the South Florida R. R. Hospital at Stanton, Florida, and Secretary of the Medical Examining Board of that District.—Dr. T. K. McBride (J. M. C., 1871) is at Heber, Arkansas.—Dr. F. E. Stewart, M.D. (Class of 1879), has been elected Professor of Pharmacy in the new Powers College of Pharmacy, Philadelphia. Prof. Stewart will still retain his position as Demonstrator of Materia Medica and Pharmacy in the Jefferson Medical College.—Dr. Sturke Hasell (J. M. C., 1886) has removed to Roper, North Carolina.—Dr. P. O. Piisler (J. M. C., 1876) is practicing medicine at Girardville, Penna.—Dr. W. H. Heiser (J. M. C., 1887) has removed from Gordon, Penna., to Washington, D. C.—Dr. Thomas H. Huzzas (J. M. C., 1887), of Atlanta, Georgia, is editor of The Dixie Doctor, published at that place.—Dr. W. F. Danzer (J. M. C., 1889) is located at Hazleton, Luzerne Co., Pa., making a specialty of the eye.—Andrew K. Smith (J. M. C., 1849), Surgeon U. S. Army, was relieved from active service on Feb. 9th, 1890, by direction of the Secretary of War, under the provisions of the Act of Congress approved June 30th, 1882.

MARRIAGES.

Freeman.—Goodell.—At Philadelphia, Feb. 18th, 1890, William Salter Freeman and Ethel Bell, daughter of William Goodell, m. (J. M. C., 1854).

DEATHS.

Brown.—At Port Carbon, Pa., February 24, 1890, George W. Brown, m. (J. M. C., 1844).

Fearing.—At Wareham, Mass., January 23d, 1890, Benjamin Fearing, m. (J. M. C., 1831).

Gregg.—At Indianapolis, Indiana, January 18th, 1890, James S. Gregg, m. (J. M. C., 1866).

McGee.—At Memphis, Tenn., Feb. 3d, 1890, J. P. McGee, m.d. (J. M. C., 1851).

Miller.—At Somerset, Pa., January 1st, 1890, John K. Miller, m. (J. M. C., 1870).

Oldsbear.—At Pittsburgh, Pa., Feb. 8th, 1890, J. A. Oldsbear, m. (J. M. C., 1879), in his 3rd year. He was Physician to the Mercy Hospital, and a prominent practitioner of that city.

Sparks.—At Philadelphia, February 24th, 1890, Nellie, daughter of George W. Sparks, m.d. (J. M. C., 1865).

I would like to talk about the treatment of compound fractures involving the joints, such as are attended by more or less destruction, not only of the bony tissues, but also of the soft parts in the vicinity of the injury. The method of treatment is certainly a very important element in the history of these cases. Under the old regime, the treatment usually adopted consisted in a sort of perfunctory cleansing of the wound, the application of carbolized oil or carbolic solution; the limb was placed in the position deemed most favorable in the eyes of the surgeon, and the reparative powers of Andrew K. Seare tried to either cure the foot or to demonstrate the utter impossibility of saving it, if the patient did not die in the effort to find out whether or not his foot should be cut off.

Within the past few years this has been modified, and the practice now (and I presume it is all over the world) is to be guided by the extent of the injury. If the blood vessels and nerves are not involved, even if the bones be extensively crushed, an effort should be made to save the part, and this effort is comparatively simple, or rather the principles upon which it should be carried out are simple. First, cleanse the wound thoroughly, remove everything, fragments of bone, of devitalized skin, of wood or iron, everything foreign or liable to be septic. Then the limb should be thoroughly dressed, antiseptically, after being carefully washed in some solution, and the one I resort to is bicarbonate of mercury 1 to 1000 or 1 to 2000; the limb is then carefully put on in an antiseptic dressing, carefully but loosely applied, so as not to constrict but to protect the wound. If there is any tendency for the tissues to fall into such a shape that there will be pockets, I have no hesitancy in making counter openings and introducing whatever number of drainage tubes may be necessary to secure proper discharge for the wound secretions. Now, having done this, the limb is placed on a splint. care being taken that there is no constriction of any part, that there is no tight bandage, no application which can in any way interfere with the arterial circulation or obstruct the return or venous circulation. The limb is elevated so as to favor the return circulation, and the dry heat is applied externally to all the dressings.

The first dressings should be of sublimated or iodoformed gauze; borated or carbolated cotton is also applied to simply protect the wound by placing around it a sufficient amount of absorbent material to exert a very moderate degree of elastic compression and to prevent contamination. Now, under this treatment you will be of the opinion, at the end of twenty-four hours, that your limb is saved or is absolutely lost, and in the meantime you have protected your patient in the event of gangrene attacking the limb as a result of the traumatism. You have protected your patient against sepsis; and even if gangrene does occur it does not spread with the rapidity it invariably assumes when the wound becomes septic. You have nothing to fear from the occurrence of that acute, spreading gangrene, the "gangrene of inflammatory sepsis," which has been the curse of surgery in the past.

Usually at the end of twenty-four hours the first dressing should be changed, and it has been my habit to again cleanse the wound thoroughly, to pass a stream of some antiseptic fluid, usually the 1-2000 bichloride solution, through the drainage tubes. Usually you will find one or two of them filled with coagulated blood. This should be removed, and if the opening is large enough it need not be replaced. The second dressing should be applied just as the first. After the second dressing, it is usually unnecessary to replace the dressing for seventy-two hours or longer. A finger or toe should always be left uncovered, by which you can ascertain the con-
Notes of Practice.

TREATMENT OF INFLAMMATION OF THE VERMIFORM APPENDIX.

By Thomas G. Morton, M.D.,
Of Philadelphia, Pa.*

When the abdomen is believed to contain pus, whether intra- or extra-peritoneal, ecysted or diffused, the rule of surgical procedure now is to make a section, remove the offending organ or the sloughing tissues or pus, thoroughly cleanse the surroundings, and drain. This method has also been practiced in the treatment of suppulsive peritonitis, in perforating ulcer of the intestine, whether typhoid, tubercular, traumatic, or simple in character; and, more recently, in those inflammations and abscesses called pyo- and pericolic, which now are acknowledged to be almost invariably the result of some form of appendicitis. It is to the latter affection that I wish to call attention this evening, and, in doing so, to present a number of patients from whom I have removed a diseased appendix vermiciformis, which in every case had given rise to peri-appendicular abscess threatening general suppulsive peritonitis, which, indeed, in several had already begun.

Laparotomy for perforative appendicitis, with removal of the organ, is now an established surgical procedure, and yet so recently has this operation been introduced that I am able to present the patient upon whom I operated in April, 1887, for pericolic abscess with peritonitis, which, I believe, represents the first successful operation for the removal of the vermiform appendix in a case of this kind, based upon correct diagnosis.

It is true that Hall, of New York, in 1886, in an abscess associated with right inguinal hernia, after evacuating the abscess, had discovered and removed an ulcerated appendix, and the patient recovered; but the diagnosis of perforative appendicitis was not made until after the abscess was opened. More recently, a number of cases of excision of the appendix have been reported by Weir, Treves, Nancrede, and others.

In the case to which I have referred and now present, general peritonitis was developing; the history and symptoms indicated abscess, and pointed to the appendix as the cause of trouble. Upon incision, an abscess cavity was entered at a depth of an inch or more below the external surface, a free flow of pus followed, and the cecum and its diseased appendix, which was perforated, came into view. The latter was excised, the peritoneal cavity washed free of pus and drained, with immediate relief and prompt recovery.

I have operated since upon six other cases. Of these seven, five recovered and two died; of the latter, both were unavoidably operated upon in extremis, and, although dying within a few hours, the fatal termination was in no wise, I think, hastened by the operation. Each case presented a distinct history of a number of previous attacks of pain in the ileocecal region, which occurred generally at irregular intervals, covering periods varying from a few months to several years.

Four were males, and three were females; their ages were respectively nine, eleven, seventeen, twenty-six, twenty-eight, thirty-four, and fifty-two years. The final attack, during which perforation took place, presented symptoms very much alike in each: intense local pain, increased on pressure, distention of the ileocecal region, fluctuation of temperature, slight rigors or marked chills, moderate or decided sweatings, acceleration of pulse, coated tongue, constipation, and a depressed, anxious facial expression.

No tumor could be detected in any case, but in one instance there was some deep hardening of the tissues. Percussion in this, as in fact in the other cases, was markedly tympanitic.

A lateral incision was made in each, and the peritoneal cavity was found invaded by pus in four of the cases. In all more or less intestine came into view, either as part of the limiting abscess wall or penetrating the opening through it to the general peritoneal cavity.

The appendix was found attached its entire length to the cæcum in three cases, and quite free in the other four.

Fecal concretions were found in every case but one, either lodged in the perforation or free in the abscess or peritoneal cavity.

The abdominal cavity of each was washed out and drained from the lowest part of the pelvis. The abscess cavities were treated by irrigation and partial cureting. The wound of operation was brought together by interrupted sutures of silk, but in each case, owing to increased tension, some of the sutures had to be cut within twenty-four hours, and healing by granulation took place. From the time of operation the symptoms were invariably promptly relieved. Convalescence was uneventful except in one instance, which will be referred to again.

The operations were performed at periods varying from the third to the ninth day after the first symptoms had appeared.

The post-operative treatment consisted, in a general way, in keeping the abdominal cavity drained and the bowels acting freely.

Hypodermic injection of morphia was reductively used upon two occasions, shortly after the operation, to relieve pain and restlessness.

Milk and broths were freely given, while stimulants and quinine were early required.

LOCAL APPLICATIONS OF SULPHUR IN THE TREATMENT OF DIPHTHERIA.

By Frank N. Drake, M.D.,
Of Tuscarora, Nevada.*

In the local treatment of diphtheria situated above the larynx, I find it of great advantage to preserve the false membrane as long as it will remain in its place. The diphtheritic membrane answers admirably, after having first applied a non-irritating disinfectant over it, to retain the medicament used and to dress the diphtheritic spots in the mucous membrane beneath.

The false membrane may be disinfected by

* Extract from a paper read before the College of Physicians of Philadelphia, January 1st, 1890.

* Medical News, March 8th, 1890.
irrigating it with a solution of any of the soluble disinfectants. The medicament afterward applied to the diseased areas should be slow of solution or insoluble. I have found washed sulphur to act well for this purpose. It may be insuffliated, or, as I prefer, applied with a wad of absorbent cotton wound on the end of a stick, or with a large camel’s-hair pencil. If well packed into the meshes of the membrane, from three to five applications in the twenty-four hours are sufficient; twice during twenty-four hours will answer in mild cases. Patients old enough to express themselves frequently assert, soon after the sulphur has been applied, that their throats feel better. Probably the sulphur, while in the meshes of the moist, warm, false membrane, takes up oxygen and sets free sulphurous acid, thus keeping the part in constant contact with this powerful germicide.

Calomel, also, answers well, but it should be used with care, and a known amount applied each time, and the applications made less frequently than sulphur. The applications of either sulphur or calomel should be made after the patient has taken nourishment, so that the medicament may remain on and in the meshes of the membrane for as long a time as possible. Of course, this precaution need not be observed when the nasal passages are treated.

**WHY IS A MISCARRIAGE MORE DANGEROUS THAN A NATURAL LABOR AT TERM?**

Prof. William Goodell, in a recent clinical lecture (Practice, Feb. 20th, 1890), answers this question as follows: Because the very fact of a miscarriage implies some lesion—something abnormal; because, the placenta not being fully formed, the chorion villi are attached to the whole surface of the womb and some portions of the membrane are liable to be left behind and cause either hemorrhage or septicemia. Then again, the cervix is not effaced, and the small canal is liable to close up on the retained fragments. A criminal abortion is still more dangerous, because gestation is abruptly interfered with before any detachment of the membranes has taken place, and their retention is therefore far more likely to happen than in an honest miscarriage. A stung or decayed apple falls from its bough at the slightest breeze; while to pull off a healthy green one, demands a force which often snaps the bough from which it hangs. This illustrates the difference between a natural miscarriage and a criminal abortion. In the former, the process of detachment is slow and usually complete. In the latter, the detachment is violent, incomplete and traumatic. The result is, retention of the membranes, from which come serious hemorrhages and still more serious septic infections. Should the patient fortunately escape these, she hardly will escape an arrest of involution, and its resulting discomforts.

**TREATMENT OF HOUSEMAID’S KNEE.**

**BY J. S. WIGHT, M.D.,**
Of Brooklyn, N. Y.

During the last few years I have operated in a new way on a number of cases of housemaid's knee. I have obliterated the sac by obtaining primary union of its entire cavity. The operation is one for producing a radical cure, and its steps may be described as follows:

1. Make the parts to be operated on completely aseptic.
2. Incise the anterior wall of the sac from above downward, to the full extent of the cavity.
3. Evacuate the contents of the sac, both fluids and rice-like bodies.
4. Then wash out the sac with an aseptic fluid.
5. Shear out the vegetation down to the surface of the sac, and excise all fleshy bands and cords, which are sometimes large and numerous.
6. Scrape the entire surface of the sac, so as to make it one complete raw surface.
7. Wash out the denuded sac with a bichlo-

*Extract from a paper read before the Brooklyn Medical Society, in Brooklyn Med. Journal, March 18th.*

**RIDE SOLUTION OF PROPER STRENGTH—SAY ONE TO THREE THOUSAND.**

8. All pockets and diverticula should be carefully included in the process of denudation.

The result will be a fresh wound that can be repaired by primary union, if the surfaces are properly brought and kept in apposition. The closing of the wound is accomplished in the following way:

9. Six or eight deep sutures are put in from side to side, so as to be under and concealed by the posterior wall of the sac. These sutures are in front of the patella, and of course are not very deep. They are at considerable distance from the incision on either side. Their ends are now left, for the time being, dependent.

10. After the wound is washed out again with an aseptic fluid, the cut edges of the anterior wall of the sac are carefully brought into apposition by means of a number of superficial sutures, which are properly tied.

11. Any blood or fluid is now well pressed out and wiped off the front of the knee, which is then dusted with pulverized iodiform.

12. An aseptic absorbent compress is laid over the front of the knee between the deep sutures. And then the deep sutures are carefully and firmly tied in front of and over the compress, completely closing the denuded cavity of the pretappatellar bursa. An aseptic pad is put over all and kept in place with a bandage, and the patient is put in bed, and not disturbed for three or four days.

The story of the after-treatment of these cases may be briefly told: At the end of about four days I have removed the outside dressing and then cut the deep sutures close to the skin on one side, when they can be taken out. The removal of the aseptic compress must be made with care, so as not to break the new bond of union. The knee is dusted with iodiform, and then a pad is applied, as in the first place. At the end of a week this dressing is removed, and the superficial sutures can be taken out when complete primary union has occurred. A few days of bandaging is followed by the patient going about. There has been no severe inflammation. Sup-

**ACTION OF REMEDIES ON GONOCOCCI.**

Dr. Friedheim, of Leipzig, has published an elaborate paper on this subject, a visum of which appears in the Provincial Med. Journal, Jan. 1st, 1890 (Med. Record, March 1st, 1890). He had an exceptionally large material at his disposal, consisting of twelve hundred cases, in which he tried a great number of different remedies. For these experiments all fresh and all those cases which did not improve under previous treatment had been selected. Each injection was kept in the urethra for three minutes, the injections were repeated three times a day, and the quantity injected each time amounted to 500 minims. A trace of discharge was taken out from the depth of the urethra, by the aid of a platina loop, and examined microscopically for the presence and number of gonococci. The effect of the different remedies is as follows: Hydrarg. fomand. in a solution of 1 in 1000 to 10,000 has a powerful germicidal action, but this is combined with signs of irritation in the urethra, dysuria, increased secretion; calomel, in a ten per cent. mixture, with fifteen grains of chloride of soda, does not irritate so much, but also the germicidal action is less pronounced; salicylate of mercury, 1 in 250, with 1 chloride of soda, completely destroys the cocci, without much concomitant irritation; perchloride of mercury, even in solutions of 1 in 20,000, causes pains, and the antiscorbutic action is not great. Zinc, tannin, and lead solutions, in the usual concentrations, had no influence whatever on the cocci; subnitrate and salicylate of bismuth are not at all convenient for the treatment of acute gonorrhoea; it must be acknowledged that they lessen and liquify the discharge, but they do not destroy the germs. Permanganate of potassium, in more concentrated solutions, kills the cocci, but highly irritates the mucous membrane, the discharge becomes thinner, and the number of pus corpuscles has been absent. A very desirable repair has caused the obliteration of the bursal sac.
TREATMENT OF SYCOSIS.

Dr. Ohmann-Dumesnil, of St. Louis, Mo., in a paper read before the St. Louis Med. Society, Feb. 15th, 1890. (St. Louis Med. and Surg. Journal, March, 1890), gives the following summary of the treatment:

For purposes of convenience I will divide the treatment into two stages, viz: the curative, and the prophylactic.

When the curative portion of the treatment is undertaken it has been my practice, lately, to epilate as thoroughly as possible. Where a large area is involved this cannot be done at once but will have to be performed at successive daily sittings. Care must be taken to epilate thoroughly, and the vibrissae, in the nostrils, should not be overlooked. Not only is this epilation to be faithfully carried out, but such pustules or small abscesses as exist should be opened and their contents evacuated. When hairs are extracted the pus contained in the follicle should be evacuated, as much as is possible. In regard to the tubercular infiltrations, when such exist, I pay no attention to their treatment, as they disappear in a short time under the effects of the medication employed. As soon as the last hair of that sitting has been extracted apply campho-phenique pure and order the patient to make a similar application at night. This simple treatment constitutes the curative portion.

After a variable length of time it will be observed that pustules are a very unusual lesion and if the proper time to institute the prophylactic portion of the treatment. This is absolutely essential, for two reasons. In the first place, a few microorganisms may be deeply lodged in some crypt; and, if the patient is permitted to neglect all treatment, they will constitute a focus from which a general infection will spread and a consequent relapse of the disease will occur. In the second place, the omission of any treatment exposes the patient to the dangers of a fresh infection from without. Having had sycosis once shows a susceptibility to the disease which is increased by the fact of having contracted it. For these reasons a patient who is apparently cured should be subjected to a further course of treatment. The prophylactic course which I pursue is very simple. I order the patient to shave every morning. He is directed to make his lather with a bichloride of mercury soap, using a 1 in 1000 bichloride solution in water. He is also cautioned to render aseptic his razor, shaving brush, etc., by some simple means. After having shaved, a bichloride solution is ordered to be applied, the strength varying from 1 in 500 to 1 in 1000 according to the tenderness of the skin. At night the same application is made or sometimes varied by ordering lanolin to be rubbed in.

I have had a happy experience by the use of this method. The curative treatment has accomplished its purpose in from two weeks to three months. The duration of the disease when I saw it varied from three weeks to seven years in different individuals. In long standing cases the tubercular masses disappeared under the influence of the campho-phenique, which, besides being antiseptic, has marked reducing power. While it is true that, at the termination of the curative treatment the skin is red and more or less inflamed, the slight dermatitis which exists disappears spontaneously under the prophylactic treatment.

The duration of the latter treatment is indefinite. I have some patients who have pursued it for about two years. They have never experienced any relapses and are so well pleased with the results that they prefer continuing it to running the risk of contracting the disease once more.

TREATMENT OF CHRONIC RHEUMATIC SORE THROAT.

BY E. FLETCHER INGALS, A.M., M.D.*

In treating these cases our first attention should be directed to prophylaxis. With this in view we must be careful that the patient is well clothed and housed, and that he is not exposed to undue changes of temperature or to wet or damp atmosphere. Rheumatic patients should always wear either wool or silk next to the body throughout the whole year, light in summer and heavy in winter, and it should be worn both night and day. They should be careful that all the excretory organs of the body perform their functions properly. They should eat sparingly of such albuminous substances as meat or eggs, and should live largely on vegetables or fruit. The vegetable acids are often advantageous. Whatever is eaten it is especially important that digestion be perfectly performed, so that the system be not poisoned by the formation of ptomaines.

For the local treatment of the disease sedative or stimulant applications may be made with almost equal chances of relief. Applications of the tincture of aconite to the painful spot four or five times a day will sometimes give considerable relief. I have frequently found relief from the application of stimulants, as, for example, solutions of sulphate of zinc. The application of morphine in solution or in powder is sometimes a source of much comfort. I have derived more benefit, I think, from the application of a spray composed of morphine, carbolic acid and tannic acid, in glycerin and water, than from anything else. This solution consists of 4 grains of morphine, 30 grains each of carbolic and tannic acids, and 4 drachms each of glycerin and water. I apply it in full strength, and frequently give it to the patient in a solution of half this strength, to be used daily in the form of spray. In some cases the strong tincture of iodine gives relief; in others the application of a 60 grain solution of nitrate of silver has proved beneficial. These applications do good on the same principle that blisters sometimes relieve a rheumatic joint.

The most important part of the treatment is the internal medication. For this purpose salol, the salicylate of sodium, iodide of potassium, quinacrine, guaiac, phytoalcaea, and the oil of gaultheria may, one or all, be used at different times with benefit. The salicylate of sodium in doses of 7½ to 10 grains four or five times a day; the oil of gaultheria in doses of 15 minims three or four times a day; the ammo-
nicated tincture of guaiac in doses of a teaspoonful three or four times a day, or the resin of guaiac in lozenges, frequently repeated, are of considerable value. But I have derived the most benefit from the extract of phytolacca and salol, combined with a laxative, and sometimes with the iodide of potassium, or with the bromide of potassium for its sedative effects. I give the extract of phytolacca in doses of from 2 to 4 grains, and salol in the same dose, or sometimes in doses of 10 grains. Tincture of bryonia and of cimicifuga have been claimed to be valuable remedies in the treatment of rheumatism. I have used them both, apparently with slight benefit in some instances, but the obstinate cases have done better under the phytolacca and salol, with the occasional use of the other remedies already suggested.

I have records of over fifty well-marked cases of this disease observed during the past four or five years, from which I deduced what I have said in this paper regarding the symptomatology, prognosis, and treatment.

TREATMENT OF CHRONIC INDOLENT ULCERS.

By G. D. Emerson, M.D.,
Of South Berwick, Maine.*

The treatment that I have employed with much success in these cases is as follows: I commence with the administration of an alterative tonic mixture, which I consider of much importance in the cure of these cases, such as the following:—

B. Potass. iodidi, Liq. potass. arsenit, Syr. sarasp. comp., Aqua b. q. s. ad jbjj. M. Sto. — One teaspoonful before meals.

For external treatment I use:—

B. Iodoformi, Ung. petrolii, jbjj. M. Sto. — Use in a thin layer every night.

For a bandage I apply light-weight woolen flannel, and much prefer it in one strip and of good length. I employ two bandages, and render them antiseptic before using, and while

ANTISEPTIC DRESSING AFTER VACCINATION.*

In my practice as surgeon to a general hospital, having been for many years profoundly convinced of the value of antiseptic treatment in surgical affections, I have long felt that the same principle might be employed with advantage to prevent the incidence of erysipelas or blood-poisoning after vaccination. Acting on this idea, I have for over a year employed an antiseptic pad for the protection of the vaccinated arms of infants, applying it after the opening of the vesicle on the eighth day, before which date (in my experience) septic absorption does not take place.

The pad is composed either of boracic or eucalyptus absorbent cotton wool, or of Hartmann’s perchloride wood wool wadding (the latter being the most absorbent, and therefore answering best), and covered at the back and edges by antiseptic gauze.

Two strips of soft half-inch tape fasten the pad to the arm; a similar tape, which passes from its upper border to the opposite axilla, prevents the pad from slipping down. The mother must be warned not to disturb this arrangement for at least six days. I have tried this protective dressing in about 200 cases, some of them specially selected on account of the large inflammatory areola, and have found that on removal of the pad on the sixth or seventh day after its application, the inflammatory infiltration has entirely disappeared, and in most cases a firm, hard scab has already replaced the vesicles, so that the arm can safely be left uncovered.

The following are the advantages claimed for this form of protector:—

1. It protects the arm from external violence.
2. It absorbs all discharge.
3. Most important of all, it reduces the risk of septic absorption.
4. It cannot be used a second time, like the ordinary shield, which is too often the dangerous practice to use again and again.

5. Lastly, and not its least advantage, is its extreme cheapness.

As the result of the practical experience gained in this matter, my conviction is that this antiseptic absorbent covering effectually minimizes the risks of erysipelas and blood-poisoning, those bêtes noires of all vaccinators, and is well worth a thorough trial.

TREATMENT OF LUPUS ERYTHEMATOSUS.

By Henry J. Reynolds, M.D.,
Of Chicago, Ill.*

As the disease is necessarily associated with, or dependent upon, perverted nutrition of the part, the indications are to employ remedies which tend to correct this, or to regulate its function by stimulating the physiological afflux of blood; and for this purpose a number of remedies are used, such as various preparations of sulphur, pyrogallic acid, chrysarobin, various caustics, etc. For the present we will instruct this patient to bathe the face at night with hot water, which will stimulate the activity of the affected parts, and have a tendency to produce absorption of any exudate that may be deposited in the tissues. After she has bathed the affected parts with hot water, we will have her apply green soap, being careful at the same time not to do anything to create too much irritation, because too active stimulation is rather injurious than beneficial. Only sufficient should be applied to be slightly stimulating. If this does not irritate the part too much, it may be allowed to remain on all night. We will then, next day, keep the part dusted with impalpable boracic acid. This treatment may be changed from time to time, as circumstances may seem to indicate.

As regards the prognosis, it is always doubtful as far as a cure is concerned. It is an extremely chronic affection, and may continue to exist throughout the lifetime of the individual in spite of all treatment, as there is no specific line that offers any assurance of a cure.


STRYCHNINE FOR INERIETY.

The excellent results which several authors obtained with strychnine in the treatment of ineurity induced Dr. Taroshewsky to undertake a series of experiments with a view of studying the antagonism between strychnine and alcohol. The results of these experiments are published in the *D. Med. Ztg.* (*Br. and Col. Druggist*), and the author arrives at the following conclusions:

1. Strychnine undoubtedly neutralizes the toxic and narcotic effects of alcohol.

2. Prolonged administration of strychnine and great quantities of alcohol combined is not followed by the pathological changes in the tissues which invariably appear when alcohol alone has been given for any length of time.

3. There are, of course, limits for this protective action of strychnine, and the prolonged use of strychnine itself may do harm.

4. In all cases of alcoholism strychnine ought to form an essential element of medical treatment.

5. Strychnine may also be considered the most powerful prophylactic against alcoholism.

LOCAL ANTISEPTICS IN THE TREATMENT OF SYphilis.

The Paris correspondent of the *Journal of Cutaneous and Genito-Urinary Diseases*, March, 1890, writes as follows:

Dr. Hallopeau has recently directed attention to a question already much discussed, but which, considering its great practical importance, cannot be too strongly insisted upon. I refer to the value of the local treatment of syphilitic accidents. Dr. Hallopeau regards each manifestation of syphilis as a centre of multiplication of the virus—as a source of re-infection—which it is necessary to suppress. If we wish to exercise an energetic and profound action upon these accidents, we should have recourse to the acid nitrate of mercury, which is such a heroic remedy in syphilis of the mucous membranes, but which may be rendered much less painful by the preliminary application of cocaine; or we may employ the sublimate in powder, the caustic action of which is most vigorous and should be carefully watched. Dr. Hallopeau has used it as an abortive treatment for the indurated chancre. Mild solutions of the sublimate (1 part to 500, to 1000, 2000, or 3000) may be applied by means of pledgets of cotton to the affected parts and then covered with gutta-percha plaster, so as to constitute a permanent bath; these are most useful in all syphilitic ulcerations. Baths of the sublimate are employed where the lesions are extensive; ointments and plasters should be reserved for circumcised manifestations.

Preparations which contain iodine as the active principle are of consisting with equal efficacy as mercurial preparations in the local treatment of syphilides. Among them Dr. Hallopeau places iodiform in the front rank, the so-called specific action of which upon syphilitic ulcerations has long been recognized. He insists that in the presence of tertiary or even secondary, syphilitic manifestations we should never content ourselves with the administration of internal treatment alone; an active topical medicament very materially abridges the duration of the treatment.

CAUSTICS IN THE TREATMENT OF MALIGNANT DISEASES.

Dr. Rudolph Matas, of New Orleans, in an interesting paper in the *N. O. Med. and Surg. Journal*, Jan., 1890, on "The Neglected Advantages of Caustics," arrives at the following conclusion to his paper:

It may be said in a general way that the use of caustics should be restricted almost entirely to the more exposed parts of the body, and as far as I am concerned I would limit their application to those parts in which the knife cannot thoroughly and readily circumscribe the disease and leave a healthy area beyond it, especially about the face, or on the cheeks, and on the lips, where the knife has already failed once or twice to prevent recurrence, though a rather unfortunate (as regards recurrence) and considerable experience with certain forms of malignant disease of the breast would almost induce me to give it a trial in this affection, which would otherwise appear to be so favorable to the surgical treatment. There is no doubt, as Butler remarks, that there is so much prejudice against the use of caustics, on account of the hands in which they have been chiefly held, that they have not been employed as frequently as they might reasonably be expected to be. The cancer curers employ them too frequently, and often foolishly and wrongly; but on the other hand, I feel that we do not employ them with sufficient frequency. In selected cases, for the destruction of cancers of limited extent, in easily accessible situations in old or very feeble persons, when it is of the highest importance to avoid shock and hemorrhage, good results may be obtained with far less danger to the patients than can be afforded by operative surgery. The treatment is certainly painful, in some instances very painful, but there are many old and feeble persons, especially women, who will rather submit to great and long-lasting pain than brace themselves up to undergo what is to them more horrible—the trial of a surgical operation.

PHYSICAL EXAMINATION OF THE LUNGS OF CHILDREN.

In a recent clinical lecture Dr. Oliver P. Rex, Clinical Professor of Pediatrics in Jefferson Medical College, states:* That it is a most difficult matter to auscultate the lungs of children. They will not take a deep, long breath. Percussion in children differs from percussion in adults in this respect, that, while at one examination there may be an area of abscess, there can be no be elicited over the same area a few hours later. This curious condition is supposed to be due to irregularity in expansion of the lung structure, parts of which seem, as it were, to rest while other parts carry on the respiratory work. Consequently, in percutting in the case of a child, more faith is to be put in the sense of resistance as imparted to the finger than in the sounds elicited. With dullness and increased resistance the pitch is high. Auscultation is invaluable, but varies sometimes from the rules applying to adults. A pleural effusion in a child may give the signs which in an adult would indicate a consolidation. Local fremitus is not of much importance, on account of the high pitch and feebleness of the voice; but if this method can be employed, the indications in the differential diagnosis between solid and fluid effusions within the chest are more reliable than those obtained from auscultation.

THE COLD BATH TREATMENT OF TYPHOID FEVER—A REVIEW OF RECENT DISCUSSIONS.*

* By Simon Baruch, M.D., of New York City.

The experienced hydrotherapeutist never uses ice-water for a prolonged application. Water below 50° is sometimes used in the douche for ten to twenty seconds. But the aim of all hydrotherapeutic measures is to refresh, to stimulate the nerve-centres, never to induce a sedative effect. This must be clearly understood as the first principle of all scientific hydrotherapy, and it is even well understood by the empirical hydropathist to-day. It has been objected to Brand's rule for bathing, that the intelligent physician should not be hampered by strict rules, that he should be allowed to use his judgment in each individual case. Brand's rule, however, is not inflexible, as the following extract from a letter received on Saturday, February 15th, from Dr. Brand, illustrates. Referring to a case where bath treatment was detailed in one of our journals, he says: "By following my rule it is not to be understood such treatment as was given by Dr. — to the child, which was so far reduced in strength and nerve-power that it should not have been put into a cold bath, but into a warm one, until it gradually became accustomed to the cold bath, for twenty-four hours. To me it is surprising that Dr. — did not obtain greater disadvantage from the low temperature used in this case; it was a special piece of good luck. I always use warmer baths for twenty-four hours, usually even the temperature of the room, if the patient has

* Archives of Pediatrics, March, 1890.
been ill over four days; often, also, from the beginning." From this extract it will be gathered that Brand does not advise the plunging of every case into a bath of 65° F. without regard to individual condition. The truth is, that in no method of treatment is good judgment more necessary than in the management of typhoid fever by the cold bath.

But how is this method to be tested, if, as is evident in the recent discussions, there is no uniform method of treatment; when gentlemen class cold slopping, the wet pack, the ice-splashed sheet, the graduated bath of all temperatures, from 70° to 90° F., as the cold bath treatment? It is remarkable that American physicians, who are usually so practical and ready to utilize the most successful methods, have so long stood aloof from this well-proven treatment.

The statistics furnished by Juergensen and Vogl are the best possible guide for this or any country, because they are obtained from hospital practice, civil and military, and they represent the comparative merits of various methods. Vogl is the chief of the Garrison Hospital at Leipzic. He offers us the records of eight thousand three hundred and twenty-five cases of typhoid fever treated there during forty-seven years. (Military records in Germany are proverbially accurate.) Vogl mentions each year the type of the disease, derived from symptoms and autopsies, the treatment pursued, and the results. The mortality ranges from 40.2 per cent. (1843) to 23 per cent. (1877 and 1878). Since 1875, when the cold bath treatment was systematically begun, the mortality per cent. has never exceeded 4.7 per cent., and the average was 2.7 per cent.; neither one of which figures had ever been reached before (the lowest was 9.9 per cent. in 1863, under quinine and camphor treatment); the next, in 1869, 11.5 per cent.

In the Poliklinik at Tubingen Juergensen had observed even better results. During nine years 217 cases were treated by strict bathing, according to Brand. Only one of these died.

I desire to emphasize the fact that it is not at all difficult to place typhoid cases under the cold bath treatment before the diagnosis is clearly made. Every suspicious case of fever should be placed in the bath, if the temperature reaches 103° F. This is the course pursued at Munich and Stralsund. That no harm can result from it may be easily demonstrated. I pursue it constantly in private and hospital practice. If this rule is adhered to in all suspicious cases, many would come under treatment before the fifth day, and almost surely be saved. If the case be one of simple fever of an epithelial type, no harm will ensue, especially if the graduated bath be used, until the diagnosis is clear.

Bahrdt says that the mortality of typhoid fever in the Jacobs Hospital at Leipzic, was reduced by the bath treatment from 18.2 per cent. to 9 per cent. Riegel reports a reduction in Bamberger's clinic from 20 per cent. to 4.4 per cent., by baths. Schulz, in Bremen, reduced the mortality to 2.7 per cent. by strict bathing.

Gutstadt, who is the censor of the Statistical Bureau in Berlin, said in a lecture before the Verein für innere Medizin in Berlin, in 1887, that "an important factor in the diminution of mortality is the more successful treatment now used, especially Brand's method."

The most important question in this review of the recent discussions is: What constitutes the cold bath treatment?

The statistics referred to, showing a reduction of mortality to less than three per cent., in 200 cases treated before the fifth day to less than one per cent., were not obtained from cold slopping, wet packs, cold soaks, cold affusions, graduated baths, or any other agreeable substitute. They were the result of methodical bathing according to Brand's original method. As there seems to be much vagueness of conception on this point, I deem it important to furnish an outline of the method, as I have learned it from the study of Brand, Vogl, Triper, and Bouwreit, and correspondence with Brand himself.

1. The first principle is to bathe early; even before diagnosis is clear. No harm is done at least by a graduated bath, viz., reduced from 90° to 68° F. for a quarter or half an hour. This is the only modification of the method which is advisable. It accustoms the patient to the treatment and gains time. It should be resorted to as soon as the temperature in the rectum reaches 103° F. I am in the habit of bathing the patient's face and chest with ice-water before placing him into any bath.

2. As soon as the case becomes defined or even suspicious, the strict bath, 65° F., should be used. The tub must stand at the patient's bedside, filled two-thirds with water at 65°. The patient receives a stimulant, and has his face and chest washed with ice-water. He is undressed and gently lifted into the water. A gape or shudder follows, perhaps an excitement of distress. But gentle reassurance by word and deed, a calm demeanor devoid of haste, and avoidance of force, will do much to quiet the patient. With one hand under his head, if necessary, the other is used to gently practice friction over the submerged parts. Another nurse pursues the same course, if possible. This important feature of the Brand method is, I have observed, frequently neglected, and to its neglect may be charged the occurrence of collapse, cyanosis, and chill. Gentle friction with the outstretched hand produces a rosy hue of the skin; the superficial vessels are dilated. By thus exposing a large supply of blood, the cooling is more rapid. The bath should be continued in this manner for fifteen minutes, no matter how urgently the patient desires to be removed.

A pinched countenance, chattering of teeth, unless excessive, or a small pulse, must not be taken as indications for removal. If the face becomes cyanotic, or respiration embarrassed, the bath must cease. Every five minutes during the bath, water at about 65° F. should be gently poured from a pitcher over the head of the patient, and folded handkerchief as been tied like a bandage with the knot over the nucha. This prevents the water from running over the face, and spreads it over the head.

Before the patient is removed from the bath, a linen sheet should be spread over a blanket to receive him. If his temperature has been high, this sheet alone is wrapped around him, while his lower extremities are also covered with the blanket. If his temperature has not been over 103.5°, the whole body may be wrapped in the blanket over the sheet and both placed to the feet. He is then left to dry for ten or fifteen minutes; something hot is now given him; his night-gown is replaced and his temperature is taken. A piece of old linen sheeting (cotton should never be used for any purpose in this treatment) is now folded into a compress of four folds, gently wrung out of water at 65° F., and placed upon the entire anterior portion of the body, from the neck to the pubis. It is renewed every half-hour if patient is not sleeping. This process is repeated every three hours, so long as the temperature reaches 103° F., night and day, unless the patient is asleep naturally.

Stupor, coma, or delirium are always indications for the bath, even if the temperature is below 103°. In these cases, placing the patient semi-recumbent into a half-bath at 95° and pouring several basinsfuls of water at 65° over his head and shoulders, is a more valuable procedure than the cold bath. Let it be distinctly understood that the Brand bath is not "a nervous sedative" (as has been claimed for the cold bath in a recent paper before our State Society), but a refreshing measure, a stimulant, if you will, by which the depressing effects of typhoid poison are to be counteracted, and the patient placed under the toxic influence arising from the infective process; all the functions are so enfeebled thereby, that the processes of life are barely maintained. The impact of cold water upon the large peripheral surfaces deepens the inspiration; more oxygen is inhaled, more CO₂ given off; the cooled blood rushes to the nervous centres, vivifies and refreshes them; the heart and brain, which as been tied like a bandage with the knot over the nucha. This prevents the water from running over the face, and spreads it over the head.
superficial vessels, whose muscular coats, as Marey and others have shown, are paralyzed by the infective process (giving rise later to heart failure from absence of propulsive aid). These vessels are thus dilated, as is evident from the ruddy hue of the skin; the obstacle to heat dissipation is removed also (Weyrich has demonstrated that gentle friction increases heat dissipation sixty per cent.); the occasional cold douche over the head and shoulders again contracts the vessels briefly. Thus their activity is maintained. How different the effect must be of laying the patient into the cold water and leaving him in it undisturbed for fifteen minutes, or wrapping him in a sheet and sprinkling ice-water over him, very little reflection will indicate. Winternitz has demonstrated by sphygmographic tracing this restoration of tone to the vessels by the bath and friction; and the most superficial observer will note the increase in the force and decrease of the frequency of the pulse after it. It is therefore a true "restorative."

The cold bath is not intended as a specific curative measure; its action is analogous to that of peripheral stimuli applied to other toxic conditions.

If we could diminish the force of the toxic effect arising from the infective process in typhoid fever, before it accumulates and overwhets the system, we accomplish the same result that we reach in opium poisoning by early faradization and other measures, viz., we endow the system with nerve-stimulus or force to tide over the danger of toxemia, until the offending elements are eliminated. Our antitoxic measures will prove efficient in proportion to the earliness, persistency, and good judgment with which we apply them, in the one case, just as they will in the other. For the object is almost analogous in both cases, although the conditions are not.

Regarded in this light, and not in the light of a heat-reducing measure, this mode of bathing (not sponging, wet-packing, or ice-coil) must save many lives that are now daily sacrificed.

The main object of the treatment by cold baths is not to reduce temperature, but to furnish a restorative and stimulant to the nervous system. Brand, indeed, now claims that his method is antipyretic. It was Liebermeister who was the leading spirit in proclaiming that the benefit derived from cold baths was due to their antipyretic effect, and, after giving a bath, he often administered forty or fifty grains of quinine, for the purpose of keeping the temperature down after it had been reduced by the bath. But the result of this treatment was a mortality of eighteen per cent.

My object, then, is to show that the cold bath is not meant for the purpose of antipyresis. Antipyrine, as I have found to my cost, will bring down the temperature much more efficiently than the cold bath. As to my analogy between typhoid toxemia and opium poison, I grant that the comparison might be defective in some particulars; but, at the same time, the main points will hold good. In both cases we have a profound poisoning of the system, though in one case the poison acts rapidly and in the other slowly. In both, the poison will become eliminated in the course of time, if we can but support the patient and prolong life until nature can accomplish this; and in both, therefore, the indication is simply to fortify the flagging powers until this can be accomplished. I do not claim that we can cure typhoid; but it is a self-limited disease, and what we have to do is to maintain life until it has run its course.

In regard to statistics, it is true that twenty or thirty, or even a hundred cases, are of no practical value; but if we have vast numbers of cases, the correctness of whose data is vouched for by men of the highest scientific attainments and reputation, I believe that such statistics are to be trusted.

The omission of medicine in the strict bath treatment is, perhaps, as Dr. Delafeld has suggested, of great value. It seems probable that often the medicinal treatment employed has actually damaged our patients, and in what is known as the combined treatment, in which drugs of various kinds are employed in addition to cold baths, the mortality, as has been shown in the paper, is very large.

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**Class-Room Notes.**

Prof. DaCosta recommends the use of suspension only in the early stages of *locomotor ataxia*.

Prof. Brinton, in demonstrating Senn's method of treatment of intra- and extra-capular fractures of the hip, gave it his hearty approval.

For a case of *lithiasis*, before the clinic, Prof. Bartholow prescribed dilute nitric acid before meals, to cause the more perfect oxidation of the nitrogenous substances in the blood.

For *intestinal dyspepsia* Prof. DaCosta directs that a starch diet be avoided, as it is digested in the intestinal canal; but directed that the patient should take milk, some meat, animal broths, also small doses of phosphate of sodium.

For a boy fourteen years old, with *tapeworm*, Prof. Bartholow prescribed the following: Papain, two to four drachms while the boy is fasting, and in four to six hours give a purgative of calomel. The papain is given with the view of its capacity to digest the parasite.

Prof. Bartholow brought before the class a young woman whose occupation requires her to do much writing, with beginning *muscular atrophy and neuritis* in the right arm and shoulder, commonly called "writers' cramp." He directed that the descending stable galvanic current might be employed with advantage.

For a case of *infantile leucorrhoea* due to uncleanness Prof. Parvin directed that the external genitals be bathed with a weak solution of borax, also an injection of the same be used; should the child rebel against the injection, then introduce the following suppository:

B. Iodoformi, 1 gr. v. 
Fiast suppositori. J.

A case of *endometritis* following abortion, and in which the woman was menstruating profusely, so much so as to cause weakness, Prof. Parvin treated before the class as follows: Uterus pulled down with tenaculum-forceps, curtressed and Saturned out with Churchill's tincture of iodine, and leaving in the uterus a piece of cotton dipped in Churchill's tincture. It will be expelled in a day or two.

Prof. Bartholow, for a man before the clinic with *specific history* and *diabetes insipidus*, prescribed the following:

B. Hydrarg, chlorid. corrosiv., gr. j. 
Aque, gr. m. 
Oj. Uj. 

Apply to itching part at night; if it causes burning, dilute it more.

Also:

B. Hydrarg, protiodidi, gr. ij. 
Extract. belladonnae, gr. ij. 
Plant. pil. xii. 
Sto. One t. d.

Prof. Parvin, for a woman before the clinic, with the following history: Twenty-eight years of age, married eight years, anemic, no pelvic inflammation, no acute suppression of menses, but amenorrhoea for the last four years: prescribed twenty drops of syrup. ferri iodidi, t. d.; also a tablespoonful of oleum morrhuae, t. d.

After the system is built up and flesh and strength regained, then faradization of the uterus, and a pill containing aloes, 1 gr., white turpentine, 1 gr., sulph. iron, 1/4 gr., t. d.

For a case of *cystitis* in a woman brought before the clinic Prof. Parvin directed that the bowels be kept in good condition by liquid diet and an occasional dose of sulphate of magnesia, and to wash out the bladder with the following:

B. Acid hydrochloric, gr. viij. 
Aque, 1/2 viij. 
M.

Use as wash for the bladder; should there be pain following its use introduce into the bladder the following and allow it to remain five minutes:

B. Morphina sulph., gr. iss. 
Sto. 1/2 iss. M.

Another good remedy in cystitis is creolin 5j to a pint of water. In obstinate cases astringents must be resorted to.
A LEGITIMATE EXPOSURE OF IGNORANCE.

The publication of the answers given to questions asked by Examining Boards, in different States, of applicants for license to practice medicine, is a good thing for the benefit of the public, if the public could fully realize the import of it. It is certainly a convincing argument to all intelligent medical men in favor of the adoption of the most advanced legislative enactments to bar the entrance of the profession against incompetents. Of course there are many now engaged in medical practice, some of whom passed college examinations, and others who were self-constituted physicians before the days of restrictive legislation, who could not give much more satisfactory replies to the questions propounded by such Boards. The duty of the present hour is to sustain the laws that exist in this direction, and to exert every effort to have defective laws amended, and restrictions as to practice created in every State and Territory in which such action is possible. Of course the ignorant who are already in the profession cannot be reached, but with the advent of the twentieth century we shall doubtless witness, in addition to a wonderful improvement in the preliminary education of medical men, and in the systematic courses of instruction during student life, a universal recognition, in State laws, of the sound policy of protection of the public against ignorance and pretension in those desiring to practice medicine.

Only a few years since, when such laws had no existence, men would have been and were admitted to practice, on the strength of their college diplomas, who would have given equally incorrect answers to such questions as were recently asked by the Examining Board of Minnesota*—

"Symptoms of odema of the glottis are that the patient feels husky and has sore throat. I would amputate it if necessary. I would do the operation within three or four months, if it was a bad case."

"The dose of morphia sulph. for a child of five years, hypodermically, would be one-fourth grain, and if that doesn't give relief, I would give one-half grain."

"The dose of antipyrin for a child five years old is fifteen grains every three hours."

"The kidney is a muscular formation, in shape oblong, color quite dark, weight about one pound to one and a-half, but may vary considerably."

"Extra Uterine pregnancy may be a fungoid growth or tumor fibroid in its character, or any extra growth in the utrurus would be called extra uterine pregnancy."

"A breech presentation may be known by the sense of touch, the buttox being different in formation from the cranium. The anus is different from the mouth, absence of tongue and nose. Get your finger in the inguinal region soon as possible, and assist your patient by femr but gental tension."

"Trismus neynatorium—a peculiar trouble of the eye, generally congenital, falling of the lids giving a unnatural look to the ordinary face of a child."

* Northwestern Lancet, Feb. 15, 1890.

"Tubercle of lung is supposed cause of consumption and the one generally advocated and preventive treatment is any that will burn up them or destroy them. I am a believer in alcohol but the why and its action I am unable to give."

Q. "Test for arsenic in wall paper." A. "Don't know; if I should happen to have a case where it was necessary should look it up. I know it is to burn something in a room and the fumes will turn the paper green."


RECENT SAVING OF LIFE IN MICHIGAN.

In a carefully prepared paper, read before the Sanitary Convention at Vicksburg, the proceedings of which are just published, Dr. Baker gave official statistics and evidence which he summarized as follows: "The record of the great saving of human life and health in Michigan in recent years is one to which, it seems to me, the State and local Boards of Health in Michigan can justly 'point with pride.' It is a record of the saving of over one hundred lives per year from smallpox, four hundred lives per year saved from death by scarlet fever, and nearly six hundred lives per year saved from death by diphtheria—an aggregate of eleven hundred lives per year, or three lives per day saved from these three diseases! This is a record which we ask to have examined, and which we are willing to have compared with that of the man who 'made two blades of grass grow where only one grew before.'"
Therapeutic Briefs.

—A mixture of equal parts of collodion, tincture of iodine and liquid ammonia, applied freely over the parts affected, with a camel's hair brush, is said to be an instantaneous remedy for LUMBAGO.

—Dr. L. D. Bulkley's Antipruritic Ointment is made as follows:—

B. Camphor, Chloral hydrate, Amity, and Zinc oxide, rubbed together until a liquid results, then add aqua rosa, and mix together.

—As a Depilatory Chem. Centrif. recommends the following:—

B. Bari sulphid., p. i.
Zinc., p. j.

When it is to be used, rub with sufficient water to make a thick paste, which is spread thickly on the part.

—Notes on New Remedies states that Syrific Discs may be prepared by steeping blotting paper in an alcoholic solution of tannic acid (45 grains to 75 absolute alcohol), drying, cutting into small pieces, and applying to bleeding points.

—In Falling off of the Hair, a writer in the Lancet recommends the following, a little to be rubbed on every night:—

B. Tinct. jaborandi, 3 as.
Lanolin, 20 grs.
Glycerin, 30 j.

Mix by the aid of a little soft soap.

—In Fissure of the Nipples, the Med. and Surg. Reporter states that the following will alleviate pain and promote rapid healing:—

B. Salol, 1/2 gr.
Ethers, 1/2 gr.
Cape of hydrochlorat. 1/2 gr.
Collodin, 3/4 M.

—The Lancet (Jan. 11th, 1890) states that Dr. Lange, of Copenhagen, reports a generalized eruption of an urticarial character from the local application of a solution of tannin, 1 to 15, to the mucous membrane of the pharynx. Twice before the patient had suffered from the same symptoms after being treated with tannin, once in the form of powder and once in that of solution.

—For Eczema of the Anus and Scrotum (Jour de Med. de Paris) Miner recommends the following:—

B. Olei linii, 25 j.
Aqua calcid., Zinc. oxide, 3 j.
Iodoform., 20 M.

—Dr. J. W. Farlow (Med. Record, March 15th, 1890) states that a two cent. watery solution of resorcin sprayed into the nose, throat and larynx every two hours is a remarkably efficient agent in the treatment of WHOOPING-COUGH.

—in the local treatment of Erysipelas, Professor Petroseco (Med. News, March 8th, 1890) employs carabolic acid in the following mixture:—

B. Carabolic acid, 14 minims.
Collodion, 3 drachms.
Glycerin, 3 drachms.

—Professor Petroseco, of Bucharest (Med. News, March 8th, 1890), uses the following for Inhalation in Pulmonary Phthisis:—

B. Eucalyptol, 7 grains.
Oil of turpentine, 7 grains.
Creosote, 7 grains.
Iodoform, 75 minims.
Ether, 75 minims.

To be used in an inhaler.

—Cozzolino (La Med. Moderne, in Med. News, March 8th, 1890) recommends the following powder for insufflation into the nostrils after the use of the douche in OZENA:—

B. Salol, 35 grains.
Boric acid, 20.
Salicylic acid, 3 j.
Thymic acid, 1/4.
Pulverized talc, 100 M.

—Merrick's Bulletin, Jan., 1890, quotes from Nouveaux Remedies the following formula for a surface disinfectant in PSORIASIS:—

B. Peroxyd acid, 1/2 gr.
Chrysarobin (the so-called "Chrysophanic acid"), 1/2 gr.

Collodion, 90 grms.

Stronger ether, Alcohol, equal parts, sufficient for solution.

Take a bath every third day, and after it paint the affected parts with the above solution.
—Nitrite of amyl is commended as the most natural and successful ANTIDOTE to use where chloroform or cocaine seems to threaten life by its unfavorable action on the heart (Pharm. Record, March 17th, 1890). A few drops of nitrite of amyl, administered by inhalation, will be one of the most probable means of restoring the heart's action.

—For Neuralgia the following pills are recommended (Br. and Col. Drug.):—

- B. Ferriphosphate, gr. iv.
- Fragarcauls. pulv., gr. xv.
- Quinine sulph., 3 grains.
- Ext. hyoscyami, 3 grains.
- Ext. aloes, 3 grains.
- Ext. colchici aceticum, 1/16 grain.
- Camphora, gr. xx.
- M. Divide into pills of 3/4 grains each.

Sto.—One to be taken every three hours until relief is obtained, then one twice a day for a few days.

—A Purging Chocolate may be made as follows:—

Cacao (powdered and freed from oil), g. 80.
Powdered sugar, 80.
Castor oil, 5/8.
Powdered vanilla, 1/8.
Mix, and make into tablets.

The oil should be incorporated with the cacao, and the sugar and vanilla added. The ingredients must be well worked up upon a heated slab, and allowed to cool in moulds.

—Koch (Wiener Klin. Wochen. in Journ. of Cut. and Gen.-Urinary Dis., Feb., 1890) recommends in Erysipelas the following ointment: creaseline, p. j. iodofrom, p. iv. lanolin, p. x; applied with a brush over the affected part and for a distance of two or three inches over the healthy skin. In 25 cases thus treated, after two or three applications a fall of temperature took place, the erysipelas was limited, and the skin resumed its normal color.

—Dr. F. E. Waxham, in a paper recently read before the Chicago Medical Society, states that the frequent use of iron in full doses, free stimulation, abundance of nourishment, watchful care, antiseptic gargles and washes for the throat and nose, strychnia and digitals in case of depression, and the bi-chloride of mercury when the larynx becomes invaded, are our sheet anchors in the treatment of Diptheria, and no specific remedy can displace them; while isolation, ventilation, and disinfection are safeguards that should never be omitted.

—A safe, cheap and good Eye Wash (Northwestern Med. Journal, Feb. 1890) may be made by putting 3 g of crystallized boracic acid to a pint of soft boiled water, keeping it in a cool place, and bathing the eyes with three or four tablespoonfuls of the medicated water as hot as can be endured, three or four times a day, letting some of the fluid get into the affected eye each time. The above is applicable in a large number of cases of inflammation of the conjunctiva, acute, subacute or chronic.

—In the Archives de Neurologie (A. J. of Pharm., Feb., 1890) M. Yvon cites the principal mixtures now in use for the administration of chloral, as a Hypnotic: Chloral, 2 to 5 gm.; bromide of sodium, 1 to 3 gm.; syrup of codeine and syrup of laurocerasus, 8 to 10 gm.; water, 100 gm. For Cardiac Dyspnea (Sée): Chloral, 2 to 4 gm.; potassium iodide, 1.25 gm. to 2 gm.; mucilage, 120 gm.; a tablespoonful every hour. Enema for Convulsions: Musk, 20 gm.; camphor, 1 gm.; chloral, 50 to 150 gm.; yolk of egg, No. 1; water, 100 gm. For Suppositories: Chloral, 1 gm.; cacao butter, 3 gm.; ext. hyoscyamus, 1 to 2 gm.

—Dr. J. M. Anders, in his service at the Episcopal Hospital, Philadelphia, had a case of Ulcerative Endocarditis, which, in its main characters, for the first two weeks, closely resembled typhoid fever (Medical Bulletin, March, 1890). He thought it probable that the inflammation was rheumatic in its origin, although no other lesions of this nature were observed. The patient died seven weeks after admission to the hospital, after several attacks of heart-failure, which finally occasioned the fatal result. The mitral valve was the only one affected, one leaflet having been entirely destroyed, and the others covered by fungous masses of ulcerative endocarditis.

—Crystalline colchicin, in pill form, according to MM. Laborde and Houds, is preferable in the treatment of Gouty (Revue Gen. de Clin., in Pract. Feb. 20th, 1890). On the appearance of the first symptoms, four granules of colchicin, one milligramme (gr. 1/72 each), the first day, taken fifteen minutes apart; three the second day, two the third, and one the fourth day. After an interval of seven days repeat the treatment. Prophylaxis: three granules are taken on the appearance of any premonitory symptoms, two the second day, and one the third day.

—The Paris correspondent of the Pharm. Record, March 3rd, 1890, states that MVRTOL, after a season of desuetude, seems to have become again popular, owing, perhaps, to Professor Richor's verdict in its favor. It is given largely as an antiseptic, having an elective action upon the respiratory passages. The dose is 15 gr., and it is best given in gelatin capsules. One or two may be given every two hours. In pulmonary gangrene, or descending bronchitis, it is said to act very rapidly in subduing unpleasant odors.

—A New correspondent of the Atlantic Med. and Surg. four, states that in Typhoid Fever, a few years ago, the cold bath treatment was very generally employed in the hospitals there. It has now been almost entirely discarded. The reason of this is probably because it was overdone. Patients were sprinkled with ice-water or were put into much too cold water. At the Red Cross Hospital in Lyons, France, the death rate from typhoid fever during the past twenty years was reduced from 26.2 per cent. to 16.5 per cent., by the use of occasional cold baths and antipyretic drugs. It was still further reduced to 7.3 per cent., by a much more constant use of baths. Liebermeister states that at Basle a reduction from 26 per cent. to 16.2 per cent., and eventually to 8.8 per cent., took place under the thorough use of cold baths. In the German military hospitals the mortality rate from typhoid fever was in a similar manner reduced from 25.8 per cent. to 15 and then to 8.9 per cent. (See page 83.)
its annual meeting. The reading of such address not to occupy more than forty minutes."—By-Laws.

Practice of Medicine, Materia Medica, and Physiology: Dr. J. H. Musser, Chairman, Philadelphia. Pa.; Dr. H. McColl, Secretary, Lapeer, Michigan. Obstetrics and Diseases of Women: Dr. W. W. Potter, Chairman, Buffalo, N. Y.; Dr. H. F. Potter, Secretary, Philadelphia, Pa. Surgery and Anatomy: Dr. B. A. Watson, Chairman, Jersey City, N. J.; Dr. J. D. Deaver, Secretary, Philadelphia, Pa. State Medicine: Dr. J. B. Hamilton, Chairman, Washington, D. C.; Dr. F. S. Bascum, Secretary, Salt Lake City, Utah. Ophthalmology: Dr. S. C. Ayres, Chairman, Cincinnati, Ohio; Dr. E. J. Gardner, Secretary, Chicago, Ill. Laryngology and Otology: Dr. J. O. Roe, Chairman, New York; Dr. H. F. Potter, Secretary, New York. Diseases of Children: Dr. Isaac N. Love, Chairman, St. Louis, Mo.; Dr. E. F. Brush, Secretary, New York. Oral and Dental Surgery: Dr. J. L. Williams, Chairman, Boston, Mass.; Dr. E. S. Talbot, Secretary, Chicago, Ill. Medical Jurisprudence: Dr. T. B. Evans, Chairman, Baltimore, Md.; Dr. T. T. Crothers, Secretary, Hartford, Conn. Dermatology and Syphilography: Dr. ——, Chairman; ——;

A member of the Society who wishes to read a paper before a Section should forward the paper, or its title and length (not to exceed twenty minutes in reading), to the Chairman of the appropriate Section, at least one month before the meeting."—By-Laws.

William B. Tirrell, Permanent Secretary, 1400 Pine Street, Philadelphia.

PSEUDO-MEDICAL REPORTING.—Our esteemed contemporary, the Boston Med. and Surg. Journal, states that the New York Herald makes a little quiet fun over the medical intelligence which is cabled over, and for which, by the way, its own columns usually run short. The latest scheme thus exploited is that of Dr. Babapishni of St. Petersburg, who claims that diptheria can be cured by inoculating the patient with erysipelas.

In confirmation of the soundness of the suggested system of treatment, says the New York Herald, the experts refer to many analogous facts. They cite one case in which a man who had suffered grievously with corn contracted typhus fever and was never again heard to complain of the least pain in his toes. His apartments were carefully disinfected after the funeral, so that no harm was done to others by the treatment.

Again, our ambulance surgeons have observed that a single contusion on the head, made by a policeman's club, often acts as a perfect and permanent anodyne in cases of alcoholic insomnia and the like, and instances are known in which confirmed dyspepsia has been permanently relieved by the patient's becoming intermined, as it were, with the accentuations of a buzz-saw.

In the southern and western parts of our country this system of counter-irritant treatment has been practiced with marked success in obscure forms of mental malady. Hippo-kleptomania—or the irresistible desire for other people's horses—has been completely cured by hypodermic injections of metallic lead in pellets, thirty-two to the pound.

In the mining regions of the Far West, according to records published by Dr. Bret Harte and other observers, undue irritability of temperament and even suicidalism, as to the accuracy of other people's statements have been successfully treated in the same way."

MORTALITY AMONG ARTIFICIALLY FED INFANTS.—Dr. Bertillon recently, on the basis of statistics prepared by Dr. Richard Boeckle, made a report on the subject to the Société de Médecine Publique (Revue d'Hygiène Théorique et Méd. Appliquée, March 17th). He demonstrated that the mortality of infants fed on artificial food or reared upon the bottle, all things being equal, is six to seven times greater than that of breast fed infants. The statistics also prove that neither the age of the babies, their legitimacy or illegitimacy, nor the social condition of their parents, is able to explain or modify this discrepancy. The very considerable difference in the mortality found between the two categories of infants (45 to 7 per thousand living in each category) is wholly due to the difference in alimentation. Although the mortality among illegitimate infants in Berlin is generally double that of the legitimate, yet this is quite constant, as the former are far more often nourished by the bottle than the latter.

THE JAPANESE STOOP.—In the Medical Record, Feb. 8th, there occurs an item relative to Dr. Kidera Yasaki's conclusion of an inquiry into the cause of the habitual body-stoop of the Japanese, which attributes it to "their excessive politeness, the bent posture being considered one of deference." Dr. A. S. Ashmead, late Foreign Medical Director Tokio-fu Hospital, Tokio, Japan, writes to the same journal that he thinks this an error. It is due rather to their habitual use, from infancy, of the elevated wooden sandal, whose stilt-like effect on the body's equilibrium, makes it difficult to maintain a perfect perpendicular, and to their habit of sitting with the legs folded, with hands pocketed in opposite sleeves.

—The Virginia Board of Medical Examiners recently received the following answers to questions put to graduates of medical colleges, who, under the Virginia law, applied for license to practice medicine in that State:

Describe the larynx. A.—The larynx is composed of cartilage. The esophagus passes through the larynx.

What is the function of the liver? A.—Do not know.

Give the test of arsenic. A.—Sulphurized hydrochloric acid is one. Don't know rest.

Give test for mercury. A.—Do not remember.

Give dose of tartar emetic. A.—Ten grains.

Give dose of sulphate of atropa. A.—Hypodermically, ten grains; by mouth, sixty grains.

Give dose of corrosive sublimate. A.—One grain.

How would you treat placenta previa? A.—I don't know what it is.

Give dose of powdered cantharides. A.—Forty grains.

What is the source of iodine? A.—It is dug out of the earth in blocks, like iron.

Describe deseng or breakbone fever. A.—By four applicants. A fever that comes on soon after the bones are broken. By one applicant: The patient should be cautioned against moving, for fear the bones should break.

Describe the peritoneum. A. It is a serious membrane lining the belly, and extending into the chest, covering the heart and lungs.

PECULIARITIES OF THE FRENCH PHARMACOPEIA.—From a paper by Dr. Oscar Oldberg, in the Med. Record, we learn that the French Pharmacopoeia contains twenty kinds of troches, 13 kinds of pills, 29 ointments, 7 pastes, 14 plasters, 5 water solutions, 7 decoctions, 69 syrups, 29 wines, 22 concentrated juices, 2 chloroform, 10 lemonades, 11 potions, 11 baths, 6 fumigations, 6 cigarettes, and 1 beer!!! And among the official titles in that pharmacopoeia are still found, in the year 1890, the following names: Vulnery, laxative, purgative, sudorific, antisclerotic, cathartic, escharotic, sedative, denticrife, vesicatory, resolver, carminative, diuretic, emollient, pepticum, fumigant, astringent, soothing, digestive, "anti-chyme," antispasmodic, nervine, anti-spasmodic, stercoratory, and antiseptic.

The French pharmacopoeia has a number of "alcalo" with from 3 to 10 ingredients, an "alcalo" with 19 substances in it, mixed teas with from 4 to 20 constituents, a "patent" with 8 ingredients; its compound syrup of rubarb has 10 ingredients, the compound syrup of ipecac 9, and the compound syrup of erysipenum 14; one of its vinegars has 14 ingredients; it contains four electuaries having from 10 to 15 ingredients, and one electuary composed of 58 drugs!!! Can such a pharmacopoeia command respect?

The State Board of Health of Pennsylvania, of which Dr. Benjamin Lee, of Philadelphia, is the efficient and trustworthy Secretary, has recently issued several interesting pamphlets in regard to Restrictions on Travel, Precautions against Consumption, etc.; and, also, several important circulars. The Board is desirous of obtaining authentic information as regards the effect of tobacco smoking either in promoting or retarding the development of pulmonary tuberculous consumption or otherwise. It has been stated that invertebrate smokers are, to a great extent, exempt from the disease. If this is true the fact ought to be made widely known; if it has no foundation, it ought to be authoritatively contradicted. It is also desirous of obtaining reliable statistics in regard to the recent pan-demic of diphtheria, as observed.

One of the evening newspapers was stuffed with the following information during the recent epidemic of influenza, which it gravely published, says the Boston Med. and Surg. Journal: "There are a good many complicated cases occurring, such as cerebral neuralgia and severe headache, but the most serious of those are where the throat symptoms are associated with, the male, salpingitis, which necessitates either tracheotomy or hysterectomy. If hypodiasis occurs, it may be well to give iron in large doses, but if a premonition of a Graafian follicle supervenes, it may be serious or even fatal. This last complication is believed to be due to an organism not belonging to the bacteria, but like them not containing chlorophyll."

INSTRUCTION IN MASSAGE.—A course of lessons in massage and the simpler Swedish movements will begin in the American Institute of Nursing, 1532 Pine Street, Philadelphia, on Tuesday, April 1st, 1890, at 2.30 p.m. The practical instruction will be given by a graduate of the Medical-Gymnastic Institute at Lund, Sweden. Applicants, other than physicians or medical students, must present a certificate of good moral character from a respectable physician.

An Idaho newspaper mentions that a man from that section of country recently had an oval (?) tumor taken from his side, at Bellevue Hospital, New York, and is feeling first-rate since the operation was performed.
Mr. Wilson Barrett, the eminent English actor, recently presented, in Philadelphia, at one of its leading theatres, a brief dramatic poem by Dr. S. Weir Mitchell (J. M. C., 1859), of this city entitled "The Miser." The rendition was a very successful one, according to the critics.

A ton and a quarter of bromides are said to be consumed annually by the patients of the National Hospital for the Paralyzed and Epileptic in London.

The Illustrated Medical News Company, Limited, have decided to discontinue the publication of the Illustrated Medical News.

PERSONALS.—Dr. J. K. Baoduy (J. M. C., 1863) was elected President of the Ext. Louis Medical Society, at its recent annual meeting. Dr. Howard R. Swayne (J. M. C., 1889) has been elected physician to the Home for Aged Couples, Philadelphia. Dr. S. L. West (J. M. C., 1868) has removed from Wilmington, Delaware, to 1674 14th Street, N.W., Washington, D.C. Dr. K. McBride (J. M. C., 1871) is at Heber, Arkansas. Dr. J. H. DeWolf (J. M. C., 1878) is practicing his profession in Baltimore, Maryland. Dr. D. E. Hughes (J. M. C., 1878) has been elected Chief Physician of the Philadelphia Hospital, to succeed Dr. G. M. Wells, resigned. Captain William L. Kneedler (J. M. C., 1879), Assistant Surgeon U. S. Army, has been ordered to report for duty at Fort McPherson, Georgia. Dr. F. E. Stewart (J. M. C., 1879) read a paper on "The Therapeutic Uses of Bullock's Blood," March 26th, before the Philadelphia County Medical Society. Dr. T. D. Palmer (J. M. C., 1882) has been appointed by the County Commissioners, on the Medical Staff of Cook County Hospital. Dr. Austin H. Longfellow (J. M. C., 1889), is at Addison, Maine.

Marriages.

Stiver—Cox.—At Churchtown, Pennsylvania, Feb. 27th, 1890, Daniel Webster Stiver, M.D. (J. M. C., 1888), and Annie, daughter of John Cox, Esq.

Deaths.

Biecker.—In Florida, Dec. 6th, 1889, James E. Biecker, M.D. (J. M. C., 1886), of Somerset, Pennsylvania.

Usilton.—At Philadelphia, March, 1890, Charles Samuel, only son of C. A. Usilton, M.D. (J. M. C., 1882), aged fourteen months.
but of kind; indeed, from a biological as from an economical point of view, the vital unit demands the merging into one of the two sexes, taking two to make a bargain, so to speak.

The mind of most men, at least, is inductive in character; facts are slowly established, and conclusions cautiously drawn by such minds. The mind of woman is essentially deductive; she jumps at conclusions without any facts at all; but the woman gets there all the same, and her conclusions are generally right. That such a marked difference actually prevails as regards the intellect of the sexes, is shown from the fact of the extreme rarity in which the inductive and deductive methods of reasoning are equally made use of by the same individual. In the history of the human intellect we meet with two instances only—Aristotle and Newton, who were equally great as experimenters and reasoners, equally inductive and deductive in their methods of thought. The discovery of the attraction of gravitation was a pure deduction, made by Newton at the age of twenty-four, the experimental verification of it being delayed for years, until an arc of the meridian was accurately measured. The discovery by Goethe, the great German poet, of the different parts of a flower—the calyx, corolla, stamens and pistils—being only modified leaves, was a deduction, Goethe not being a botanist, but a thinker; the poet afterwards studying botany to prove the truth of his theory. The celebrated Harvey made the collection of minerals now adorning the museum of the Jardin des Plantes in Paris, to illustrate his views of the origin of minerals, previously deduced entirely from theoretical considerations. It was predicted by Hamilton, from mathematical reasoning, that a ray of light would emerge from a crystal, as a divergent cone, if certain experimental conditions could be realized, and such was afterwards shown experimentally, by Lloyd, to be the case. The "Wealth of Nations," a work that entirely revolutionized men's ideas as to values and economic relations, whatever view may be held at present as to its intrinsic worth, was written not by a merchant familiar with the details of trade and finance, but by Adam Smith, a profound thinker, who, living for years in seclusion, away from the distractions of men and affairs, worked out a theory which to this day is the basis of sound political economy. Indeed, far more discoveries have been made by the deductive method, the woman's method, as I will call it, than is usually supposed. Such being the case, the fact that eminently intellectual men have usually had very intelligent or strong-minded mothers becomes significant, and further indicates the importance of letting the mother, in early youth, in this most impressionable period of life, influence the growth of the intelligence of her child.

On the other hand, mere theorizing speculation leads to nothing. The failure of the Greek philosophy was largely due to the current theories of that day not being submitted to the crucial test of experiment, not being viewed in the light of experience. The theories of Anaximander and Anaxagoras were as hotly maintained by their disciples, as expressing the truth, as those of Heraclitus or Pythagoras were by their adherents. What is truth then, might be very well asked, so impossible had it become to establish in Greece any view certainly, the truth being so mystified by the skilful but unprincipled peripatetic philosophers of the Porch. The mystical, purely speculative, unpractical, so-called German philosophy of the day, as illustrated by the works of Fichte, Schelling, Hegel, is a natural outgrowth of that profound work, the "Critique of Pure Reason," by Kant, pushed to its extreme speculative limits, but uncontrolled, however, by experience. In vain Kant protested to Hegel that thinking that you had a hundred thalers in your pocket was not the same thing as having them there. What had the existence or not of a miserable hundred thalers to do with the philosophy of the matter? So Hegel smoked on, thalers or no thalers, and puffed out a farrago of inner consciousness, which in this country would have consigned him to a lunatic asylum.

Speculation and experiments, theory and practice, ought never to be separated; induction and deduction should go hand in hand; and the more intimate the union of the methods, so much more valuable will be the intellectual results accomplished. The influence exerted by woman in the advancement of knowledge is not only seen in her promoting the deductive form of reasoning, but in the developing of the poetical and imaginative sides of our nature. The importance of the imagination in developing scientific theories is so evident as to have attracted the attention of many thinkers. The dry, disconnected facts of science daily accumulating, unilluminated by a theory weaving them into a continuous whole, so far from being suggestive and stimulating to further research, actually paralyzes the mind. It is an unmeaning fact that Shakespeare preceded Harvey. The mental and moral atmosphere that made a Shakespeare or a Milton possible was more conducive to the producing of a Harvey than that of a court of which Bacon was the ornament.

The discovery of the circulation of the blood would never have been made by a slave to Baconian methods with its idols of the tribe, market place, and theatre. Indeed, Harvey saw the blood circulate only in his mind's eye, the demonstration of the circulation by Malpighi not being made until after Harvey's death. Again, the great French intellects appeared during the French Revolution, a period characterized prominently by unrest, excitement, restlessness, conditions all favorable in stimulating inquiry indispensable to the advancement of knowledge. Gentlemen, I have offered you arguments and illustrations enough to convince you of the influence exerted by woman, in the advancement of knowledge, to satisfy you that in taking to wife one of your fair countrywomen you will strengthen your own and mankind's minds in adding to it that of the deductive feminine one? If so, then the object of these parting remarks will not have failed, and wishing you health, success, and, above all, happiness, I bid you one and all an affectionate farewell.
sod which covers his mortal remains, I shall call your attention as briefly as I can, to one of the lessons which we may draw from his career, namely, the influence of the personal atmosphere of a great man in directing and developing the lives of others.

From my early boyhood, after the lapse of more than half a century, I recall vividly the mind the form and visage of a notable man, who rises as distinctively before me now as if I had seen him but yesterday; a man of force and presence. His name was Isaac Ramsay. He was the high sheriff of Columbia county in the State of Georgia. His personal courage had grown into a proverb so universally accepted by the community in which he lived, that it was very rarely put to the test of personal combat. He was beloved, as well as feared, by those with whom he came in contact and, hence, had great power and influence amongst his neighbors.

An anecdote of this man came to my boyish ears which, as it suits my present purpose for illustration, I give to you just as it was given to me, with the simple statement that I heard it so often and from such good authority that I then believed it to be substantially true, and so believe it now.

It was court week at Appling, the county seat of Columbia, so the story goes, and the court had adjourned for the dinner hour. Upon the steps of the Temple of Justice, in the center of a group of old time Georgia planters, sat Isaac Ramsay. The conversation turned, as was often the case in those days, upon the chase. The qualities and excellencies of noted deer-hounds and foxhounds owned in the county were elaborately discussed. Quite naturally in a community of planters, whose chief property consisted of negro slaves, and who were accustomed from childhood to go to rest at night in their quiet homes relying in part upon the faithful watchdog ready in an instant to sound the note of warning when aught of threatened danger disturbed the stillness of the midnight hours, this ever faithful friend of man came in for due share of boastful praise. Ramsay asserted boldly that he could enter the yard of any gentleman present, at dead hour of night, and walk the piazza of the residence unharmed, and to back his daring assertion he offered a money wager which was promptly accepted.

A bright night was selected for the trial, and a number of gentlemen were on hand to witness the exploit. Ramsay appeared upon the scene, alighted, and hitching his horse to the elevated rack by the roadside, he quietly, but boldly, opened the yard-gate and entered as he would do upon his own premises, empty-handed. At the click of the gate-latch the watchful guardian of the mansion leaped forth from beneath the elevated structure and sounded his alarm to the sleeping inmates, whilst he savagely confronted and endeavored to intimidate and drive back the untimely intruder. Ramsay paused in his track and fastened his eyes intently upon the watch-dog, who eyed him closely in turn. The defiant noise of the dog was soon hushed and a slow retreat began as Ramsay cautiously advanced across the spacious yard, followed in turn by utter demoralization and flight of the brute to shelter beneath the house. Ramsay walked in victorious triumph upon the colonnade. Not only this, the story goes, but the victor entered the open space below, and seizing the terrified dog by the ears he dragged him, yelping, forth into the open yard.

Now, if you are prepared to accept the story as it was told to me long years ago, just as I tell it to you today, it is evident that an influence, a something, call it by what name you will, went out from Ramsay and was received into the brute consciousness of the fierce watch-dog; a something which transformed him in a moment, as it were, from the terror of a whole community into a cowardly, sinking cur. What was that something?

I need not pause to consider the feats of the lion-tamers in the various menageries which roam about the country. It is a well-known fact that these performers are careful to keep their eyes fixed upon those of the brute. It is equally well-known that a few persons only possess this mysterious power of lion-taming, whilst the great mass of mankind are wholly destitute of it. What is the mysterious something which goes out of the lion-tamer and enters into the fierce monarch of the jungle and transforms him into a veritable lamb in docility?

Again; in walking the thoroughfares of any populous city one encounters thousands of human beings who pass by him in the way. Some are seemingly in hot pursuit of the almighty dollar, as if the coveted coin had taken to itself wings and was flying from their eager pursuit; some in the more leisurely but not less earnest prosecution of the day's business; the mechanic, the artisan, the clerk, the merchant, hurrying to the scene of his daily toil. There, too, one meets the sightseer, the man of leisure and the idler sauntering along with more leisurely tread. For the most part these pedestrians are concerned only safely to pick their way along the crowded street, and look neither to the right hand nor to the left.

Now and then the eye catches a quick glance into the orbs of a fellow-man as he rushes past, and straightway forgets what manner of man he was. It is so with the multitude. The casual glance gives no information, it originates no chain of thought, it stirs no inward emotion, it vibrates no chord of human sympathy. The mechanism of the brain simply scores one of the myriad of human beings that walk the earth, and prepares in turn to score the next one as he passes in momentary observation and becomes engulfed in the vast sea of humanity.

But it is not always thus; at rare intervals we encounter men who attract our notice whether we will or not. We watch to catch the expression of the eye as they pass, and having caught it, we feel that something, we know not what, has passed out of the eye of the stranger and has entered into us. Instinctively we turn and gaze upon the fleeting form until it is lost in the multitude. Is this only a myth of the imagination? Are we deceiving ourselves? It cannot be. A monitor within us tells us, beyond mistake, that something has gone out of the stranger; a stranger we never met before, a stranger we shall likely never meet again upon this earth; a something which has entered into our inward consciousness and struck a sympathetic chord whose vibrations may linger in memory for long years to come, perchance whilst life shall last. What is this thing, this something which has passed out of the stranger and which has entered into us?

I shall not attempt to inquire into the true nature of this mysterious force, influence, essence, thing or no-thing. Call it what you will and speculate upon it as you like, I shall only ask you to recognize its existence and its potency to move and to mould men to the accomplishment of ends and purposes, and I shall be satisfied. The citation of a few examples from life may help to bring home to you my meaning.

A third of a century is now gone since I sat upon the lecture benches of this college and heard from the lips of a noted man of rather short stature and stout build, with commanding presence, lecturing to his class without scrap of paper or pencil note, giving from the storehouse of a remarkable memory long rows of statistical figures, a simple anecdote, which began: "The other day, gentlemen, as I was passing down Chestnut street, I met a man," etc., etc. For a quarter of a century he had related to his medical classes the same anecdote and in precisely the same words. It was always: "The other day, gentlemen, as I was passing down Chestnut street," as the versatility of this man's medical knowledge was wonderful. There was not a chair in the school which he could not fill with credit to himself and profit to his pupils if any emergency required it. His reading was vast and exhaustive. His writings were voluminous and widely varied, covering well nigh the whole field of medical science as it existed in his day. Scarcely recognized in Philadelphia as a practitioner of medicine at all, he was an able clinician, and taught thousands of pupils how to minister acceptably at the bedside and relieve human suffering.

All around and about this remarkable man there was a personal atmosphere which impressed for good all those who came in contact with him. One of the greatest men this
country has ever produced, the immortal author of the Declaration of American Independence of Great Britain, was impressed with this personal atmosphere as he came in contact with him upon the streets of the great metropolis of London, and brought him to America to mould the coming generations of students of medicine in the new world.

In the old amphitheatre up-stairs stood another man of a trifle lesser stature and much more slender figure, whose sallow visage was deeply grooved by the rude finger of old father Time. As he talked to us familiarly of subjects which go to make up in part the sum of medical knowledge, it was his habit to traverse round and round the little circle which bounded the arena, and upon occasions he would emphasize an important point by thrusting his bony finger into the abdomen of some listener upon the front row of benches.

I can see him to-day as I saw him a third of a century ago, rising to his full height, as he exclaimed: "Let your light, gentlemen, shine among men; set it on a hill, and do not conceal it under a bushel of gawkiness, or some stupid conceit of your personal dignity; or what is still more asinine, the dignity of your calling. Dignity is you, not physic nor the practice thereof." And again: "Let me persuade you, gentlemen, to form, early, the resolution to give only the physic and the counsel that may be really required in the case. If you will form and live up to such a resolution, you will early triumph over your difficulties. You should judge the case by the case, and by no other law or evidence. Be not methodists—on the contrary be men of principles in medicine; principles which, like the genius of the Persian fable, come at your bidding and do your bidding; for no one can be taught to cure diseases by a method. Method in medicine is beneath contempt." And then again, with pungent sarcasm: "Who wants to know, or who ought to know that the ladies have abdomens and wombs, but us doctors. When I was young, a woman had no legs even, but only feet, and possibly ankles; now, forsooth, they have utero-abdominal super-porters, not in fact only, but in the very newspapers."

Around this little, old, shriveled man—truly great man he was—there was a huge personal atmosphere, enveloping, exhilarating, and yet soothing. There was no great length of hard pupils who eagerly drank it in. Beyond question there was something far more potent than words which went out of him, and which entered into his auditors. Something like unto seed sown in productive soil, seed which grew and matured other seed to germinate and fructify in yet other soils. It was like leaven in the loaf, and will continue to reproduce itself, how long no man can tell.

Within the walls of Jefferson Medical College poses in dignified silence of enduring bronze the counterfeit semblance of a distinguished alumnus of this institution of learning. Born of hot cavalier blood, in the far away southland, he was impetuous and freespoken, often treading upon the tender toes of his best friends. When he did so, however, there was none so quick to discover the fault as he, and none so ready to offer ample apology, and to repair all damages at any and every cost to himself. Of generous mould, his heart, his hand and his purse were always and altogether at the command of his large circle of personal friends. Chivalric to a degree in all his feelings and impulses, he was as gentle, as loving and as tender as a woman. Glimpse of light in his native South when he removed to the metropolis of the country, and there founded a unique public charity, and laid the foundation also of a new and distinct department of medical science and practice, the rapid growth and importance of which is to-day the marvel of the whole world. Around this distinguished man was an abundant personal atmosphere of manly courage and enterprise, coupled with womanly sympathy and love, which exerted a power for good as widespread in the earth as civilization itself.

I trust, gentlemen, you will allow me to draw upon my individual experiences and make free use of the personal ego, on an occasion like this, just as we used to do when we were boys together, and sat upon the benches, and made these old walls echo to the shrill, deafening whistle, or tremble under the unseemly thunder of our boisterous applause. And why should I not feel thus free? Are we not the older friends who sat upon the benches, and whistled, and thundered? We are grown a trifle older, I grant you, and some of us are wrinkled, and gray, and smooth on top, like poor old uncle Ned, who died long ago, long ago, but we are the same boys still, come together at the bidding of our Alma Mater, to live over our college days anew and recall the memories of the former time.

Two years after leaving these halls I found myself broken in health, heartsick with the paucity of my medical knowledge and my utter insufficiency for the great work of healing which I had entered upon. Gathering together my slender means, I embarked upon the wide ocean for the old world, to recover wasted strength, and pick up, as best I could, some fresh additions to my meagre stock of scientific information. With but few friends in the profession, and not one of any influence of whom I dared ask an introductory letter, I went empty handed.

A few days after landing found me in the city of Dublin, wandering about the streets, with no friend or acquaintance, and no key to unlock anything save the little, cheap trunk which enclosed my earthly possessions. Upon Merion Square my eye caught the door plate of the Professor of Midwifery in Queen's College, whose works had given me much of my slender stock of knowledge in that branch of medicine. I thought to myself I must see and know the author of the books of my study. I boldly knocked upon the door and was shown into the waiting-room. I frankly stated to the Professor that I was an obscure country doctor, from the mountains of Georgia, abroad seeking health and medical knowledge, and entirely without credentials. I soon found myself enveloped in a personal atmosphere of benevolence and helpful sympathy. He invited me to a seat at his family board; he gave me the entrée to everything medical in the city of Dublin, and when he shook my hand, in parting, he put into my pocket introductory letters to everybody I cared to meet in Ireland, Scotland and England.

In that land ennobled by the writings of Sir Walter Scott and the sweet songs of Robbie Burns, there lived, labored and died the most remarkable medical man it was ever my good fortune to know. He was a sturdy pioneer upon the frontiers of medical science. Like Daniel Boone, of Kentucky, he trod, with firm step and keen eye, the unexplored forests full of prospective fatness and wealth. With gleaming axe he blazed out new pathways, that others might follow in his footsteps. So grand and so beneficent were the fruits of his discoveries, his sovereign Queen took note of them, and crowned him with the laurel of her royal favor. The citizens of his native town voted him the freedom of the city of Edinboro', and, after his death, placed in the public garden, beside the beautiful monument commemorative of Sir Walter Scott, in enduring bronze, a colossal semblance of the figure and features of her beloved physician. Around and about this great man there was a grand personal atmosphere which invigorated and intoxicated those who breathed it freely. It was absolutely stifling to the lungs of weakly men. To live in it for a time, it remoulded entirely all the aspirations and determinations of young men of stronger type. Under its stimulus a number of his pupils gained national, and even world-wide, fame in after years.

The true physician moves about the world enveloped in his personal atmosphere. It gives him dignity and influence in society, and is the chief element of his social strength and power. It ranks him with the occupants of the pulpit, the rostrum and the bench, with the officials of State, and the wearers of epaulets.

In the physician's private office, the influence of the personal atmosphere of the master over his pupils is especially marked. Undoubtedly there has been, in our day, a great change for the better in the matter of medical education in America. The curriculum of
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study has been greatly extended in its scope, and better systematized. Clinical opportunities are more abundant and varied. The laboratory practice enjoyed by students in our medical schools to-day was wholly unknown in America when we were boys. The post-graduate schools and the polyclinics, which are doing such valuable polishing work for the profession, are late importations from the Old World. The raw material of which the future doctor is to be made, is now taken more directly from the literary college or the high school to the organized medical institutions, and put in systematic class training.

That this more methodical course develops results which the old office training, supplemented by college lectures, did not, must be admitted. But it remains yet to be seen whether the student, under the new system, is not fairly open to some of the criticism which is visited upon machine-made fabrics, when contrasted with those turned out by old fashioned and honest hand labor. Whilst we may get more in quantity and greater polish for a given sum of money, have we not lost something in strength and in wearing qualities by the change? Is not the newly-made doctor, the machine-made doctor, if you will allow the term, of to-day, somewhat wanting in the individuality and the thinking qualities which characterized the old hand-made article of the past?

In the olden time the country doctor had his little farm, his gig and his saddle-horses, two or three. He had his well-appointed doctor's shop right upon the public road, and near the residence. It was well stocked with medicines, instruments, and tools of his art. In the back room, behind the door, hung a dilapidated skeleton, half hidden from the public gaze by an old, glazed cumbrous gown rescued from the college dissecting-room. Upon a shelf near by was a row of covered jars, holding ugly tumors of varied size, trophies of the surgeon's bloody knife. Here, too, were sundry shrunk specimens of nature's abortive efforts to reproduce the human form divine. In the shade of the front porch, cocked back in stout, split-bottomed chairs, and poring over the well-thumbed text-books, sat the office students, two or three, to correspond with the saddle-horses at play in an adjacent lot. The office students would not consider their duties not in name only, but in actual fact. Each had his horse and saddle assigned him, and medical cases, too, were committed to his charge, under the supervision of his master and friend. He was early taught to think and to reason in his chosen calling, and to act, as well. He lived day by day in the personal atmosphere of his leader. He not only took in lessons of wisdom, but he caught, by contagion, as it were, loftier aspirations, more enlarged views of life, greater energy and pluck. The master was his beau ideal, it is true, and he swore by him. But if that master were a man of atmosphere, the student was not a mere shadow, but soon caught the inspiration, and learned to respect himself and think for himself.

Perhaps the most striking manifestations of the power of the personal atmosphere of the true physician are to be found in the sick-room. The balm to every wound and ailment which the bare presence of many physicians brings into the chamber of the sick and languishing, is an influence so potent and salutary in its offices that the bare mention of it brings it home to the personal experience of all of us. In my own case it has long been my custom in calling a brother doctor to my bedside, to accompany the call with a polite request that he will please leave his drugs behind. It is him that I want and not his physic.

Who is there amongst us that has not often seen the tempest-tossed soul of his suffering patient mounting like billows upon the troubled sea of Galilee, and feeling the power of the master within him has stretched forth his hand with authority and commanded, "peace, be still."

I chance to know a physician of repute and of large practice. The sick flock to him from far and near. They all bring the same story. They have been drugged, and drugged, and drugged. He stops all medicines. They take little or nothing. They eat and drink and sleep. For the most part they go home well, and sounding the praises of the doctor abroad in the land. Query: What cures all these sick people that take no medicine? You may answer that question for yourself; I shall not.

At the hazard of the anathema of heterodoxy and, perchance, of mortal offence to our respected Professor of Materia Medica, I must be allowed to express my conviction that the personal atmosphere of a truly learned physician is an ample armamentarium for the cure of most diseases, if all the drugs in chirstendom were gathered together and cast into the depths of the sea!

Original Articles.

URETHRAL FEVER.
BY J. CHALMERS DA COSTA, M.D.,
Of Philadelphia.
Read before the Philadelphia County Medical Society,
March 26th, 1850.

For many centuries, and for various purposes, surgeons have subjected the urethra to mechanical injury. When we think of some of these purposes, of the instruments employed, of the operations done, we are not so much surprised as to what the urethra has not tolerated, as astounded in regard to what it has. Catheters, as is well known, have been in use much longer than bougies. Celsus used coarse tools of copper; the Arabians clumsy instruments of silver; Fabricius employed leather, Van Helmont an awful weapon of bone, and some other operators spiral springs covered with leather. Bougies were apparently invented in the early part of the sixteenth century by Aldereto, of Salamanca. They were first made of cotton wicks dipped in wax, then of linen and wax, then of lead, and then the plaster instruments of Mayern came into use. Henry III of France, it is interesting to note, gave considerable éclat to the use of the plaster instrument among the gentlemen of France, by returning from Poland, getting a Venetian clasp, and having a subsequent gleet cured by a French plaster bougie.

When we think of some of these instruments it seems a wonder that any one survived an attack of urinary retention or a stricture. Recall the terrible injuries inflicted by the opera in stone of Romanus and Sanctus (operation by the apparatus major). Call to mind the treatment of stricture by allowing bougies to ulcerate through it or by forcing them through, or by opening a passage with lunar caustic. Sir Everard Home followed this latter method. He tells of one man who had to be catherized 1258 times in fifteen years before an instrument would pass. This distinguished surgeon remarks, with apparent surprise, that he has seen people with constitutions so irritable that burning a stricture has been followed by rigor and violent fever, but the surprise is ours when he states that this has only been noted two or three times.

That mechanical injury of the urethra may be followed by positive and diverse symptoms has long been known. Among them we may mention vertigo, faintness, feeble pulse, profound shock, syncope, respiratory disturbances, profuse sweats, epileptiform seizures, vomiting, intense headache, high temperature, and even death. Banks, of Liverpool, had one death in a few minutes, and another in four hours. Sir Henry Thompson records the death in fifty hours of a man well used to instrumentation.

Many of these symptoms need no consideration here, for we are dealing with those alone or combined, which constitute urethral fever. It is not uncommon to apply the term urethral fever to the most various conditions, and it seems certain that it has been positively assigned to the most different pathological states.

A great diversity of opinion exists among the leaders of surgical thought as to what this fever is, and what it springs from; and when we read their explanations we are almost forced to believe that the same name is given to different things, that unlike states have by different authors been taken as the type, and habitually argued on as if no other form existed. The combatants seem, like the knights of allegory, disputing with a shield
between them, when a step forward would have displayed a truth and set contentment at rest, proving each one right and each one wrong.

I will briefly exhibit a few of these opinions:

Mr. Reginald Harrison, late of Liverpool, now of London, considers urethral fever to be due to the absorption of urine or urinary constituents, by means of a urethral abrasion. This abrasion permits the absorption of alkaloids from the urine and tissues, or leuko- maines, and the products of wound decomposition, pomearies.

Mr. J. C. Ogilvie Will, surgeon to the Aberdeen Royal Infirmary, opposes the view that this condition is due to urinary absorption, and considers it purely a reflex neurosis. The fever, however, which occasionally follows the relief of retention of urine in cases of enlarged prostate, he believes to be a symptom of sepsis arising from the admission of the germs of decomposition.

Coulston tells us that it is due to reflex disturbance of the circulation of the kidney.

Sir Henry Thompson says it is a manifestation of profound reflex nervous disturbance. Van Buren and Keyes decide for urinary absorption.

Sir Andrew Clark believes catheter fever to be primarily a nervous condition, which subsequently may have sepsis added to it.

These citations sufficiently indicate the diversity of opinion which exists among the masters.

It is seen that three different views are held as to the cause:—

1. Reflex circulatory disturbance in the kidneys.
2. Toxemia.
3. Reflex nervous irritation.

Let us examine these views:—

1. That of disturbance of the kidney circulation.—It has been constantly observed that after operations on the urethra there has been a marked diminution, or even suppression, of urine; that in fatal cases of urethral fever suppression of urine is very frequently found; that after relieving retention the same phenomenon is not unusually presented, and support is most usual when the kidneys are previously diseased: and so well known is this fact that Ots and others caution us to always examine the urine before a urethral operation. Again, some gentlemen have made post-mortems in cases who died after urethral instrumentation, and found pronounced kidney congestion, and this alone.

That this condition does occur is undeniable, but that it causes urethral fever, or constitutes it, is very doubtful.

In the first place, these symptoms may not be present at all, showing that they are not essential.

In the second place, as Banks has shown, there is something besides suppression at work, even when death occurs. The symptoms are not those of uraemia, except as to suppression, and death occurs far more quickly than can be accounted for by retained urinary elements.

This condition, then, of kidney congestion arising from urethral irritation we would set aside as the essential element of urethral fever.

It may be present, it may be absent; it is rather, even when present, a part of the case, than the whole case.

2. Toxemia.—This view is largely held, is expounded with great emphasis by Mr. Harrison, and we believe covers a vast majority of the cases.

Post-mortem examinations prove the existence of such a thing as septic urethral fever. Such examination has, in quite a number of cases, shown injury, abrasion, or laceration of the urethra, urethral abscess or sloughing, abscess of the prostate, suppurative phlebitis, and even metastatic abscesses.

This absorption may be sudden and rapid or gradual, may occur early in the case or after days, may be due to alkaloids which result from retrograde chemical changes in living cells, or to those which are the product of the microorganisms of putrefactive decomposition.

Mr. Harrison cites many facts to support the view of urinary absorption. He found that an internal urethrotomy, if associated with a median cystotomy and the use of a large tube, was rarely followed by anything but the slightest febrile reaction, that the better the drainage the less the fever. This distinguished surgeon says that when perfect drainage is unobtainable, he uses local and general means to keep the urine aseptic, experience proving that such action very effectually, in most cases, combats fever.

The rapid development of the symptoms, in some cases, has been urged against the possibility of absorption, and it seems to me with considerable force; but then we must remember they are very rapid only in some cases.

Again, I am persuaded that the capacities of a urethra, even without an excoration, for the rapid absorption of certain substances, has not been justly estimated. This is well seen in some reported cases of cocaine poisoning, in which, in periods varying from a few seconds to some minutes after a urethral injection of a solution of this drug, positive and characteristic symptoms announced its constitutional effects. An important confirmation of the urinary absorption view is given by the observation that the chill and fever, as a rule, follow the act of micturition after the operation, well fitting in with the statement that, if the urine is drained through the perineum, the chill and fever are apt to be absent.

Harrison also shows us that, if we make many attempts to pass a stricture with an instrument in cases of urinary retention, and succeed in opening the channel, fever is almost certain to occur, but if we fail, and leaving the channel closed, aspirate, fever does not occur.

An argument urged against this view is the statement that experiment shows normal urine when absorbed by tissues causes no harm.

It is true that normal urine thrown under the skin of an animal will be apt to be absorbed without bad result, but the absorption takes place before any change in urine results. In the urethra, when mucous membrane is abraded, the urine (it may be in minute quantity) lodges in the pocket, and, at the body heat, along with blood and mucus and tissue débris, decomposes, and is absorbed. If the urine be sterilized its retention does not cause fever. It seems positively proved that absorption is a usual cause of urethral fever. Believing this, the surgeon should take all just precautions.

As to the advisability of combining cystotomy with internal urethrotomy, I must solicit the views of those more experienced than myself.

In the usual run of urethral cases, protect the patient in two ways: See that the urine is aseptic, by injecting along the urethra and into the bladder HgCl₂ 1-5000 or solution of boric acid, and by giving quinine internally, which drug is eliminated by the urine. I would ask the advisability of drawing the urine for the first few hours after a severe urethral operation with a rubber catheter, or, after micturition, at once injecting, in spite of pain, some antisepctic fluid. We thus guard him from within.

Guard him also from without. See that the instrument is aseptic and not greased with old septic animal or vegetable oils. For the past few weeks I have been using a preparation known as luscent glycoline, or mineral glycerine, a pure hydrocarbon, which is an excellent lubricant, and is claimed to be aseptic. Prof. Keen, of the Jefferson College, is giving it a trial, and we may soon expect a positive determination of its merits.

3. Supposed Cause.—Profound reflex nervous disturbances. That irritation of the urethra is capable of producing profound reflex disturbances is certain. Weakness, exhaustion, cold sweats or syncope, are common, and were long ago alluded to as frequent, by Hunter and Abernethy. Irritations of the region in the neighborhood of the urethra are likewise productive of reflex disturbances, as seen by the consequences of many anal and rectal operations. The urethra is a most highly sensitive region, and, during anesthesia, retains its sensitivity longer than the conjunctiva. It has a great nervous supply coming from the sacral plexus and splanchic nerves. Dr. Belfield made a valu-
able series of investigations upon curarized dogs. He proved that an irritation of the domain of these nerves, not severe enough to wound, caused an enormous fall of blood pressure and great cardiac weakness, but that if the splanchnic or sacral nerves were first divided, no such effect was observed. He proved by a most ingenious apparatus that instrumentation in man produced a like fall of blood pressure and a like degree of cardiac weakness.

The great reflex excitability of this region, the observation that urethral fever is rarer when cocaine or ether are employed, that it often arises with almost explosive suddenness, that the symptom may be of very transient duration, may come on before the passage of urine; that it may exist when drainage is perfect, and is more common in neurotic subjects, has led many surgeons to advocate the nervous view of neurotic fever.

We can conceive of a peripheral irritation affecting the heat centre (whose existence is so brilliantly indicated in Prof. Horatio Wood's experiments in making a study of fever). Prof. Wood states that many febrile states (as the irritative fevers) are apparently due to peripheral irritations. This distinguished observer then shows that most supposed reflex fevers are due to a toxemia; he is not certain, however, that all are. He says —

"The history of cases of febrile reactions during teeth-cutting, and the relief afforded by relieving the tension of the gums; the fugitive fevers seen in childhood as the product of gastro-intestinal irritation; the various trifling febrile reactions of ordinary life, seem, however, to indicate a cause more tripping than blood poisoning, and to point to direct peripheral nerve irritations as provoca- tive of febrile reactions."

It seems highly probable that the reflex effect of urethral irritation is in some cases the cause of the fever.

To sum up the conclusions of this paper —

1. That the existence of a toxemic urethral fever is positively proved.
2. That circulatory disturbance in the kid-

ey is not the cause, though it may exist, and play a great part in the case.

3. The existence of a reflex form is in the highest degree probable.

In conclusion, it seems likely that both forms could exist in the same subject, having first exhaustion from shock, and then a chill and fever from reflex irritation; then continued high temperature, which may be preceded by another chill or chills, from sepsis.

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A CASE OF PROLAPUS RECTI CURED BY EXCISION.

REPORTED BY ROSS P. COX, M.D.,
Resident Surgeon to St. Agnes's Hospital, Philadelphia.

Read before the Philadelphia County Medical Society, March 10th, 1880.

M. D., aged twenty-two years, female, single, bookbinder, admitted April 10th, 1889. Family history of tubercle and Bright's disease. General condition of atony and malnutrition. She first observed prolapso of rectal mucous membrane one year ago, following habitual straining at stool and a relaxed state of the tissues. In consequence of recent vesical disturbance, the difficulty has steadily increased, until now every attempt to evacuate the bowels is apt to be followed by a rectal prolapso of two-and-a-half inches, accompanied by bleeding, great pain, and, at times, temporary inability to return the extruded bowel. Recently, she has been afflicted with dysmenorrhea, irritable bladder, and slight prolapso uteri. Frequent use of the catheter is required. She spends most of her time in bed, is totally incapacitated for all work, and suffers such constant pain and discomfort that life is become truly burdensome.

She was put to bed; was given a light but nutritious diet, with pepin and pancratin, quinine and iron; and 3 doses of salts, or pulv. glycyrr. comp., p. r. n., to maintain solubility of bowels. She was kept in the recumbent posture when the bowels or the bladder were evacuated. Various vegetable and mineral astringents were applied to the part when prolapso occurred. Hypnotics, and both dry and moist heat were used to procure rest and relieve pain. By these means all prolapso was prevented, first for a period of ten days, and, later, for thirty-one days; when, in spite of all efforts to the contrary, the difficulty reestablished itself in the original degree.

Conservative measures were tried for over three months, and, excepting some improvement in general health, the condition of the patient was not at all relieved. In view of these facts, Dr. W. W. Keen, the surgeon on duty, determined to resect the prolapsed bowel, and thus attempt a radical cure.

The patient was prepared with purgatives and enemata. Operation July 17th, 1889. The sphincter ani having been paralyzed by over-stretching, the mucous membrane was seized by volsellae and slight traction made. The outer fold of tissue was divided circularly near the sphincter. After careful dissection, it was ascertained that the prolapso did not involve the peritoneum, but extended just to its reflexion. The inner fold of the bowel was then cut off at about the same level as the first incision. Several hemorrhoidal vessels required ligation with catgut. The ring of excised bowel was two-and-a-half inches long. The line of the two incisions were approximated with sixteen catgut sutures, and the part was carefully placed in situ.

She was put to bed suffering from considerable shock. Hot bottles and brandy produced satisfactory reaction. Two hours after operation, pulse 102; temperature 97.6°F. Morph. sulph. gr. ⅝ to relieve pain and procure sleep. Diet, milk and broths. Salts ⅓ every six hours; catheter four times daily.

July 19th, 1889.—Continued the use of the catheter; bowels soluble, easy movements; less salts. Pain moderate. Pulse 114; temperature rose gradually after the operation until this morning, when the maximum 101.6°F. was reached. Fever mixture of morph. sulph. gr. ⅔; tr. aconiti gtt. ½; liq. pot. citrat. ⅓, every four hours as required. Diet continued.

July 24th.—Continued favorable progress; occasional use of salts and catheter; same general treatment.

July 29th.—Examination shows wound healed; very little pain on defecating; laxative p. r. n.; normal temperature established. Light diet.

August 8th.—Doing well in every way.

Blaud's pill t. d.

18th.—Sat up, quite comfortable.

September 18th.—General health much improved; no pain on evacuating bowels or bladder; dysmenorrhea, etc., almost entirely relieved; not the slightest prolapso.

She was seen seven months after the operation; nothing which had been gained by the operation had been lost, excepting some recent dysmenorrhea and occasional inability voluntarily to empty the bladder. General health excellent; does hard work.

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A REPORT OF TWO DIFFICULT OVARIOTOMIES.*

BY J. J. BUCHANAN, M.D.,
OF Pittsburgh, Pa.

The three specimens of ovarian cyst which I present for examination, represent two ovariotomies which were interesting by reason of the difficulties of their execution, and in one instance the unusual position of the tumor in relation to a loop of the small intestine. All were intra-ligamentous, and all were successfully encircled by the method of the late Dr. Miner, of Buffalo.

CASE I.—Operation, December 17th, 1889, at Mercy Hospital. This patient, a married woman, 33 years of age, without children, had noticed an abnormal enlargement of her abdomen for eight years. Of slow growth at first, this tumor had rapidly increased during the past year, and had been the cause of great pain. About one year before operation she had been admitted to the use of morphia to relieve her pain, and had gradually increased the amount to eight grains per day, always taken at a single dose. She had emaciated greatly, and had developed markedly the classical factes ovariana, now so rarely observed, thanks to early diagnosis and operation. The cyst at the time of operation was considerably larger than the pregnant uterus at term.

*Read before the Allegheny County Medical Society, March 25th, 1890.
On the left side, above Poupart’s ligament, could be felt a globular mass which proved to be the fundus uteri. When the abdomen was opened the free surface of the cyst presented, and before evacuation by the trocar, everything appeared favorable. When the contents had been partially evacuated, it was found that the cyst was implanted in the broad ligament and its base extended over the entire width of the pelvis. After some osseous adhesions had been tied off, a careful examination of the situation of the cyst was made. It had originated in the left ovary (as the position of the vessels subsequently showed) and had separated the folds of the left broad ligament, pushed its way behind the uterus, to which it was intimately attached, and imbedded itself deeply in the right broad ligament, where its greatest development had taken place. A beginning of the enucleation was made by separating the peritoneal and fibrous investment from the body of the cyst at the fundus of the uterus. The circumcision of these external layers was then continued at about the same level, and the enucleation proceeded with as rapidly as the density of the tissues would permit. A pedicle was finally made at the left cornu of the uterus, which was tied, burned and dropped.

The tattered remains of the broad ligaments were brought together with a continuous silk suture, an aperture being left for the insertion of a glass drain into the cavity left by the growth. Several gallons of hot distilled water was used to flush the peritoneum and the wound cavity. The margins of the sac were stitched into the lower angle of the external wound and the incision closed.

The following day the patient developed an acute bronchitis, and her temperature on the second evening went up to 103½°, with a pulse of 140. She was very ill for six days, and it was only by the persistent use of enemata of brandy and peptonized foods and large doses of carbonate of ammonia by the mouth that her strength was sustained. Her abdomen remained flat and the incision healed in the usual aseptic manner, the drain tube being withdrawn on the third day.

On account of the aggravation of her cough by recumbency, she was encouraged to leave the bed on the eighth day, and on the twelfth day was walking about the room. Her recovery thereafter was uninterrupted. She has since menstruated for the first time in ten months, and since the first week after operation has taken no morphine.

Case II.—Operation February 6th, 1890, at Mercy Hospital. This patient was also a married woman, 36 years of age. Three years ago she noticed a lump in her left iliac region, which gradually increased in size till it was much larger than a pregnant womb at term, having doubled in size in six months. The growth was painless, and the patient, at time of operation, in robust health. Abdominal incision revealed the tumor completely covered in front and below by adherent omentum and a strip of small intestine, which was attached to the tumor vertically from the umbilicus to the pubes, and which disappeared behind the pubic bone. By enlarging the incision above the navel, and to the pubes, room was made for manipulation. A large mass of omentum was lifted from the tumor and cut between ligatures. When this had been stripped from the tumor, a more satisfactory examination could be made. On either side of the vertical strip of small intestine extended a thin vascular membrane, which on the left lost itself in the peritoneal investment of the tumor, and on the right was everywhere closely adherent to it. There is no doubt that this was the attenuated remains of the mesentery. The cyst was tapped high up on the left side, and a thick, yellow, ovarian fluid evacuated. As the cyst collapsed, its walls were found to pass to the lateral margins of the pelvic brim, and to be closely attached to the posterior surface of the uterus. Enucleation offered the only chance of extirpating the growth, and the attempt was made to accomplish this. It was also a very serious question as to the best manner of dealing with the vertical strip of bowel which formed a sort of equator for the cyst. Its mesenteric attachment being obliterated, or rather spread out and amalgamated with the covering of the cyst, it was deemed advisable to begin the enucleation by a vertical incision through the serous coat of the cyst immediately to the left of and parallel with the strip of bowel; for on this side the covering seemed thinner. By lifting together the strip of bowel and the covering of the tumor to the right of it in a continuous layer, it was hoped that this pseudo-mesentery would afford sufficient blood-supply to preserve the vitality of the gut. The enucleation proved very tedious on account of the extent of surface involved, and the tenacity of the covering which was to form a mesentery for the gut and which it was therefore desired to preserve intact. This, however, proved impossible, and a large rent was made in the false mesentery.

When the enucleation was complete and the pedicle secured, an examination showed that the rent above mentioned had left about ten inches of intestine without mesenteric attachment. It then became a question whether a continuous suture of this rent or a resection of the bowel would be the better plan. The former was decided upon, and a continuous silk suture was applied to the whole length of the rent, in the hope that the middle of the strip of intestine would get sufficient blood-supply from anastomoses through the covering of the gut itself, and by new vessels formed across the line of the suture. Fortunately it so transpired.

The other ovary was then sought for and found to be the size of a large orange, and also intra-musoseous. It was emptied, circumcised and enucleated; it had no pedicle. Its contents were heavily charged with oil globules.

The operation had now occupied themajor part of two hours, and it seemed hopeless to attempt any repair of the tattered remnants of the broad ligaments, even if the patient had been in a condition to endure a continuance of the operation, which she was not, being in condition of profound shock. A glass drain was therefore inserted, after pro- fuse flushing of the cavity, and the wound closed and dressed with double cyanide gauze. For six or eight hours after being put to bed, she lay almost pulseless, and required repeated hypodermic injections of whiskey and enemata of hot salt water to revive her. After reaction was established, her recovery was uninterrupted; her bowels were moved on the sixth day by repeated doses of Rochelle salts. A rise of temperature above the normal was noted on but one occasion, prior to the movement of her bowels on the sixth day, when the thermometer showed 100.5°. She walked out of her room on the twelfth day, and on the sixteenth left the hospital.

I have been unable to satisfy myself as to the manner in which this tumor and the small intestine assumed the relations which existed between them. Two explanations suggest themselves: the first, that the subserous tumor pushed its way behind the preverbral peritoneum and insinuated itself between the layers of the mesentery; the second, that the intra-musoseous tumor, which was small, contracted a broad adhesion to the bowel and mesentery, which latter, as the tumor grew, became greatly attenuated, as it was widely stretched and firmly glued to the surface of the growth. A more deliberate and careful examination after the enucleation of the large cyst might have thrown light upon this question, but the condition of the patient rendered it hazardous.

An interesting point in this case is that, had this woman been tapped at the usual site, the trocar would certainly have perforated the bowel.

In closing this report I cannot refrain from calling attention to the fact that these operations were both done in a general hospital, and expressing my conviction, as I did in this Society five years ago, that no reason in the world exists for fencing off the abdomen from the domain of the general surgeon; and further, that special abdominal hospitals exist for the convenience and profit of their owners, and are by no means necessary for the safety of the patients.
Notes of Practice.

A FATAL CASE OF OBSTRUCTION OF THE BOWEL.

Dr. Benj. Cushing reports in the *Boston Med. and Surg. Journal*, April 17th, 1890, an interesting case, on which he makes the following remarks:

These cases of obstruction, always of practical interest, are now especially so, since such advance has been made in abdominal surgery. The question of surgical measures will always come up, each case to be decided on its own conditions. It is unfortunate that an exact diagnosis can rarely be made in the beginning. In this case I felt quite sure that there was no strangulation, either by twist or band; at any rate, that the intestine was not absolutely impervious; that it was an arrest of fecal matter, either from sluggish bowels or annular stricture, probably the latter. If the first, the treatment was clear to my mind. If the latter, I had hope, referring to my experience in such cases, to give relief for a time, without operation. As to treatment (non-surgical), I should rely on liquefying the feces by small and repeated doses of saline solution, on opiates and on enemas. There is generally strong pressure by friends, too often supported by injudicious consultants, for the use of drastic purgatives; a pressure which the young practitioner finds it hard to withstand. Neither would I rely solely on enemas.

With regard to surgical measures, I should not feel that I had done my patient any great service by adding a few months to life, at the expense of an artificial anus, however, I might feel it my duty to do so if this were the only chance. If I could remove the cause, this would indeed be worth a great risk.

Thinking over the case, and some others in which I have made autopsies, this question occurs to me, which I should like to have answered by those whose experience is larger than mine. In all cases in which the diagnosis of annular stricture above the sigmoid flexure can be made with reasonable certainty, ought it not to be the rule to make an exploratory operation, with a view to resection of the intestine?

A NEW METHOD OF ARTIFICIAL RESPIRATION.

BY ANDREW H. SMITH, M.D.,
Of New York, N. Y.

To perform artificial respiration with the greatest efficiency, requires two persons. The patient lying on the back, and, if possible, placed upon a table—one operator at the head takes a hand in each of his, and draws the arms directly upward, with a slow and steady pull, continuing the traction until the maximum of thoracic distention is obtained, which will require about three seconds. This accomplished, the traction is relaxed, without, however, attempting to press the arms against the sides. At this moment the other operator, who is kneeling or standing by the side of the patient, presses with both hands forcibly upon the chest in a direction backward and toward the median line, so as to diminish both the depth and the breadth of the lower half of the thorax. This pressure, like the traction, is to be made slowly and steadily, and should be continued until the maximum inspiratory result is attained, say two seconds. The pressure is then relaxed, and the traction on the arms follows again immediately. In this way about twelve respiratory movements per minute will be accomplished, under conditions giving the largest excursion of the chest walls attainable by manual procedure.

It will be seen that this is a combination of a part of Sylvester's method with the method of Howard. Sylvester's method is defective, in that it does not provide for efficient compression of the thorax; the position of the operator at the head of the patient making such compression extremely difficult. Howard's plan, on the other hand, does not provide for any expansion of the chest beyond the cadaveric position, and is, upon the whole, much less effective than Sylvester's. A combination of the two, carried out by two persons, secures a very considerable approach to the results of natural respiration, the action of the diaphragm alone being unrepresented. Another very great advantage is the division of labor—either of the other methods being exceedingly fatiguing to the operator.

ABSOLUTE REST AND STARVATION IN THE EARLY STAGE OF TYPHOID FEVER.

Dr. R. F. Licorish, of Barbados (Med. Record, March 8th, 1890), in a paper on this subject, arrives at the following conclusions—

1. Typhoid fever may be arrested. 2. To be so arrested the patient must be seen and treatment begun within the first few days of its onset—initial chill. 3. Our chief aim should be to restore the appetite, so that the patient may be nourished and rendered able to throw off the disease. 4. To create an appetite the patient should be deprived of food until nature demands it; or if any be given, only in very small quantities at a time. 5. The maintenance of the horizontal position so retards or prevents heart-weakness as to enable us to starve the patient without any risk. 6. Great care should be taken in feeding the patient after he has regained his appetite; for should it be again lost the temperature rises and a relapse occurs.

THE TOPICAL TREATMENT OF DIPHTHERIA.*

The question of the propriety of interfering in any way with the diphtheritic membrane is one of the many as yet unsettled points in therapeutics. There are still many who regard any attempt to lessen the amount of the membrane by topical applications as injudicious in the extreme; yet the tendency seems at the present time, under the influence, doubtless, of the microbic theory, to return to local treatment. We do not propose to review the subject of the topical treatment of diphtheria, or even to give a list of the numerous substances that have from time to time been employed in the hope of dissolving the false membrane. We desire only to direct attention to the use of pure salicylic acid for this purpose, as has been proposed by Dr. A. W. Nelson, of New London, Conn, who reports in the *Journal of the American Medical Association* a few cases successfully treated in this way. He applied powdered salicylic acid to the membrane, when the latter was accessible, and believed that he had had good results therefrom. The powder in some instances caused a little stinging pain at first, but this almost invariably disappeared after the use of the remedy had been persevered in for a time. Where the remedy was applied the membrane seemed to become thin, and finally to disappear, returning again if the applications were too early discontinued. No irritation was produced to the healthy tissues beyond the slight smarting when the acid was first used. Dr. Nelson regards the remedy as superior to iron applications, as the latter harden the membrane, while the former acts as a real solvent, and at the same time as an efficient antiseptic. It would seem to be worth a more extended trial than the author has yet given it.

Class-Room Notes.

Dr. S. Cohen gave the following as a pleasant form of diet in cases where milk was being used:—

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete peptonized milk</td>
<td>4 oz.</td>
</tr>
<tr>
<td>Juice of one lemon</td>
<td>1/2 oz.</td>
</tr>
<tr>
<td>Sugar</td>
<td>1/2 oz.</td>
</tr>
</tbody>
</table>

To be placed on ice until cold; is then ready for use.

In anæmia, complicated by chorea, Dr. Henry recommended the following:

<table>
<thead>
<tr>
<th>Materia Medica</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Tinctura ferris chlorii</td>
<td>30 minims</td>
</tr>
<tr>
<td>Quinine sulph.</td>
<td>1 dragee</td>
</tr>
<tr>
<td>Sulfur et alae</td>
<td>2 minims</td>
</tr>
<tr>
<td>Potass. bromid.</td>
<td>12 minims</td>
</tr>
<tr>
<td>Liq. potass. arsenitis</td>
<td>5 drops</td>
</tr>
<tr>
<td>Aquæ ad q.s.</td>
<td>3/4 dragee</td>
</tr>
</tbody>
</table>

For edema of the vulva during pregnancy, Prof. Parvin directs that numerous punctures be made.
The College and Clinical Record.

A MONTHLY MEDICAL JOURNAL.

RICHARD J. DUNGLISON, A.M., M.D., Editor.

VOL. XI

PHILADELPHIA, MAY, 1880.

MOVING BACKWARD TOWARD ILLITERACY.

It is pleasant to note the fact that others than professional men have been opposed to the repeal, in New York State, of the act passed by the Legislature in 1889 requiring preliminary examination of those intending to be medical students. The motives of those urging its repeal are doubtless interested ones; probably a sensitive pocket nerve has much influence upon them. The New York Sun echoes the sentiments of the best minds, in and out of the profession, in the following remarks, based on the inquiry, "Should Physicians be illiterate?"

An Act was passed by the Legislature in the session of 1889, providing that all persons intending to pursue the study of medicine must pass a preliminary examination in arithmetic, grammar, geography, orthography, American history, English composition, and the elements of natural philosophy. The Act further provided that this examination should be conducted under the authority of the Regents of the University and in accordance with their rules, and that only those persons who have received a baccalaureate degree in course from a college or university duly authorized to confer the same shall be exempted from this preliminary examination.

This statute had its origin in the widespread conviction that something must be done to improve the quality of the medical student as the first step toward checking the entrance into the profession of illiterate practitioners who swell the ranks of charlatanry and degrade the title of Doctor. We must not only narrow the exit from our medical schools by rigid examinations, but we must guard the entrance to them as well. Such was the object of this legislation, and it is creditable to some of our medical colleges, all of which are mainly private enterprises, that they received the new regulation with approval.

Signs of opposition, however, on the part of some of the schools have already appeared, and with the opening of the present Legislature a bill was introduced to repeal the statute, which only went into effect in October last. This bill is known as the Brown bill; it has already passed the Senate and has been sent to the House, where we hope it will be defeated. The preliminary examination calls for very moderate educational requirements, but it is sufficient to deter very ignorant persons from attempting to study medicine. It may bring about a considerable reduction in the income of the schools, but it will be a great gain to the public if the number of physicians is diminished and the quality improved.

THE MEDICAL SOCIETY SEASON.

The present time of the year seems to be particularly set apart by custom and convenience for the meetings of medical societies in this part of the world. In fact, "the season is now on" for these organizations, and for the next few months the medical journals will be filled with the chronicle of their proceedings, comprising discussions of current questions of pathology and recent progress in practice, with possibly here and there a trace of medical politics.

It is evident that such organizations have...
Our Library Table.

[All new publications noticed in this department, and all other medical works, may be procured by addressing the Editor of "The College and Clinical Record," at No. 14, Sixth Street, Philadelphia.]


Therapeutic Briefs.

—FOR EARACHE (Times and Register, April 5th, 1890), take camphorated chloral, p. v, glycerine, p. xxx, oil of sweet almonds, p. x; saturate a piece of cotton with it, and introduce it well into the ear. Also rub behind the ear with this solution. Relief is immediate.

—The Pharm. Record (March 3d) quotes the following POLYPHARMACAL PRESCRIPTION which recently came under the editor's notice:—

B. Antipyrin, gr. x
   Subnit. bismuth, gr. xx
   Fulv. ingluvin, gr. xv
   Cerul oxalis, gr. x
   Syr. Dovers, fr. 5
   Aq. calcis
   Inf. digitalis
   Vin. ipecac, fr. 5

Give a teaspoonful every hour.

—To REMOVE SUPERFLUOUS HAIR, according to the B. British and Colonial Druggist, a good depilatory is made by mixing together in fine powder, 30 parts of barium sulphate, 25 parts of starch, 25 parts of oxide of zinc, and making into a paste with sufficient water. This is spread on the surface which is to be freed from hair, about an eighth of an inch thick, and allowed to dry. When this is effected (it generally takes about ten minutes) the mass is removed, leaving a perfectly hairless surface. Irritation does not occur, but the mixture should not be applied to the same place on two consecutive days.

—Dr. Dreyfous, of Paris, has treated seven cases of GONORRHEA with salol (Med. Record, March 1st, 1890). The doses varied from 5.7 to 8 grammes. The discharge was quickly made less abundant. In a recent case, in which gonorrhea appeared some time before seeking advice, Dr. Dreyfous obtained a complete cure in a few days. He has tested the effect of salol administered alone, and in other instances he has given it simultaneously with copaiba and cubeb in order to hasten the cure. He recommends the use of salol to surgeons who operate on the urinary organs. According to him it renders urine aseptic, which is thus innocuous when in contact with raw surfaces.

—H. P. Campbell, F.I.C. (Amer. Jour. of Pharm., March, 1890), in a paper on BACTERIAL POISONING THROUGH MEDICINES, states that the following list comprises most of the substances in a pharmacist's stock that are liable to infection. In some, of course, the danger is small, but they are added for the sake of completeness:—Water used in making solutions, including distilled; all aseptic waters, aqueous mixtures and chemical solutions (not antiseptic), including dilute acids; decoctions, infusions, vinegars, mucilages and plant juices; syrups and confections; lard, oils and emulsions; elixirs and wines; fluid extracts and tinctures made from dilute or weaker alcohol; solid extracts, all drug drugs, and drugs from the animal kingdom, like peptic, ox-gall, etc.

—The February issue of Babyhood states that in an Edinburgh professional journal a simple and ingenious contrivance is mentioned, to admit of the continuous inhalation of steam fumes by patients suffering from phthisia. This is nothing more than the fixing of an open umbrella to the bed, or suspending it from the ceiling, and throwing over this a large sheet which, falling in a tent about the patient, will surround him with the atmosphere of steam. The steam is supplied by a pipe connection with a kettle or other boiling contrivance that passes beneath the tent. The suggestion is so admirable and feasible that we are sure it will be welcomed by many physicians, who are sometimes at a loss, in the absence of especially devised contrivances, to know how to effect with simple means the end desired in such cases.

—Dr. L. S. Pitcher, of Brooklyn, N. Y., recently read a paper on CRANIAL AND SPINAL INJURIES (Annals of Surgery, March, 1890), in which he stated that the results in these cases are calculated to prevent the indulgence of too sanguine expectations in approaching similar cases. Nevertheless, in the great majority of cases, either to the extent or the seat of the lesion will render all attempts at surgical relief futile, yet in some cases, intracranial conditions susceptible of relief and cure do exist, and in any case in which a reasonable doubt exists, it seems to me to be justifiable to give the benefit of the doubt to the patient, especially when it is evident that without intervention a fatal termination is certainly imminent.

—Merck's Bulletin, April 1890, recalls two or three excellent and soon to be seasonable formula, published, two years ago or longer, in The Practitioner, the strength of the ingredients being adapted to the U. S. Ph. —

In INFANTS' "Summer-complaint:" Tincture Indian cannabis, twenty-four drops; spirit chloroform, five drops; tincture kina, 3.40 grammes [1 fl. dr.]; peppermint-water, to make 26.25 grammes [7 fl. dr.]; add, distilled water, 375 grammes [1 fl. dr.]. Shake well—teaspoonful every one or two or three hours—strict fast during the next few hours—only a little rum and water.

In ADULTS' INTENSIVE, LONG-STANDING DIAHRRAEA: Tincture Indiana cannabis, twenty-four drops; solution morphiine bi-mecanate (1:90), five to ten drops; spirit ammonia aromatic, twenty drops; spirit chloroform, ten drops; distilled water, to make 30 grammes [1 fl. oz.]; two tablespoonfuls every one or two or three hours—strict fast during the next few hours—only a little rum and water.

In Dyspeptic DIARRHEA: Tincture Indiana cannabis, twenty-four to forty-eight drops; bismuth sub-nitrate, 0.6 grammes [8 grains]; mucilage acacia, 2.15 grammes [34 fl. dr.]; spirit chloroform, ten drops; peppermint-water, 32.25 grammes [7 fl. dr.]. Shake well—tablespoonful (or more), before or after meals—large doses are best taken after meals.
COMMENCEMENT OF JEFFERSON MEDICAL COLLEGE.—At the American Academy of Music, on the 2d of April, 1890, the Degree of Doctor of Medicine was conferred on the following gentlemen, who have been the distinguished men of letters, a profound teacher of scientific truth, and, above all, an honest, patriotic son of the Republic, has passed away from earth forever. In the full tide of his mental vigor, in the very zenith of his fame, the dread summons found him, and he who had so often warded off death from others was powerless to resist; meekly he bent his head to the stroke and passed to the shades of the hereafter.

And to-day this class, who loved him living and revered him dead, meet with mingled feelings of joy and sorrow—joy for his great deeds, tears for his untimely taking off—to pay an affectionate tribute to his memory.

I have reviewed him in what light we may, had in him many of the elements which make the truly great. His mind was richly stored with the lore of ages. The classics of Greece and Rome were familiar to him as his mother tongue. With Humboldt, the Fauna and Flora of the forest researches that led to him the mysteries of nature's teaching. Art, Science and Literature had no more devoted or worthy follower than Dr. Gross.

As a surgeon, he ranked with the greatest names of his profession, and wherever surgical science is practiced in its greatest perfection, the name of Gross is a household word. He improved many of the old modes, and many of the modern methods of operation are entirely of his devising. His skill as an operator was proverbial, and in just measure of his exercise his powers he knew no distinction of persons. The humbliest received the same tender consideration at his hands as the possessor of millions. All who had him there was no Dives, no Lazarus.

He only saw the sailing fellow creature, and like every true philanthropist in following the footsteps of "The Great Healer," he hastened to his relief. Did ever mortal whom he has raised from the verge of death, for the tomb to new life and happiness existed a wretch upon his grave, he would sleep to-dusk beneath a mountain of flowers.

His didactic lectures were models of thought and diction. He made no vain effort at oratorical display, but his utterance was always exhaustive. When he finished, nothing more remained to be said, so thorough were his researches, so perfect his mastery of the principles he thought. Did every physician throughout this and other lands, who by his counsel and example has risen to positions of power and usefulness among his fellow men, chant a requiem to his memory; it would ascend to heaven like the lamentations of many nations.

His character was bold, positive, aggressive. He had convictions, and the courage born of them. He was no dreamer—He despised histry. He stood four square to all the winds that blew. In him there was no tinkling brass, no sounding cymbal. Less of the chaff and stubble which analysis reduces to dust. More of the pure gold which passes through the furnace, purified and refined, than is common to the lot of man. Brain, to him, was the measure of the man. The prince without it was a mere cloy of the earth. The peasant possessed of it was the uncrowned ruler. And in this age when superficiality so often forges for genius and men bend the knee to empty title and sordid wealth, it is grand to contemplate a character like this, brave enough and strong enough to resist the tyranny of the king, and busy as a she-goat from the eye of the suffering beggar. Well may it be said of him, the elements were so mixed in him that nature might say to the whole world "This was a Man."

Gentlemen of the Class of '90: In a few hours you will have bade farewell to Alma Mater, and each have sped away on his mission of doing good to mankind; but no matter where your lot may be cast, whether in the Western Indies, where the Queen of the Antilles kisses the aurore skies with perfumed lips, or in the sunny Mexico land, whose every pulse is throbbing with progress and advancement, and in innumerable other spots of the great land of ours, no matter where you dwell, you will oft in spirit live o'er again your happy student days, filled with tender memories of able and courteous teachers, generous and many companionableship, and the noble pilgrimage to that silent grave amid the city's sum and bustle where sleeps the great man whom we honor to-day. How poor would the world be without the graves of its mighty dead! The tomb of a man of genius, unembellished and unadorned, is richer heritage to posterity than the pyramid of a Pharaoh, the mosque of a Sultan. For you during life he labored zealously and well, your success was to him a personal triumph, your failure a personal calamity. His last word breathed a benediction upon you, ere his spirit
An hour of clinical questioning and experience showed the interest of the profession was still dominant, even in a gathering for other purposes. It is desirable that other classes will follow the initiative of the class of '88, as a worthy esprit de corps is thereby encouraged, and the work of Jefferson in higher medical education made more evident.

The preparations of cod-liver oil and milk and cod-liver oil and milk with hypophosphites, made by Reed & Carrick, of New York, are remarkable for the exact and minute division of the oil globules and for their nutritive value. Physicians will readily recognize the importance of prescribing such accurately and scientifically compounded preparations.

The editorial article of the May issue of The Medical Gazette has been prepared by J. Lewis Smith, M.D., Clinical Professor of Diseases of Children in Bellevue Hospital Medical College. With the June number will begin an extended article by him on "The Care and Feeding of Infants, with Remarks on the Great Mortality of Infants in the Summer Months, and Mode of Preventing It."

PERSONALS.—Dr. Thomas F. Rumbold (J. M. C., 1862) has been licensed to practice medicine in California.—Dr. J. M. Emmett (J. M. C., 1872), of Atlantic, Iowa, has been elected President of the Missouri Valley Medical Society.—Dr. E. M. Miller (J. M. C., 1890) has located at Millheim, Pennsylvania, with Dr. Geo. S. Frank (J. M. C., 1883).—Dr. J. B. Stoner, Assistant Surgeon U. S. M. H. S., has been ordered to assume command of the service at Pittsburgh, Pa.

Prof. W. W. Keen has resigned the position of Lecturer on Art Anatomy in the Academy of Fine Arts, Philadelphia, after thirteen years of continuous service. Dr. George McClelland, grandson and namesake of the founder of the Jefferson Medical College, has been appointed his successor.

Prof. Theophilus Parvin, of Jefferson Medical College, has been invited to introduce the subject of "Artificial Premature Labor, its Indications and Methods," at the Meeting of the Section for Obstetrics and Gynecology of the Tenth International Medical Congress at Berlin.

Deaths.

ADLER.—At Philadelphia, April 23d, 1890, Daniel Gilbert Adler, M.D. (J. M. C., 1889), aged 22 years.
it seemed to be supplied from every possible source; the right carotid was enormously dilated and pulsed very visibly; all the vessels of the head and neck were much dilated. The walls of the swelling had been rapidly thinning and the growth itself had been extending toward the other side of the head. The vessels immediately supplying the tumor pulsed forcibly and were plainly visible. At the time of the operation it was decided, as a preliminary step, to tie each of these vessels subcutaneously, but when the patient had been etherized it was found that his heart had been so quieted that the vessels had ceased to pulsate, and could neither be seen nor felt; this part of the operation was therefore postponed. What was done, however, was the ligation of the right common carotid and the subcutaneous ligation of the external jugular vein of the left side, which was dilated and pulsating. Two days subsequent to this operation the entire tumor was encircled by a series of ligatures, tying subcutaneously each of the vessels entering the growth. The ligatures were tied partly over pledgets of bichloride gauze and partly over disinfected corks. Two weeks later a deep ligature was carefully passed under the deep temporal arteries by hugging close to the bone underneath them. This was tied over a cork. After ten days a moderate hemorrhage occurred from these vessels, which was controlled partly by ligatures and partly by pressure. At present the patient bids fair to recover.

Three operations were performed upon the lips.

Two were for epithelioma affecting the lower lip. In each case the growth was entirely removed by a V-shaped incision, and the edges of the wound were brought together with hare-lip pins. Cocaine was used, but in one case partially failed to produce the desired anesthetic effect.

A Case of Double Lip occurring in a Young Woman.—Upon the eversion of the upper lip there was found to be a duplicate lip made up of mucous membrane and fleshy tissue; it was congenital. The operation consisted in taking out of the superfluous lip a V-shaped piece, including the redundant tissue, and then bringing the edges together. The operation was performed in two sections, as the lip in the centre was in a normal condition.

A Case of Runula.—A portion of the sac was excised, the cavity was swabbed out with pure carbolic acid and then packed. Recovery followed promptly.

A most interesting case of brain surgery was the removal of the cortical hand-centre for focal epilepsy. The patient was a boy six years of age, who, when fourteen months old, fell a distance of ten or twelve feet from a haymow. He remained unconscious for some time after the fall, but no external evidence of injury could be found. His disposition soon began to change, and he became irritable and obstinate, and has remained so up to the present time. When two and a half years of age he had dysmenorrhea and on the second or third day of this illness his first epileptic fit occurred. He has usually from three to six attacks daily, with intervals of comparative freedom from them. About eighty per cent. of these attacks began in the right hand, while the remaining twenty per cent. began in other parts of the body. He has also had attacks of petit mal. His eye-ground was found to show nothing abnormal.

The operation consisted in locating the fissure of Rolando, isolating the cortical hand-centre by means of the battery, and then the excision of this centre made a good recovery and left the hospital within three weeks after the operation. He has been steadily improving, and has had no severe convulsions and only a few attacks of petit mal since. This case has been fully reported in the issue of the Medical News of April 12th, 1890, and is therefore only briefly alluded to in the present paper.

Four operations upon the head were for sarcoma.

A Case of Sarcoma of the Parotid Gland.—George F., aged 20. Eighteen months prior to the operation he first noticed a small tumor in the region of the right parotid gland. It slowly increased until it attained the size of a small walnut. It never pained him. On palpation it felt decidedly cystic. As the tumor was situated in front of the ear, the incision was made in such a way as not to do injury to any branch of the seventh nerve or the duct of the parotid gland. The tumor pealed out readily, and on section a portion of it proved to be gelatinous in consistence. On the fifth day after the operation the wound had entirely healed.

A Case of Sarcoma of the Cheek.—Annie F., aged 60 years. When ten years old was struck by a stone in front of the left ear, the blow causing a small lump, which existed as such until fourteen years ago, when it began to increase in size. In five years thereafter it had attained the size of a goose egg, at which time it was removed. It returned, however, and although six operations have been performed upon it, it has recurred after each—the present operation making the seventh. On account of the successive operations there was a great deal of cicatricial tissue around the growth, which rendered the operation more difficult than it otherwise would have been. In cutting down upon the tumor several secondary nodules were met with, which, upon being cut into, proved to be cystic. The growth extended deeply, the dissection removing even the buccinator muscle and going down to the buccal mucous membrane; it was also necessary to continue it deeply under the jaw to get rid of the entire mass. Through the tumor passed a large vein, which proved to be an enlarged facial; it was tied in two places and then divided. On account of the amount of tissue removed it was impossible to bring the wound together, so that healing took place by granulation.

A Case of Sarcoma of the Side of the Face.—A young girl 20 years of age. Since she can remember she has had a mole on the left forehead below the hair. Two years ago it began to increase in size after having been tied by a piece of horse-hair. Nitric acid was then applied, but it still continued to grow; until last September a second growth appeared upon her cheek, and afterward one higher up, which, at the time of the operation, was united with the lower one, and the whole constituted a very large mass. She has experienced no pain. There were a number of enlarged glands in the neighborhood of the growth, so that the mass extended from the middle line down the side of the forehead, cheek and neck, two inches below the jaw. The case was a desperate one, and the question arose as to whether or not any operation should be performed, for the growth extended deeply and might involve the bones and the large vessels. An operation, however, was decided upon at her urgent request. The entire growth on the forehead and cheek was encircled by a deep incision. In the neck this was made in a linear cut. The upper portion of the tumor was grasped by the volsella forceps and dissected away from the underlying bone, which was thoroughly scraped. The lower portion of the growth was then separated from the subjacent tissues, and thus, with the upper and lower portions free, the tumor remained attached to its capsule by a sort of pedicle. Through this pedicle a large vein passed; it was ligated and the entire mass was then removed. In the dissection of the growth it was necessary to tie the temporal artery and the main trunk of the external carotid. The mass of enlarged glands at the lower portion of the wound was also thoroughly removed. The lower portion of the wound was brought together with chronicized cutgut, but the upper edges could not be approximated on account of the wide separation of the margins.

The wound was redressed each day after the operation. On the day succeeding the operation the temperature reached 100.2°, being the highest point reached. She suffered no pain whatever. On the fourth day after the operation nearly all the stitches were removed. The upper part of the wound healed by granulation. The exposed bone underwent no necrosis. Skin grafting materially hastened the cicatrization. The left face was paralyzed by destruction of the seventh nerve. When she left, a month later, there was evidence of commencing new growth in the neck.

A Case of Osseous sarcoma of the Lower Jaw.
A tumor of great size and extending the entire left half of the jaw, the cheek and the upper neck, where it involved the large vessels. It was a tumor of very rapid growth, it having been only ten weeks since it first began. The dangers from operation were very great, particularly from possible hemorrhage from the probable involvement of the trachea necessitating a primary tracheotomy; but as the patient so elected, operation was determined upon. Upon the administration of the chloroform, however, the patient's condition became so alarming that all idea of an operation had to be abandoned. The patient has since died.

**A Case of Necrosis of the Atelectatic Process of the Superior Maxillary Bone.**—A boy, 14 years old. The necrosis followed the extraction of a tooth. Cocaine was applied and quite a large piece of dead bone was removed.

**Excision of a Sebaceous Cyst Underneath the Jaw.**—This case has been fully reported in the *Medical and Surgical Reporter*, for March 22d, 1890. It is, therefore, only referred to here.

**A Case of Tubercular Abscesses of the Neck from Broken-down Glands.**—The patient was a man with a family history of phthisis, his father having died of that disease. The infiltrated glands were very numerous and deeply seated, many of them very much broken down. Those glands which were merely infiltrated and not softened were excised, but in the broken-down portions the pus was evacuated and the abscess cavities thoroughly scraped, packed with iodiform gauze and allowed to heal by granulation.

**Excision of a Cystoma of the Neck.**—Eliza H., 44 years of age. Ten years ago she first experienced a sensation as of something dragging in her throat. Six months later a slight swelling was perceptible, believed to be of the thyroid gland; it continued to increase in size. Some time before the operation she suffered from shooting pain in the region of the swelling. At the time of the operation the tumor presented itself as a large cystic tumor at the upper border of the thyroid gland. A diagnosis from goitre was rendered difficult, because in the act of swallowing the tumor moved with the thyroid gland.

A Y-shaped incision was made over the swelling and the cyst carefully pealed out. The hyoid bone was found to be its upper limit and the lower limit the upper margin of the thyroid gland, with which it was not connected. The entire sac was removed.

**A Case of Enucleation of a Cystic Goitre.**—A woman, aged 30. Six years ago she first experienced difficulty of breathing, and three months afterward noticed a slight swelling in the neck. The swelling increased gradually in size, except for two or three months succeeding each of her two labors, when it grew more rapidly. She had been very nervous, had lost flesh and had not slept well for a year. Her urine was acid, straw colored, specific gravity 1023; no albumin but a double trace of sugar.

Around the entire neck and tumor the measurement was 16½ inches. The horizontal arc, directly through the tumor, was 7¾ inches, subtended by a chord of 4½ inches. The horizontal arc to the right was 4½ inches; to the left 3½ inches. The vertical arc was 4¼ inches; its chord 3¼ inches. The vocal cords were not paralyzed.

The operation for enucleation or extirpation of goitre as pursued by Socin gives remarkable results. In a series of 59 cases Socin had only one death, and that one was due to hemorrhage; extirpation of the gland, however, being resorted to in the course of which 170 ligatures were applied. Of the 59 cases 5 underwent extirpation, 17 partial extirpation, and in 9 of these it was found that enucleation could have been done. Of the 59 cases 37 were enucleations; 46 were women and 13 men. There was one death. Of 11 partial extirpations 5 have had a return; of 21 enucleations only 3 have had a return, showing, therefore, a much less rate of percentage of return in the latter operation than in the former.

In his last paper Kocher makes a report upon 230 cases of extirpation of goitre. Of the 250 cases, 25 were operated upon for cancer, of which 4 died, being a mortality of about 17 per cent. Of the other 225—non-cancerous—223 recovered and 2 died, a mortality of only ¾ of 1 per cent.

In the present case the operation on enucleation was performed. Over the goitre was first made an angular incision, which was subsequently converted into a Y-shaped incision. The numerous vessels, veins and arteries, as they were met with, were tied with a double ligature and divided between them. This was done systematically until the cyst sac was reached, after dividing a layer of thyroid tissue a quarter of an inch thick. The sac was then incised and the contents of the cyst evacuated, thereby lessening the tension of the blood vessels and reducing the amount of hemorrhage. The cyst itself was then easily peeled out of the sac, which was left behind. The left lobes of the gland, although somewhat diseased, was not disturbed. During the operation 37 ligatures were applied for the complete arrest of hemorrhage. Drainage was amply provided for by means of a drainage-tube and horse-hair. The edges of the sac were brought together with buried sutures and the skin approximated by silk sutures. The usual antiseptic dressings were then applied. Troublesome cough and intense restlessness followed the operation, so that the dressings were entirely replaced and the wound became infected. Suppuration and fever (up to 104.5°) followed. Removal of the stitches from the vertical portion of the incision, antiseptic washing of the wound and free drainage soon reduced the temperature to normal and she made an excellent recovery.

*(To be continued in July issue)*
elevated, a blunt-pointed tenotome is thrust under the mucous membrane, which hangs down like a curtain, and is used to cut out an elliptical portion of the septal cartilage corresponding in size with the angle or curve in the deviated septum that the surgeon desires to remove. During this stage of the operation the little finger of the other hand in the opposite nostril is used to prevent perforation of the mucous membrane in the nostril opposite that of operation. A blunt instrument is then thrust through the incision in the cartilage, and used to separate the portion of cartilage, which is to be taken out, from its mucous membrane on the side opposite the occluded nostril. The elliptical piece to be resected is then lifted out with forceps and the large flap of mucous membrane permitted to drop in place like a curtain. One or two sutures of catgut may then be put in the mucous membrane at the anterior portion of the wound in order to hold the flap in place.

The operation is readily performed, and seems to me a distinct improvement in nasal surgery. So far as I know it is novel.

My observations have led me to believe that a great many cases of crooked nose or occluded nares are not due to fracture or congenital deformity, but to interstitial growth of the sepal cartilage. It is impossible to increase the area of a partition situated between fixed borders without causing the partition to assume a curve. The triangular cartilage cannot extend upward, downward, or backward, because of its margins in these directions being fixed, hence, when it increases in area by abnormal growth it assumes curves and distorts the anterior portion of the nose.

I have recently operated upon a case in which the crookedness of the nose was very marked, and had been increasing within the last few years. In this case it was quite evident that the deformity depended upon a double curve of the sepal cartilage, which was apparently due to abnormal interstitial growth.

Submucous resection of the cartilage is, it seems to me, a good method for relieving many cases of nasal deformity. The removal of angular or curved portions of cartilage without cutting away the mucous tissue is an operation giving rise to no great hemorrhage, although, of course, the bleeding is free.

I show to-night an elliptical section of cartilage the result of an operation done by this method. In this case, as the members will see, I cut out a portion of the bone as well as of the cartilage, and I subsequently removed another small piece of bone at the back part of the nares, by using a saw pushed under the mucous flap. The small portion of bone attached to the elliptical strip in the specimen was removed by the incisions made with the tenotome. The anterior portion of the bone of the septum is so thin that it is easily cut through with a tenotome.

The relief of nasal obstruction was immediate and very satisfactory in this case.

**Hæmolglobin Compound, or "Bullock's Blood in Therapeutics."

BY F. E. STEWART, M.D.,
Of Wilmington, Del.,
Demonstrator of Pharmacy in Jefferson Medical College, Philadelph.,
Extract from a paper read before the Philadelphia County Medical Society.

The objection to all the dried powders of bullock's blood is (1) their insolubility; (2) their odor and taste.

If blood is dried at a high temperature, an odorless and tasteless powder results; but it is insoluble. If a temperature lower than this is employed, yet sufficient to cook the blood, a peculiar odor and taste develops not found in fresh blood. If a temperature below the coagulating point of albumin is used, the resulting product is free from disagreeable odor and taste, and quite soluble; but in time the scales or powder becomes so dry as to resist the action of solvents, and then its solution is attended with difficulty.

For these reasons I have instituted a great many experiments for the purpose of finding some way to preserve the blood unchanged, and in its fluid condition. These experiments have finally been successful, and I now have the honor of presenting to you Hæmolglobin Compond.

The preparation which I have named Hæmolglobin Compound consists of fresh delbrinated bullock's blood and extract of malt, of each three fluidounces; glycerine and whiskey, of each one fluidounce. This is mixed together. Of this mixture twenty drops may be given three times daily, and the quantity gradually increased until one or two teaspoonsfuls are taken at each dose. It may be given undiluted, or administered with milk or water.

Dr. F. G. Deveraux, of Kezar Falls, Maine, who has been using the compound (his attention having been called to it in a recent publication), writes that he has tried the preparation, in two cases very successfully, and that he thinks more of it for the purposes intended than of any article of the kind he has ever used. But he finds that if fifteen drops be mixed with five teaspoonsfuls of milk, and allowed to stand, it soon digests the milk, and an unsightly mixture results. He, therefore, advises that when it is given in milk, the mixture should be administered immediately.

Prepared as I have described above, hæmolglobin compound remains permanent indefinitely, even when exposed to the air in a loosely stoppered bottle. I have on hand at the present writing a bottle of it which has been standing in my office at Wilmington since December 10th, 1887. It has resisted the heat of two summers, yet it is perfectly good.

Shaken in the bottle, so that a thin layer can be inspected as it flows away from the neck, the preparation is of a bright garnet-red color, and of a rather thin, syrupy consistency. It has the molasses-candy odor and taste peculiar to the extract of malt. There is no appearance, odor, or taste of blood.

If it is desired to employ a more concentrated preparation the blood may be evaporated in a vacuum pan before it is mixed with the other ingredients. This, however, adds to the expense of the preparation, without a corresponding gain, except possibly in special cases.

In regard to the method of administering the preparation, a few words will not be out of place. It is always best to commence with a minimum dose, carefully watching the condition of the stomach, to correct any tendency to nausea if it exist. Usually, the preparation is tolerated by the stomach, even when it rejects beef-tea and milk.

The intervals at which the preparation may be taken is also a matter of importance. In cases of great exhaustion, I have employed ten to twenty drops every half hour, for three or four hours; then one or two teaspoonsfuls every three or four hours. For infants, from three to ten drops in each feeding is the dose. This may be dropped in the bottle, or, in case the child nurses at the breast, it may be given in milk. Diluted milk, or milk and water, after the child has been fed. Ordinary cases requiring tonic treatment may commence with a teaspoonful three times a day, and gradually increase the dose to a tablespoonful.

Before speaking of its therapeutic properties, I desire to call your attention to the fact that hæmolglobin compound is not a so-called "patent" or "proprietary" medicine. It is strictly a pharmaceutical preparation, and introduced in conformity to all the requirements of science and the demand of the code of ethics. To manufacture it shall go the market free from the taint of trademark pharmaceutical quackery. I have placed its manufacture in the hands of my esteemed friends, Messrs. Parke, Davis & Co., of Detroit and New York. While it is a fact that I have published the true formula, and that any one has a right to manufacture and call it hæmolglobin compound, this should not make prescribers careless. On the contrary, it should insure special care. For it is exceedingly important that animals in prime condition should be selected for killing; that the blood should be immediately delbrinated as soon as it is drawn; that it be once mixed with the other ingredients to preserve it, before it has had time to acquire any taint by exposure to the
Notes of Practice.

PALLIATIVE TREATMENT OF FISSURE OF THE ANUS AND ULCER OF THE RECTUM.

BY JOHN P. FURNISS, M.D.,
Of Selma, Ala.*

For the cure of the complaints named in the heading of this article, I know of no surgical procedure which is followed by more satisfactory results than stretching the sphincter in the manner proposed by the late Dr. Van Buren. There are cases, however, which will not admit of this method; and there are patients who, from timidity or prejudice, will not submit to it. The operation, when properly performed, requires the exhibition of an anesthetic; but patients who have fissures or ulcers developed in the course of protracted typhoid fever, or other prostrating diseases, generally have such weak hearts as to make it hazardous to produce surgical anesthesia. During pregnancy, such an operation is likely to be followed by abortion or miscarriage; and yet I did it successfully on a patient who was five and a half months advanced, who lived ten miles from a doctor, and who, her husband said, suffered untold agony. I did not do it, and would not do it again, without consultation.

During the past few years I have treated quite a number of cases by palliative methods. Some of these cases occurred in patients in the fourth week of typhoid fever; some after labor and abortion, and in others, the result of ulceration of hemorrhoidal tumors. The majority of the fissures and ulcers were situated at the posterior or coccygeal portion. I have not limited myself to the use of any one medicament; but I believe my success has been due to the thoroughness of the application to the part affected.

In females, the rectum can be everted by the introduction of the left forefinger in the vagina; but this method requires that the applications be made by the surgeon or a skilled nurse, and it is frequently objectionable and painful to the patient. The use of any kind of suppository has the same disadvantages.

Where the fissure is short, and is rendered accessible by moderate expulsive efforts, the daily application of a four per cent. solution of cocaine, followed by thorough applications of one or the other of these solutions, will generally effect a cure in a week; and the pain will be lessened from the first application.

B. Argenti nit. 15g. Aqu. 3f. M.
Or——

A. Acid. carbonici, 5f.
Acidi tannici, 3f.
Glycerici, 3f. M.

When the fissure is long, extending the length of the mucous membrane over the sphincter, I apply the cocaine by wrapping the point of Ulitzmann’s deep urethral syringe, or Mundie’s intra-uterine syringe with absorbent cotton, and after the instrument is in apposition with the fissure or ulcer, press out enough of the solution to saturate the cotton. After allowing it to remain in situ for three to five minutes, I then apply the solution of carbolic and tannic acids in glycerin.

I do this once or twice myself, and then furnish the patient with an old-style suppository syringe and a box of ointment, with directions to use it twice a day, preferably after evacuation of the bowels and before bedtime. The syringe consists of a glass cylinder and a piston. It is the size of a lead pencil, and is not unlike a boy’s pop-gun.

The ointment contains (at first) acid carbolic 5j to cerate 3j; and later isodiform 5j to cerate 3j. It is put into a metallic box so that it may be kept on ice in warm weather.

The patient is directed to fill the cylinder with one to one and a half inches of the ointment, replace the piston, introduce the syringe into the rectum as far as the medicine in the tube extends, and while withdrawing the syringe, press the piston so as to leave the medicament in its tract. The patient can use the instrument without assistance, if he has strength enough to give himself an enema, and when he is not strong enough, I have not yet found a nurse who failed to use it after being once shown how.

There is no affection of the same magnitude which entails as much suffering as a fissure of the anus. I believe the contractions of the sphincter aggravate the pain, and perpetuate the disease; but I do not believe that they are the only causes which prevent healing. A fissure or ulcer in any other part of the body, the eye, or the corners of the mouth, for instance, does not readily heal until the morbid process is subdued or the cause removed.

HYPODERMATIC TREATMENT OF ASTHMA WITH STRYCHNINE AND ATROPINE.*

BY THOMAS J. MAYS, M.D.,

Asthma is essentially a spasmodic nervous of the pneumogastric nerves. Its characteristic symptoms are its sudden onset and subsidence; its propensity to recur during the night; the sense of oppression in the chest; the short, dry, wheezy cough; the marked dyspnea; the fear of moving on the part of the patient; his utter misery; and his complete transformation into apparent robust health as soon as the attack is over. The paroxysms may be rare at first, but tend to appear more frequently and to last longer, until finally there is no complete intermission between them.

The exciting causes of asthma either reside in or outside of the lungs. Dust, or any other offending materials suspended in the air which, on being inhaled, produce irritation in the sensitive nerve-endings of the bronchial mucous membrane, are among the most common causes. The causes outside of the lung may reside in the nose, stomach, liver, intestines, uterus, etc., or some specific cachexia. It is noteworthy that disorders of all the organs which are supplied by branches of the pneumogastric nerves are most liable to excite an attack. It is doubtful, however, whether with-

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* Being an abstract of one of the evening lectures given by the Faculty of the Philadelphia Polyclinic, in the course of 1898 and 1899.
Experience with the hypodermic use of these drugs in a number of other cases of asthma which I have under observation at the present time, convinces me that they are a valuable addition to asthmatic therapeutics. Not only have I employed these agents in asthma, but also found them useful in treating other forms of cough and dyspepsia.

NEW METHOD OF OPERATION FOR CIRCUMCISION.

BY HOWARD J. WILLIAMS, M.D.,
Of Macon, Georgia.

I wish to describe the following method of operating for phimosis, as I find it does away with many of the unpleasant attendants on circumcision.

At the time of operation, the patient is required to wash the penis and adjacent parts, first with soap and water, then with bichloride solution (1 to 1000); care is taken to thoroughly cleanse the mucous membrane around the corona glandis. To obtain local anesthesia, cocaine is used in the following manner:

The needle of the hypodermic syringe, containing a solution of muriate of cocaine (5 grains to 100 drops of water), is introduced into the connective tissue on the dorsum of the penis, and is made to pass between the skin and mucous membrane of the foreskin, along a line corresponding to the corona glandis, until the frenum on one side is reached. The needle is then gradually withdrawn, and the cocaine is deposited as the instrument is being retracted. This process is repeated on the other side of the penis. From 15 to 20 drops of the solution is thus deposited, and a complete circle of cocainized tissue is obtained. This circle will be used as the field of operation.

A narrow rubber band (such as is used around small packages), made aseptic by the bichloride bath, is now placed around the base of the organ, to act as a tourniquet. If the band is applied before the cocaine injection, the loose skin of the penis is apt to be drawn by the band back toward the pubis; and, when the cocaine is injected, the line left by the hypodermic needle will not be in the tissues overlying the corona glandis, but in the tissues of the foreskin nearer the end of the penis, and, as this line is used as the line of incision, too much foreskin will be left after the operation.

In about five minutes the full effects of the cocaine will be obtained, and the next step of the operation can be taken. The circumcision forceps is applied, and with a sharp knife the foreskin is cut off, the band of cocainized tissue being used as the line of incision. To the surprise of the patient there is no pain, and after a minute or two all bleeding stops. The anesthesia is complete, and the hemorrhage amounts to only a teaspoonful, consisting solely of that blood detained in the tissues by the constricting band. The forceps is removed, and the mucous membrane left by the first incision is next trimmed to the proper extent. The stitches (the finest silk, thoroughly aseptic, I prefer) are introduced, from four to six, as the case may require, being used. The wound is left open for a few moments, to allow the atmosphere to glaze over the raw surface, and so close all vessels likely to bleed when the tourniquet is removed. The stitches are then drawn up, the edges are approximated, and the wound is ready for the last step in the operation, namely, the application of a thick coating of iodoform collodion. This application is made with a camel's hair pencil, and should extend from a half an inch on either side of the edges of the wound. I formerly incorporated in the iodoform dressing some fibres of cotton to strengthen the dressing, but now use the iodoform collodion alone, finding that it is sufficiently strong of itself and much easier of removal. The band is removed as soon as the collodion is dry, and the operation is completed. In five or six days, when the collodion is ready to come off and the stitches are removed, it will be found that primary union has taken place.

By the above method of operating, pain is avoided without the employment of general anesthesia; hemorrhage is reduced to a minimum; the swelling is controlled by the collodion; and a thoroughly antiseptic dressing is obtained, under which primary union can take place; the patient is not troubled with any after-dressing, which formerly he had to renew frequently, and often with soiled hands which carried germs to the wound; the urine cannot get to the wound and irritate it; and the patient is not detained from his business, but continues his daily pursuits without discomfort. After the operation I always prescribe an antiphlogistic, either paregoric or; what I prefer, a pill of codeia sulphat, gr. j. extract hyoscyamii, gr. ss, and camphor, gr. j., every three hours. Erections, while they are not apt to disturb the dressing, are extremely uncomfortable to the patient.

NOTE ON A METHOD, PROBABLY NEW, OF OPERATING FOR COMPLETE PROLAPSE OF THE RECTUM.

BY JOHN B. ROBERTS, M.D.,
Of Philadelphia.

Having recently had occasion to operate upon a young woman suffering with prolapse of the rectum of several years' duration, I devised an operation for proctorrhaphy which seems to meet all the indications. As far as I know the method is a new one; but I realize that it is not safe to assert that any operative method is new. Since writing this note I have understood that Dieffenbach proposed a somewhat similar method. The anal aperture was so dilated that I could readily insert the ends of the five fingers of my hand into the rectum. When the bowel was prolapsed it protruded from the anus as a sausage-shaped mass about four inches in length.

I determined to cut out a V-shaped portion of the posterior wall of the rectum, the apex of the V being upward, and at the same time diminish the anal aperture by excising a part of the sphincter muscle. This procedure would diminish the caliber of the lower part of the rectum and give it a narrow orifice; so that the inferior portion of the intestine would diminish in diameter, as it approached the anus, instead of being a tube with a wide,
almost funnel-shaped, lower opening through which prolapse was constantly occurring.

The steps of the operation were as follows: Making a small incision in the middle line near the point of the coccyx, I introduced my finger and broke up the cellular connections behind the rectum as is done in preparing to excise its lower end for carcinoma. The sphincter muscle was then divided in two places by incisions situated each about a half inch away from the posterior median line. By carrying these incisions obliquely backward through the skin until they met at the original incision near the tip of the coccyx, I included between them a triangular portion of tissue which had as its base about one inch of the anal sphincter. With scissors I then cut from the posterior wall of the rectum a long triangular piece consisting of the entire thickness of the wall. The apex of this V-shaped section was situated about three inches up the gut, while its base corresponded with the space between the incisions by which one inch of the sphincter muscle was removed.

After hemorrhage had been controlled by catgut ligatures, chronicized catgut sutures were used to bring the divided wall of the incised rectum together. The first suture was introduced at the apex of the wound, that is, three inches above the anus, and was tied with the knot within the bowel. Successive sutures were inserted, with intervals of about one inch, and tied between them, until the lower margin of the rectal wound was reached. The last intra-rectal suture was placed just inside the margin of the anus. They were all tied upon the mucous surface of the bowel so that the knots were within the lumen of the intestine. In this manner the lower portion of the rectum was greatly reduced in diameter. The divided ends of the anal sphincter muscle were then brought together by two catgut sutures and one shotted wire suture. The anal aperture was thus reduced so that it was barely possible to introduce the tip of one finger, whereas originally the anus could readily be passed into it. A drainage-tube of rubber was then introduced into the cavity between the rectum and the sacrum; and the wound leading backward from the anus to the coccyx was closed by numerous shotted wire sutures carried deep by means of a strong and curved cervix uteri needle.

This method will, I believe, be found effectual in preventing recurrences of prolapse.

Owing to diarrhea which occurred a day or two after the operation, the rectal stitches could not prevent the passage of fecal matter into the post-rectal space. As a result suppuration and sloughing occurred there, interfered with early healing, and destroyed what union had already supervened.

The giving way of the stitches holding the wound in the rectal wall and sphincter in proper apposition is to be regretted; but it is possible that the greater degree of cicatrization and adhesion around the rectum, resulting from the prolonged suppurative inflammation, may be valuable in making subsequent prolapse of the bowel more impossible than would have been the case if primary union had been obtained.

Now, a couple of months since the operation, a cavity about the size of a hen’s egg still exists between the anus and the coccyx. It is slowly cicatrizing and contracting, and will soon, I think, be completely healed. The patient goes about, ascending and descending stairs without any tendency to rectal prolapse. There is as yet no control of the fecal evacuations when the bowels are made lax by laxatives; under ordinary conditions constipation exists. The operation has, therefore, been very satisfactory to both surgeon and patient.

**EUCALYPTUS IN CATARRH OF THE RESPIRATORY TRACT AND OBSTINATE COUGH IN CHILDREN.**

*BY SOLOMON SOLIS-COHEN, M.D.*

*Of Philadelphia.*

For several years I have been in the habit of using preparations of eucalyptus, both internally and by inhalation, in the treatment of certain cases of acute and subacute bronchial and laryngo-tracheal catarrh, more especially in children. Some three years ago, in a case of peculiarly obstinate cough in a child, not the cough of pertussis, for which all physical basis, so far as examination could show, seemed to have been removed, I was advised by Professor J. M. Da Costa to use fluid extract of eucalyptus, which had not been employed in the acute bronchitis from which the cough apparently held over. Previous to this, also with Dr. Da Costa’s advice, a reliable preparation of belladonna had been used and had failed. Recovery was so prompt as to be striking. Since that time I have repeatedly resorted to the same expedient in similar cases, with equal satisfactory, though not always equally rapid, result. While the use of eucalyptus in the treatment of inflammatory conditions of the respiratory tract is familiar, I do not remember to have seen mention, in print, of this particular phase of its usefulness. It has seemed to me worthy of report, and I have mentioned the circumstances under which I began its use, in order not to claim credit for originality not mine. The value of eucalyptus in relieving head-aches and facial neuralgias not of malarial origin, its undoubted value as an inhalation in pertussis, and the property of relieving semi-spasmodic coughs here reported, seem to indicate a nerve quality in some of its constituents. For inhalation in diphtheria, croup, laryngitis, whooping-cough, and phthisis, I prefer eucalyptol; but for internal use in bronchial and laryngo-tracheal inflammations the fluid extract seems to serve a better purpose.

In acute cases my usual custom is to administer it in connection with ammonium salts; in subacute cases a little parergic may be advantageously added. In the obstinate irritative coughs following inflammatory affections which have apparently subsided, the fluid extract of eucalyptus is best given without other drug, in syrups of tolu and acacia or in an emulsion of oil (castor oil, olive oil, cod-liver oil, albumen, oil), as necessary, to disguise its taste or modify its action. The dose is about five drops for a child of two years. The following are specimen formulae:

- **Ammonium carbonate**, 8 to 16 grains.
- **Ammonium chloride**, 22 to 48.
- **Fluid extract of eucalyptus**, 1/4 fluidrachm.
- **Syrup of acacia**, 1/4 fluidounce.
- **Syrup of wild cherry**, 1/4 fluidounce.
- **Glycerin, or**
- **Water, sufficient to make**
- **2 fluidounces.**

For a child two years of age, with acute bronchial or laryngo-tracheal catarrh, one fluidrachm in milk or water every two, three, or four hours.

**Aromatic tincture of ammonia** of each
- **Camph. tincture of opium**, 2 fluidrachms.
- **Fluid extract of eucalyptus**, 1/4 fluidounce.
- **Syrup of acacia**, 1/4 fluidounce.
- **Syrup of wild cherry**, 1/4 of each 3/4 fluidounce.
- **Water, sufficient to make**
- **2 fluidounces.**

For a child with subacute bronchial catarrh, one fluidrachm in water every two, three or four hours.

**THE TREATMENT OF PSORIASIS WITH LARGE DOSES OF IODIDE OF POTASSIUM.**

*BY M. P. VANDER HOCCK, M.D.*

Of Minneapolis, Mino.

Iodide of potassium in large doses, given in the manner above described, although not a specific against psoriasis is of undoubted value in the treatment of this disease. It is equal, if not superior to the internal use of arsenic, and should be especially tried in cases which have resisted this drug. Also in such cases as have resisted or are unsuited for local treatment. As far as known it has no power to prevent relapses of the disease. In the large majority of cases it will not be necessary to exceed a daily dose of 24 grains, or 360 grains. These large doses can be given with comparative immunity, but the patient should always be under the observation of a physician. Serious complications which cannot be quickly and completely relieved by decreasing or stopping the drug have as yet not been met with.

No unpleasant or dangerous consequences are experienced on suddenly stopping the iodide, as is the case with arsenic when given in large doses. The drug would seem contraindicated in cases of kidney disease of any description, because of the irritation set up in these organs by its elimination. The same is probably true to a less extent in serious gas-

*Conclusions from a paper in the Northwestern Lancet.*
otic ailments. As I have not met with cases suffering from any of these disorders, I cannot make any positive statements in this respect.

The cause of psoriasis being at present entirely in the dark, the modus operandi of the iodide in this disease is likewise unknown. Its success is simply an empirical fact demonstrated by clinical experience, and future developments in the etiology of this common affection may enlighten us upon this subject.

**DIAGNOSIS OF THE DEATH OF THE FETUS.**

**BY PROF. THEOPHILUS FARVIN, M.D.,**

**Of Philadelphia.**

A woman was recently delivered of a dead child in the Maternity, the death probably having occurred two or three weeks before, and yet she insisted that she felt its movements at the beginning of labor. You see, therefore, what deception there may be in regard to this sign, both as an evidence of pregnancy and of the child being alive. Quite recently there came to the Jefferson Medical College Hospital a woman in the seventh month of pregnancy, who believed her child was dead because she no longer felt its movements. Careful auscultation was tried, with negative result. I could not elicit from the woman a single objective sign of fetal death than the one first given—no shrinking of the breasts, no chilliness, no deterioration of health. I might have tested the vaginal temperature, and noticed whether that slight normal increase, due to the presence of a living child in the uterus, was absent, or whether there was peptonuria, which has been claimed by one or two observers to be found if the fetus was dead. But I determined to try measuring the abdominal circumference, and also the length of the anterior wall, from week to week, believing that if there was a progressive diminution in these measurements, and still no fetal heart-sounds to be heard, I would be justifiable in concluding

that the fetus was dead, and in inducing labor. The measurements did show this progressive diminution for two weeks, at the end of which time, no sounds of fetal heart or of fetal movements being heard, nor the latter felt, I felt justified in passing a bougie into the uterus, and in twenty-seven hours a macerated fetus was expelled.

Not desiring to press this single instance too strongly, nor thence to deduce an absolute rule, nevertheless, I will state as my belief, that we probably have no more certain or more generally available evidence of the death of the fetus in pregnancy than the constant decrease in the abdominal measurements mentioned. As we will often be misled in deciding as to pregnancy if we rely upon the subjective signs, so by trusting to such signs we may be similarly brought to a wrong conclusion in deciding as to the death of the fetus. We are in need of some reliable criterion to decide this matter, and possibly it exists in the measurements of the abdomen of the mother, laying aside those cases in which wasting disease may cause progressive emaciation.

**REMOVAL OF IMPACTIONS FROM THE EXTERNAL EAR.**

**BY BENJ. WARD RICHARDSON, M.D., F.R.S.**

A young man, eighteen years of age, was brought to me for deafness of the right ear, which deafness had been present since he was a child of about four years old, and was often attended with pain and "ear-ache." The first time the difficulty of hearing and pain was noticed was at the seaside, and came on after the child had been playing on the sands. The symptoms were attributed to cold, and were treated by the application of poultices over the affected ear, and by putting cotton wool, holding this in place, into the meatus. After a time the acute pain subsided, but the deafness remained, and was sufficient to render hearing on the right side extremely imperfect. At the date when the patient came to me the deafness was complete on the right side, and there was a return of the aching pain. On examination the external meatus was found to be charged with wax so firmly set that it could not be removed without difficulty. This operation brought back the ear to its usual state, but did not restore perfect hearing. The speculum now enabled me to see at the bottom of the meatus a bright, white, irregularly-rounded body, which, on being touched with the end of a probe, was quite resonant; and as there was no history of scarlet fever in the case, no probable disease of bone, and no indication of gouty deposits, the light began to dawn on me that perhaps the patient when a child playing by the sea had pushed a small pebble stone into the ear. Questioned as to the possibility of this accident, he confirmed the possibility by recalling that he had the habit of "putting things into his ear," for which he had been punished by his nurse; and that he had also a notion that he did do something of the kind originally, which he was afraid at the time to confess. Acting on this idea, I had constructed a fine wire loop of oval form fixed on a firm handle, and after two or three attempts I succeeded, after getting the loop behind the solid substance, in moving the substance from its place. Then, by the free use of the syringe, I washed out the long-impacted body, which proved to be, as suspected, a small pebble. The removal caused considerable pain, with a distressing sense of increased sounds; but in a few days my patient had regained his hearing completely.

Another instance of a similar kind occurred, during my early days, in the case of a market gardener, living near Barnes Terrace. He from childhood had suffered long-continued deafness, for which he had been consulted the late Mr. Yeatsley, who bade him come to me, his family being under my care. Thinking there was a hard mass of wax in the ear, I syringed freely, but removed nothing more than some loose particles of wax. Sufficient, however, was done to enable me to see, at the bottom of the meatus, a surface which certainly was not the tympanum. I passed a probe down to this surface, and touched it without the consciousness of the patient. I then passed down a small, finely-barbed crochet needle, and, drilling it in gently, brought it back with some fibrous substance attached to it, which the microscope told me was cotton wool. The fact led me to proceed further; I carried the crochet barb much deeper into the bed of obstructing substance, and removed a dense plug of cotton wool, which the mother of the patient had inserted during his childhood. A healthy tympanum was exposed, and in a few days this patient, after a deafness of twenty-eight years, regained his hearing perfectly.

**TREATMENT OF INFLAMMATORY OR MEMBRANOUS CROUP.**

Dr. T. McLlvaine, in an editorial in the *Pooria Medical Monthly,* recently detailed the successful treatment of this affection in his own child, a year old:—

General relaxation and vomiting was early induced by turpeth mineral and powdered ipecacuanha, then were given two-grain powders of the mild chloride of mercury every two hours until free purgation followed. After this ammonium muriate and the corrosive chloride of mercury were administered, the latter in doses of $1/8$ of a grain every two hours. Nausea was not encouraged after the first general relaxation was obtained, but especial efforts were made at stimulation and nourishment. Lime water was atomized and directed into the throat as frequently as possible without too much worry to the babe. Quinine was given, one grain every two hours, until ten grains had been administered, and resumed again after the membrane had loosened. The temperature of the room was kept steadily at $85^\circ$ and moistened by boiling water.

Thirty hours after the character of the disease was fully established, the climax was reached; the cough became less strong and more suppressed, the respiration faster (reaching 80 per minute) and very shallow, cyanosis became more marked and the pallor of death crept over the brow, fingers tips became bluish-gray in color and the bright
eyes grew dull and listless, a short sharp struggle for breath was followed by what seemed to all present the quiet of death; then it was the power of stimulants was wonderfully exhibited. Flannels wrung out of hot whisky were applied every five minutes to the chest, alcoholic vapors produced by pouring whisky upon a heated tin surface were held under the nose, and one ounce of brandy was given per rectum. Reaction came slowly but surely, the breathing was deeper and less labored, cough more frequent and less harsh; no membrane was expelled from the mouth, but the next stools contained considerable quantities of it. The respirations fell to 60, 50, 40, 30 per minute, and the worst was over.

Then for the first time the cough or a cry caused pain, which we supposed to be from the raw surface made by the detachment of the membrane. Listerine and a few drops of carbolic acid was poured into the boiling water in the room and within two hours the pain seemed greatly relieved. Six ounces of milk were given every three hours regularly, and then a mixture containing ammonium muriate, syrup of ipecac and squills, glycerine and water was given at intervals of three hours, alternating with one grain of quinine.

RESULTS OF WOUNDS OF THE COMMON FEMORAL VEIN.*

BY ROSS P. COX, M. D.,

I wish to set forth some of the facts with regard to treatment and results of wounds of the common femoral vein as taught by cases collected from all possible sources, and tabulated by me.†

(a) Wounds of common femoral vein, not done in tumor operations, treated by immediate ligation of vein: 3 cases, including the case I have reported, 2 deaths from gangrene, and 1 recovery (the present case).

(b) Ligation of common femoral vein for wounds not made in tumor operations, after trying and falling with compression: 2 cases, 1 death from septicemia, and 1 recovery.

(c) 26 cases of ligation of common femoral vein wounded in extirpation of tumor: 16 recovered and 10 died. Of the 10 deaths, 3 were from hemorrhage, 2 from recurrence of malignant growth, 2 from pulmonary emphysema, 1 from pyaemia, 1 from exhaustion, and 1 from limited gangrene and exhaustion, and a man forty-nine years old infected generally by sarcoma.

(d) 27 cases of ligation of the common femoral artery or external iliac artery, and the homologous vein, for wounds made in tumor operations, give 6 recoveries and 21 deaths. Of the 21 deaths, 12 were from gangrene, 4 from septicemia, and one each from hemorrhage, recurrence of growth, pyaemia, and pneumonia.

The cause of death of one case was not given.

(e) Wounds of the common femoral vein, not made in tumor operations, treated by ligation of the homologous artery only: 5 cases, 5 deaths; one each from septicemia, gangrene, shock and exhaustion, and in one instance no cause was given.

(f) Wounds of common femoral vein, not made in tumor operations, treated by ligation of both artery and vein: 17 cases, giving 6 recoveries and 11 deaths. Of the 11 deaths, 5 were from gangrene, 4 had no cause assigned, and 2 were from hemorrhage.

(g) Wounds of common femoral vein treated by lateral ligation: 3 cases, with 1 death from hemorrhage, and 2 recoveries.

(h) Wounds of common femoral vein, not treated by ligation of either vein or artery: 11 cases, 11 deaths; 4 from causes not given, 3 from hemorrhage, and 2 each from pyaemia and gangrene.

**A CASE OF SYPHILITIC PTOsis AND PARAPLEGIA—Cure.**

BY ANGELO FESTOZI, M. D.,

Within the last few years, lesions of the nervous system, depending upon syphilitic poisoning, have been especially dwelt upon by many writers. Their effects generally belong to the class of what are termed "tertiary affections," and the length of time which elapses between the primary disease and resulting nervous disorders is very great, as to cast a shadow of doubt upon their origin. The present case is especially valuable as occurring shortly after the absorption of the syphilitic poison, and during the time while other effects of it were manifest in the system.

W. S., mulatto, came under my care during December, 1889. He was suffering from complete paralysis of the third nerve on the right side. This was attended with slight headache and feeling of sickness. He had no gout or rheumatic diathesis, nor had he been exposed to cold; but six months previously he had had a chance upon the pencil, which had been followed by sore throat and a copper-colored papular rash—slight traces of which still remain about the face and shoulders. He was directed to take a Plummer's pill at night, and large doses of iodide of potassium were also administered; a blister was applied behind the ear.

In four weeks the ptosis disappeared; and for a time he seemed well, and resumed his ordinary occupation.

A month later he again applied to me. On this occasion he complained of pains in the back and lower limbs, a difficulty in making water, and a feeling in his legs which he described as "though his feet were made of lead." These symptoms gradually increased, and in the course of a week he could scarcely raise either limb above an inch from the ground; his urine constantly dripped from him. Sensation in the lower extremities was not completely abolished, but so perverted that he could never tell with certainty what part was being touched.

For this condition of affairs I placed him once more under the influence of the iodide of potash, painting the whole length of the spine, night and morning (till it became sore), with a strong solution of iodine; and with these remedies I combined the use of vapor baths thrice a week. Under this treatment he rapidly improved; and in the course of six weeks he became so well and strong as to be able to resume his position of foreman on a tug-boat.

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Class-rooms Notes.

—The following is a good prescription for men after a debauch:—

B. Spirit. ammon. aromatic. § ij
Tinct. capsici. § ij
Spirit. lavand. comp. § iv
Soda muriat. § iii
Tinct. opii camph. § ss—j. M.
(Prof. Brinton.)

—Prof. Parvin presented to the class a case of vesicula resulting from diabetes melius, and directed the following:—

Constitutional treatment for the diabetes and local treatment for the vesicula, as follows:—

B. Atropin. gr. j
Aque. § j
To be used as a spray.

Also an ointment composed of sodium salicylate, benzoated zinc oxide, and tar ointment.

—Dr. Coplin announces the discovery of a coccus which very constantly present in salpingitis. The growth is in spongy masses, abundantly present in the lymph spaces of the tube wall. The coccus is not in the cavity of the tube, and cannot be demonstrated in the cases in the contents of the tube, nor in mucous-purulent material found in their lumen. It is entirely different from the coccus of gonorrhoea, and will not stain with the ordinary methods used for demonstrating the coccus of suppuration and gonorrhoea. It withstands the prolonged action of concentrated acetic acid when stained with saturated solution of methyl violet in aniline oil water, but bleaches rapidly by any of the mineral acids in ever so weak solutions. Dr. Coplin is at present investigating these microorganisms and expects to demonstrate their pathogenic character.
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THE PLACE OF MEETING OF THE

AMERICAN MEDICAL ASSO-

CIATION.

The meeting of this important national organization, just held, was successful from every point of view and from every standard of criticism. The papers were, many of them, valuable additions to the literature of the times, and were ably discussed; the social element of the meeting was a delightful feature, and the addition to the membership of the Association will still further diffuse the interest that must attach to all the transactions of this body. The Association of American Medical Editors, at its business meeting and banquet, on the evening prior to the opening of the programme of the American Medical Association, gave an inaugural brilliancy, spirit and life to the whole occasion, and strengthened the bonds of brotherhood in a worthy cause in the discussions of the scope and capabilities of modern medical journalism.

The place of meeting of the Association is always an interesting subject prospectively, as it certainly is coincidently with these annual sessions. With a keen appreciation of the kindness and hospitality of the citizens—and nowhere in the country could such kindness and hospitality have been more lavishly bestowed than in Nashville—there is always mingled the inquiry, "Where shall we go next year?" The discussion of the question in committee is usually animated, and the advocates of favorite localities descant upon their claims with vehemence and sometimes with amusing earnestness.

In some respects the selection of a place of meeting is of more consequence than appears upon the surface. A small town frequently signifies a lack of ample hotel accommodations, a hall of meagre dimensions for the general meetings, and insufficient rooms for the Sections. A very remote place of meeting, far away from the districts of country which usually supply pabulum to the Association in the way of annual dues and valuable scientific papers, might also, prospectively, indicate a diminished attendance and an absence of many of the reliable members whose faces are so familiar at these annual gatherings; but distance particularly affects their numerical strength, from the fact that there are hundreds of the medical profession who cannot give more than a week, at the utmost, to such a scientific and social reunion, and who cannot well afford the expense of travel and interruption to business which such a trip entails.

It is probable that all these reasons were operative in the recent meeting of the Association at Nashville, when the recommendation of the committee to go to San Francisco was so decidedly rejected by the main body in general meeting. And this, too, in spite of the enticing promises of the gentlemen representing the Pacific slope that a thousand new members would be added to the Association's list, and that the trip would be made at one fare, in delightful cars, in little more than eighty hours—from Chicago, we presume. The invitation was sincere, the attractiveness of the excursion unsurpassed, and we believe the promises would have been as faithfully fulfilled as tact, ingenuity and hospitality could accomplish it. The guest that is welcome always feels doubly so when he finds unanimity and cordiality greeting him at every turn. Certainly the wisdom of the migratory sessions of the Association has long since been fully established. The session of 1890 proved, in a similar way, the advantage of visiting a section of country which had not been very recently occupied as the place of meeting, for nearly fifty per cent of those who attended the sessions in the charming city of the Southwest, where hospitable doors were thrown open with welcome greeting to the medical men of all sections, were new acquisitions to the roll of membership, most of them from Tennessee and her neighboring States. Tennessee, especially, presented a remarkably strong front in the representation which it sent, from every section of the State, as substantial evidence of the active personal interest it took in the Association.

Our Library Table.

[A new publication noticed in this department, and all other medical works, may be procured by addressing the Editor of the College and Clinical Record, 914 N. Sixth Street, Philadelphia.]


This is the latest addition to the ranks of Medical Lexicons. It is a well-prepared, condensed medical dictionary, in the sense of abbreviation of definitions, and will be acceptable to those, especially, who may prefer to receive their definitions boiled down in as few explanatory words as possible. A cheap dictionary has always been a publisher's desideratum, under the belief that the public preferred brevity and low prices; but miniature lexicons have never been thoroughly satisfactory to inquiring minds, and probably have not been very remunerative to any of the parties interested. Dr. Gould's work occupies a much higher plane than these, and suggests the query, why some enterprising publisher did not, many years ago, produce such a book, to divert attention from more voluminous works and to create a fresh market for itself. Dr. Gould's Dictionary contains most of the new words met with in medical literature at the present day, and the important recent additions to therapeutics. Of course, a work whose chief object is condensation, cannot supply the fullness of explanation which constitutes so attractive a feature in larger dictionaries, and therefore cannot thoroughly satisfy the intelligent reader. The introduction of some of the tables in a work of this kind is, we think, of questionable utility. For instance, the long lists of mineral waters, of arteries, muscles, tables of population, etc., appropriately belong to works on mineral waters, anatomy, and other subjects; but their introduction is merely a matter of taste or opinion, and does not detract from the general merits of the whole book.

The typographical execution and other general features of the publication must be commended, its appearance being attractive, both outside and inside.


HOW TO PRESERVE HEALTH. By Louis Barkan, M.D. 12mo, 344 pages. New York, 1890.


Therapeutic Briefs.

—For Superficial Burns, Mr. C. Heath, of London, recommends a mixture of two parts of castor oil and one part of collodion.

—For Chapped Hands, a writer in the Provincial Medical Journal suggests the following as an excellent application:

| B. Menthol, | gr. xv |
| Salol, | 
| Olive oil, | ss |
| Lanolin, | 3 iss. |

—In Gonorrhoea, Jullien (Revue de Therap., March 15th, in Med. News, April 5th), recommends the following injection:

| B. Liquid vaseline, | p. 140 |
| Bismuth subnitrate, | p. 10 |
| Resorcin, | p. 3 |
| Iodol, | p. 7 |

—For Headaches from tobacco or alcohol, the Kansas City Med. Record suggests the following:

| B. Spirit. ammoniae aromat., | m.xxx |
| Spirit. chloroformi, | m.x |
| Aque, | 3/3. |

To be taken at one dose.

—For Odorous Perspiration, Revue de Therap., recommends that those parts of the body which emit the odor should be powdered with a piece of lint steeped in the following mixture:

| Powdered rice, | 3 iss. |
| Subnitrate of bismuth, | 2/3 |
| Permanganate of potash, | 3/3 |
| Powdered talc, | 3 iss. |

—For Cholera Infans, a writer in the Canada Med. Record suggests the following:

| Bismuth subnitrat., | 2 |
| Tinct. opii, | 3/3 |
| Tinct. catechu, | 3/3 |
| Creosoti, | 2/3 |
| Mist. creta, q. s. ad 1/3. |

Stio.—Shake well and give a child from two to three years old one teaspoonful every two or three hours according to circumstances, and as soon as the discharges become less frequent prolonging the interval—giving at the same time large draughts of cold water to supply the great loss due to the rapid escape of the liquor sanguinis, at the same time using hot mustard baths.

—Journal of Cutaneous and Gen.-Urinary Diseases, April, 1890, cites from a foreign medical journal a brief report of two cases of Eczema provoked by the internal administration of borax for epilepsy. The borax had been given in doses of two and three grammes for a period of two months. The eruption disappeared after the suppression of the drug; but the writers did not think the eruption was due alone to the borax, but was only excited by it in two predisposed subjects, as they had both suffered previously with attacks of eczema, and both were affected with seborrhoea of the scalp.

—Dr. F. Winnett, of Toronto (Canada Lancet, March, 1890), reports a case of Pneumonia successfully treated with ergot, and states that he can find no mention of such treatment in the regular text-books of medicine or therapeutics. He cites an article in the Philadelphia Med. Register, 1887, recommending its use in pneumonia. In his own case he writes that the action was almost instantaneous, and adds that a drug, the physiological action of which is to produce a condition diaphoretically opposed to that found in pneumonia, dilated arterioles, capillary stasis and increased blood-pressure, must be recommended in the treatment of that disease.

—A Paris correspondent of the Pharm. Record, April 7th, 1890, states that extraordinary success has been reported with chrysarobin in the treatment of hemorrhoids. For the external variety he prescribes the following ointment, to be applied several times daily after a washing in a 1 to 50 solution of phenic acid, or a 1 to 100 solution of creolin: Chrysarobin, 80 cgm.; iodoform, 30 cgm.; ext. belladonna, 60 cgm.; vaselin, 25 gm.; for external use. For internal use, the formula is as follows: Chrysarobin, 8 cgm.; iodoform, 2 cgm.; ext. belladonna, 1 cgm.; cacao butter, 2 gm.; make one suppository. In three or four days, pain and hemorrhage are said to disappear, and it rarely happens that the most obstinate cases are not cured within two or three months.

—Dr. Shoemaker and Aulde, in the Medical Bulletin, April, 1890, speak highly of Belladonna in spasmodic neuroses of the air-passages (as asthma, whooping-cough, laryngismus stridulus, hicouche, and similar disorders), in the form of atropine hypodermically, or the fumes of burning leaves by inhalation, or as a good plaster externally. An active belladonna plaster will afford relief in angina pectoris. In chronic bronchitis with profuse secretion it reduces both the cough and the secretion. It is also useful in some cardiac neuroses, in colliguative diarrhoea, irritability of the bladder, and in collapse of the febrile state with great depression of the vital powers. When used for the relief of neuralgia the injections should be, whenever possible, in the immediate vicinity of the affected nerve.

—Noticing some peculiar Effects of Cocaine, such as very rapid and painful swelling of the soft parts about the face, when it was administered hypodermically in that locality, Dr. J. W. Strickler, of Orange, N. J., states (Med. Record, March 1st, 1890) that having had this experience, he would not again inject a solution of cocaine (even a four per cent. solution) into loose areolar connective tissue, in the region of the face, without, at least, informing the patient of the possible result, and he is quite confident that if his patient had known, prior to the injection, what he subsequently learned about the peculiar effect of cocaine upon him he would have objected to its use. He considers the employment of a ten per cent. or a fifteen per cent. solution of cocaine both unnecessary and hazardous for the production of local anesthesia, such as is necessary for the painless removal of small tumors. Cocaine is an agent of great power and usefulness, but one which must be used with caution.

—Dr. B. W. Richardson, of London, England (The Asclepiad, 1890), states that when a patient is lying in collapse from chloroform or other cause, let no one attempt to resuscitate by means of the direct action of the galvanic current, either through the respiratory or the cardiac organs. If by the current we call forth active movements, either of the respiratory muscles or the heart, it is like a whip to a jaded horse at best, and merely exhausts more speedily a failing centre of force which it does nothing to re-supply, and, as we now see, with a possible antagonism of action between the effect produced on the diaphragm and the heart. The whole value of treatment in cases of the kind named rests exclusively on the teachings of experiment, and if experiment with the galvanic current is opposed to the method specified, the practitioner who knowingly employs that method in a desperate extremity, is not only acting perversely, but wrongly and foolishly. Better do nothing, till knowledge shows the right, than do the wrong thing for the sake of doing something.

—Dr. S. S. Burt (Med. Record, April 12th, 1890), in an article on "Pulmonary Consumption in the Light of Modern Research," concludes that Phthisis Pulmonalis is an infectious disease, only the soil must be fertile or the bacteria will not take root and grow; that the inheritance of the affection is simply the descent of the degraded cells presenting a vulnerable point for a possible encounter with the vagrant germs on that all specie's treatment is futile, in view of our present knowledge; and though persistent destruction of the infectious matter is our best means of prophylaxis, yet to restore the vitality of the lung tissue is as important as to destroy the tubercular bacilli. And, moreover, not a few cases of phthisis have a self-limitation, which is a comforting thought for whoever is afflicted, while at the same time it is a disquieting reflection for the numerous noisy advocates of the very latest unfilling remedy.

—Dr. G. M. Brown, in the Medical Bulletin for May, makes an earnest appeal to all who are in authority, or who have any influence over patients suffering with pulmonary phthisis, in favor of The Isolation of Phthisis, to prevent the spread of the disease. No healthy person, especially no healthy young person, should be permitted to occupy the same room at night with a patient afflicted with bacillary
PHYSICIANS IN ATTENDANCE.—Dr. Benjamin Lee, Superintendent Vital Statistics of the Commonwealth of Pennsylvania, has issued a circular letter to physicians in this State, stating that an opportunity is afforded in connection with the taking of the census by the United States Government for obtaining information which cannot fail to be of extreme value to the State, as regards the physically defective classes which compose a portion of its population. The State Board of Health, to which has been confided the duty of superintending the collection of vital statistics in this Commonwealth, is desirous that those returns should be as full as possible. The medical profession, of all others, should be the first to appreciate the importance of such information. It has been found, however, in conversations with physicians, that many of them entertain the apprehension that the information which they thus impart may be used in some manner detrimental to the patient, or individual, to whom it refers. In order to remove any such obstacle to obtaining complete returns, communications were addressed to the Hon. Robert P. Porter, Superintendent of Census, and Dr. J. S. Billings, Surgeon U. S. A., in charge of Vital Statistics, and Statistics of Special Classes, asking for a guarantee in addition to that already given, "that all information furnished on their schedules would be considered and treated as strictly confidential, no names being published.” To this communication replies have been received, stating that under no circumstances can information furnished by physicians be used against an individual, or a patient ever know through that office that a physician ever made a report of his case. Dr. Lee concludes that there can be no ground for hesitation on the part of the profession.

THE COLLEGE AND CLINICAL RECORD.

—BICYCLING FOR YOUNG PEOPLE.—Dr. W. B. Richardson discusses this subject in a recent issue of the Journal of American Medical Association. He admits that since he first warned the public of the dangers of improper cycling, changes have taken place in the construction of both bicycles and tricycles which materially modify the old dangers. He is still, however, of opinion that cycling should never be practiced by boys and girls, since it differs from other exercises in the fact that it moulds the body framework, as it were, to its own mode of motion; and riders in course of time almost invariably acquire what he calls the "cyclist's figure," which is not graceful, and is not indicative of the possession of perfectly balanced powers. Of two things at least he is satisfied. They are that the temptation of competition is to an earnest and practiced cyclist a "demon of danger," and that the systematic pursuit of cycling should never be fully commenced before the age of twenty-one.

MEASUREMENTS OF THE FETUS.—Prof. Parvin, in a Clinical Lecture at the Philadelphia Hospital (Med. and Surg. Reporter, May 17th), presents the following table:

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—THE WILLIAM F. JENKS MEMORIAL PRIZE.—The second triennial prize, of four hundred and fifty dollars, under the deed of trust of Mrs. William F. Jenks, will be awarded to the author of the best essay on "The Symptomatology and Treatment of the Nervous Disorders following the Acute Infectious Diseases of Infancy and Childhood." The prize is open for competition to the whole world, but the essay must be the production of a single person. The essay, which must be written in the English language, or if in a foreign language, accompanied by an English translation, should be sent to the College of Physicians of Philadelphia, Pennsylvania, U. S. A., before January 1st, 1892, addressed to Louis Starr, M.D., Chairman of the William F. Jenks Prize Committee, to whom all inquiries for particulars or conditions should be addressed.

STATE MEDICAL SOCIETY OF PENNSYLVANIA.—The programme of the thirty-sixth annual session (adjourned from June 1890) has been issued. The Society will meet at Pittsburgh, June 10th, at 10 A.M.; Dr. J. B. Murdock, President; Dr. W. B. Atkinson, Philadelphia, Permanent Secretary.

The Address in Medicine will be delivered by Dr. J. C. Wilson, of Philadelphia; Address in Hygiene, by Dr. T. J. Mays, of Philadelphia; Address in Laryngology, by Dr. Wm. H. Dally, of Pittsburgh; Address in Surgery, The Relation of Bacteria to Practical Surgery, by Dr. John B. Roberts, of Philadelphia; Address in Obstetrics, by Dr. Frances B. Baker, of Delaware Co.; Address in Mental Disorders, by Dr. Alice Bennett, of Norristown. A large number of valuable papers and reports will be presented.

—At the suggestion of many medical friends, Dr. W. Thornton Parker, of Newport, R. I., has concluded to publish a portfolio of anatomical photographs, taken from the water-color drawings of the late Dr. W. Thornton Parker, of South Boston, carcinoma, due to the death of M. M. Bregy and Jacob. The folio will consist of eighteen large separate photographs, uncolored, mounted and finished in the best manner. The price for the set complete will be twenty dollars.

—George Keil, Publisher, 1214 Filbert St., Philadelphia, requests the members of the medical profession of the States of New York, Ohio, Illinois, Indiana, and Iowa to forward their names, school of graduation and year, and post-office address, to be used in the pages of the "Medical Register Directory and Intelligence," Dr. William B. Atkinson, Editor. A copy of the book will be forwarded to each physician (whose name appears in its pages) without charge. The book is in preparation for it is of much value to the profession.

—"Died without medical assistance," says the Nat. Druggist, a phrase frequently seen in our daily papers, has long been quoted as a joke on the doctors. A paragraph in a suburban journal, however, goes a little further in the direction of doubtful compliment and includes the relatives and friends in the innuendo. It is signed by the relatives, and reads thus: "We desire to return our sincere and heartfelt thanks to the many kind
friends and neighbors who so kindly assisted us in the death of our wife and mother."

A Western physician, himself not well up in thermometers, wrote recently the following letter to a dealer in St. Paul, accompanying an order for one:

"Dear Sirs: As there is some dispute among doctors as to the use of clinical thermometers, will you please tell me: 1st. Do you place the bulb or the end that contains the mercury in the mouth or the other end? 2d. If so, is there any kind made where you place the other end in the mouth? If you will answer me you will greatly oblige."

The Medical Record, April 12th, 1890, states that a physician, illustrating the evil custom of talking to an invalid about his pains, says that once he requested a mother to mark a stroke upon a paper each time she asked a sick daughter how she was. The next day, to her astonishment, she made one hundred and nine strokes. A three months' visit away from home was prescribed.

Quite recently, says the Hospital Gazette, a man applied to the house surgeon of a London hospital to have a large hydrocele tapped. He stated that he had had the operation performed at another hospital, but the last time he applied there a young woman operated on him. He had no fault to find as to the way it was done, but he objected to exposing his infirmities to a class of ladies.

The recent special course in Abdominal and Pelvic Surgery, by Drs. Senn, Fenger, Parks and Belfield, at the Chicago Polyclinic, seems to have met with general commendation among the physicians—one hundred and twenty-seven in number—who attended. At a meeting of the class held at the completion of the course, commendatory resolutions were unanimously adopted.

A criminal condemned to the guillotine had an attack of fever, and was in bed when the executioner made his appearance. The sick man exclaimed that he wished to see the doctor. "The doctor! No, it is the chaplain you mean." "No, no; I mean the doctor. I want him to certify that my state of health will not allow me to undergo the operation."

One of the latest introductions to chemistry is quinolineparathenebenzyloxyaxepara carborylic acid, prepared by melting quinoline para methenyramidoxime with phthalic anhydride! We pause for a few moments' rest.

The Jefferson Medical College and Hospital of the University of Pennsylvania each receive $50,000 by the will of the late George S. Pepper, of Philadelphia.

"CALVICO" will hereafter appear upon the label of every bottle of wine furnished by the California Vintage Company, 21 Park Place, New York.


The Central Texas Medical Association will hold its sixteenth quarterly session at Waco, Tuesday, July 8th, 1890. Dr. H. G. Ghent, President (J. M. C., 1856).

It is said to be a curious fact that hospitals for the insane are not allowed to take in sane people.

PERSONALS—Dr. W. E. Ashton (J. M. C., 1884) has resigned the position of Chief of the Clinic for Diseases of Women and Demonstrator of Obstetrics in Jefferson Medical College.—Dr. Wm. G. Freiday (J. M. C., 1889) has removed to Stockton, Missouri.—Dr. R. G. Lechner (J. M. C., 1890) has removed to Chapel, Pa.—Dr. M. W. Flournoy (J. M. C., 1890) has removed to Lexington, Ky.—Dr. J. F. Bell (J. M. C., 1890) has located at Elgin, Ill.—Dr. W. H. Parish (J. M. C., 1870) was recently elected Professor of Gynecology in the newly created chair in the Polyclinic Hospital, Philadelphia.—Captain Robert B. Benham, Assistant Surgeon, U. S. A. (J. M. C., 1876) has been ordered to report for duty at Fort Wadsworth, New York.—Captain Charles K. Winne, Surgeon, U. S. A. (J. M. C., 1859) has been ordered to proceed to Fort Snelling, Minnesota, for duty.

Marriages.

Swaringen—Schneider. At Bonne Terre, Missouri, A. W. Swaringen, M.D. (J. M. C., 1885), and Marie Schneider.

Smith—Henry. At Alba, Pa., May 1st, 1890, Frank I. Smith, M.D. (J. M. C., 1889), and Lizzie, daughter of Jos. Henry, Esq.

Deaths.

Reilly. At Oakland, California, May 10th, 1890, Paul Jones Reilly, M.D. (J. M. C., 1849), in the 71st year of his age, of cerebral hemorrhage.

Of the twenty operations upon the trunk, three were for tumors of the breast, viz., two carcinomata and one fibroma, all primary growths. In each of the cases of carcinoma the entire breast was removed. In addition, although no enlarged glands could be felt from the outside, the axilla was opened and a number of involved glands discovered, necessitating the clearing out of the entire contents of the axilla. Care was also taken to go beneath the great pectoral muscle and up to the clavicle, where experience has shown a number of enlarged glands are likely to be found. The axillary vein also was separated from the surrounding tissues and the glands situated in its neighborhood carefully removed. In addition, in one of the cases in which the tumor was firmly bound down to the underlying tissues, a great portion of the pectoralis major was removed.

The case of fibroma has been fully reported in a clinical lecture published in the Medical and Surgical Reporter of March 22d, 1890. As this case was a woman of forty-two years of age, and the growth had been more than a year, it was considered advisable to try some treatment before amputation was done, and subsequently the growth becoming malignant, the entire breast was removed with the growth, but the axilla was not cleaned out as in the operation for carcinoma, as no enlarged glands were found when the axilla was explored.

There was one case of cold abscess over the sternum, occurring in a colored woman with a family history of phthisis. It was treated first by the aspiration of the pus and the injection of iodoform and ether. This having been done twice, and twice falling, the abscess sac was laid freely open, its wall thoroughly stripped, and the cavity then packed with iodoform gauze, to heal by granulation. She then made a rapid recovery.

There was one case of sinus of the chest, following an injury resulting in the formation of an abscess. The sinus extended deeply beneath the great pectoral muscle, and formed almost a perfect semicircle. At its centre another sinus was found, running backward. The tracts were laid freely open and thoroughly curetted. The wound was then packed with iodoform gauze and allowed to granulate. Speedy recovery followed.

Two cases of lipomata were operated upon. One, a fibro-fatty tumor of the right shoulder, was dissected out, the fibrous bands attaching it to the underlying tissues rendering it impossible to peel out the growth. The second case was one of multiple lipomata, to the number of about fifty, extending down both sides from the shoulders to the hips. Only one of the growths was excised in order to determine absolutely the character of the tumor. It was situated on the left forearm, and caused the patient much inconvenience on account of its size and situation.

There was one case of strangulated femoral hernia, occurring in a woman thirty-five years of age. For eight days the hernia had been strangulated, and at the time of operation her abdomen was much distended and very tympanic. There appeared to be great probability that the intestine might be gangrenous. An incision was made along the line of Poupart's ligament, going through the skin and superficial fat and continued down until the sac was encountered. The sac was opened, and the bowel found to be in much better condition than was supposed possible after so long a strangulation; it was of fairly good color, the bowel wall was firm, and the sac contained a clear serous fluid. The tissues around the femoral ring were then loosened, its upper wall elevated, and an endeavor made to force the gas out of the imprisoned knuckle of intestine. As it was found impossible to do this, a slight nick was made in Gimbernat's ligament and the opening carefully enlarged with the finger; the hernia was then slowly returned; the abdominal cavity, the reduction being somewhat impeded by the adhesions. The sac was then stitched to the walls.
of the ring with chronicized catgut and used as a plug to close its opening. Drainage was provided for with a bundle of horse-hair.

Three days after the operation the patient was given one teaspoonful of Rochelle salts, and the dose was repeated in two hours. During the night she had two stools. The next day the temperature was normal, and during the day she had no palpable mental notes, not very offensive. The result of the laxative was very gratifying, as great quantities of gas escaped, and the teneo abdomen became flacid and comfortable. Slight suppuration occurred in the wound and delayed an otherwise uneventful recovery.

There was one case of scirrhus of the rectum, but no operation was deemed advisable. The tumor was very extensive, and involved the floor of the bladder, the prostate gland, the anus, and the rectum up to the sacrum.

Upon the genito-urinary organs eleven operations were performed. They included—

Two cases of hydrocele. One was upon a man, aged thirty, who had previously been twice tapped. The operation consisted in the excision of the entire tunica vaginalis, with the exception of that portion attached directly to the testicle and the epididymis.

The second case was a hydrocele of two years' duration, occurring in a man fifty-seven years of age. One month before the operation the testicle was still a little larger. At five years' age an operation was performed upon him by the late Prof. Roser, of Marburg, which consisted of the gathering up of this pouch in front and searing it with the hot iron. This resulted in the formation of a firm, though very thin, cicatriz, which gave a better support to the viscera. At present this skin wall is so thin that the organs beneath it could readily be seen, and the left lobe of the liver could easily be seized by the fingers. There is also lack of development of the xiphoid cartilage, and, loosely attached to the skin, the diaphragm stretches from one side to the other. The border of the diaphragm could easily be felt, and above it there existed nothing but skin between the apex of the heart and the finger. Before the operation by Roser the heart and lungs lay in this pouch, but now the skin, contracted by the operation, holds them in the chest cavity. In addition, below the diaphragm, you could see plainly the peristaltic movements of the stomach.

Two cases of phlegmonic chancres were presented. In one of the cases, upon subsequently being circumcised, it was found that the disease had burrowed backward beneath the skin almost to the root of the penis. Circumcision was performed once. Mention of the fact need only be made.

There was one case of peri-urethral abscess surrounding a stricture in the pelvic portion of the urethra. No communication with the urethra was discovered. The pus was evacuated by a free incision and the abscess cavity packed, proper dressings being applied. The stricture was not at that time operated upon.

There was also one case of urinary fistula, formed near the junction of the penis and scrotum. The patient had a very slight stricture resulting from gonorrhea, of which he had had several attacks. On account of a fresh abscess having formed on the scrotum, it was incised, the pus evacuated and poultices applied. The stricture was afterward dilated.

Perineal section was once performed (Cock's operation) for stricture, external urethrotomy having failed on account of the immense amount of cicatrized tissue resulting from several abscesses of the perineum, due to repeated attacks of retention of urine, from which the patient suffered. After the bladder had been entered the stricture was divided from behind forward, and Watson's hard rubber drainage-tube (Boston City Hosp. Reports, 1889, p. 73) was passed into the bladder and allowed to remain there, a long rubber tube carrying the most of the urine into a receptacle under the bed. This drainage-tube answered admirably. The perineal wound was dressed with gauze and a T bandage. The large mass of cicatrized tissue sloughed and a large pelvic abscess developed. This was opened above the pubes and drained by a tube passing through both the abdominal and perineal wounds. The perineum was not involved at any time. The patient made a slow but satisfactory recovery.

Stone in the bladder was sounded for once in a child two years of age. The stone was previously thought to have been discovered, but when the child was brought for operation it could not be found. No operation, therefore, was done.

The most interesting operation upon the genito-urinary organs was a case requiring nephropathy, but as a full report of the case was made in a recent issue of the Medical News, it is here only mentioned. Upon the extremities thirteen operations were performed, and included: Two cases of fracture, one of which was a compound fracture of the tibia, in which several pieces of bone of considerable size were removed. The patient was etherized, the parts shaved, the leg then thoroughly scrubbed with soap and water, and covered with solution of chloride of mercury. The nozzle of a syringe was then inserted into the wound, and the wound was irrigated in every possible direction for fifteen minutes. The wound was then enlarged, a counter opening made and through and through drainage instituted. The leg was next enveloped in antiseptic dressings and plaster splints applied, extension being kept up till the plaster had set. Three days after the accident the leg was again draped, and again ten days after the second reddressing. He made a good recovery from the injury, but some of the fragments of bone had to be removed later on account of necrosis.

The second case of fracture was an old Colles' fracture of the wrist, resulting in the binding down of the extensor tendons of the hand. These adhesions were, as far as possible, broken up.

There was one case of false anchylosis of the shoulder joint occurring in a young girl, presenting at the same time a very marked spastic contraction of the pectoralis major muscle. The anchylosis completely disappeared under the influence of ether.

There was one amputation performed; it being of the thumb at the second joint. It
was done for necrosis, the result of an injury received eight months prior to the operation.

Two cases of necrosis—one of the wrist, the other of the femur. The wrist case presented the following history: A man, twenty-four years of age. In May, 1889, he ran a rusty nail into the palmar surface of his right hand. That afternoon it was simply probed and dressed. Very quickly an intense inflammation followed and the hand and arm became enormously swollen. Nine days after the accident he was admitted to St. Agnes' Hospital, where the hand was freely laid open and thoroughly drained; it improved but did not heal, and he was confined to his bed for four weeks, suffering great pain. The wrist and fingers were stiff, and at the time of the present operation a sinus opened on the back of the hand. An incision was made on both sides of the wrist, to avoid the tendon, and as much as possible of the dead bone scraped away. It was then thoroughly drained, dressed and placed on a splint. No reaction followed, but the condition of the bones is such that it will probably have to be amputated.

The case of necrosis of the femur occurred in a woman twenty-four years of age. When eight years of age, after an injury an abscess formed, and since that time she has never been free from a discharge of pus, one sinus after another forming and closing. An incision was made down upon the femur and a large sequestrum was removed. In addition, a large portion of the bone was found to be dead, but, as it was still firmly attached, it could not be removed. A later operation will be necessary.

One osteomyelitis was performed, the disease involving the humerus. It occurred in a boy fourteen years old, who gave no history of injury but only of prolonged exertion, during which, for an entire day, he was engaged in pitching fodder, the next day going gunning and carrying a heavy gun. The trouble commenced (c) evidently in this unusual use of his arm. An incision was made directly down upon the bone, the deltoid muscle being partially cut into. A V-shaped piece was cut out of the bone through its entire upper half, and the medullary cavity was thoroughly scraped. It was then packed with iodoform gauze, and the wound left open to granulate. An excellent recovery followed.

Osteotomy was performed upon a negro, aged thirty-four, for a deformity of the leg resulting from rickets in youth. He had also received a fracture of the leg when twenty-one years of age. He made an excellent recovery, but, so far as the deformity and usefulness of the leg were concerned, the result was only partially successful.

An unusual alveolar sarcoma, covered with varicose veins, of three years' standing, was excised from the left thigh. It was found to be attached to the underlying tissues by numerous fibrous trabeculae which extended down to the deep fascia, and even going down through the fascia and attaching themselves to the muscle beneath. At the time of operation the tumor was believed to be a fibro-fatty growth, but the subsequent microscopic examination revealed its true and malignant nature. Quick recovery followed its extirpation.

A case of housemaid's knee was operated upon. As it was of three months' standing, it was laid open by a free incision, the granulation tissue thoroughly scraped away and the cavity then swabbed out with carbolic acid. A drainage-tube and horse-hair were then inserted, and the wound brought together with catgut sutures, the usual antiseptic dressings being subsequently applied. She was well in ten days.

A case of some interest was one of ganglion involving the sheath of the tendon of the peroneus longus muscle upon each foot. They occurred in a butcher, whose occupation obliged him to stand on his feet a great deal. The ganglion of the left tendon was the worse; it not only involved the tendon of the pe- roneus longus, but also included the sheaths of the extensor tendons as well. The one on the right foot was confined to the sheath of the peroneus longus tendon.

Upon both tumors the treatment was identical. The diseased sheaths were freely laid open, thoroughly curetted, horse-hair drain-
treatment, but may be given at any time in either acute or chronic cases.

Meat broths contain so little albumin and carbohydrates that they are never theoretically contraindicated. They may be given at any time in either acute or chronic cases, but they are especially indicated in acute cases after the first twelve or twenty-four hours of treatment.

Cream contains so little albumin that theoretically it is never contraindicated. It can do no harm in any form of the disease, but it will be found to serve the best purpose in chronic cases, and after the third or fourth day in acute cases.

Barley water and oatmeal water may be mixed with milk to advantage, as they mechanically facilitate the digestion of casein. In this combination they may be useful in chronic cases and in convalescent acute cases.

White of egg is contraindicated in all cases of summer complaint when there are marked constitutional symptoms present, or when the diarrhoea is putrid or mucous, but it may be used in that form of the disease dependent on an abnormal acid fermentation, and the indications of this condition are sour stools with pain, nausea, and the absence of constitutional symptoms. It may also be used as a permanent article of diet in infants incapable of digesting the casein of milk.

Meat juice is one of the most valuable and easiest digested of the albuminous foods. It is indicated when the symptoms indicate that the disease is caused by an acid fermentation, and in chronic cases when other albuminous foods disagree. It may also be used as a permanent article of diet in infants incapable of digesting the casein of milk.

Sterilized milk, in small quantities and greatly diluted, may be used as an article of diet in many of the milder forms of summer complaint. The reason why milk frequently does not aggravate the disease, when given in this way, is because the cascin and sugar of milk are taken in such small quantities that they are thoroughly disposed of before reaching the seat of the disease in the intestinal canal, while many cases do well when fed in this manner. I think we run an unnecessary risk in attempting to feed upon milk during the most acute stage of the disease, when we have other palatable and less dangerous foods. But after the constitutional symptoms have subsided, and the most acute stage has past, the milk is indicated, and may be given as directed above.

Mother’s milk has the same indications as sterilized milk.

Peptonized milk is occasionally useful in chronic cases incapable of digesting unchanged casein.

In the above summary I have attempted to give what I think are the proper indications for the most important foods used in summer complaint; while any of these foods may be absolutely refused by the child, and while any of them, although theoretically indicated, may for some inexplicable reason disagree, yet I think the list given above is sufficient to enable the parent to furnish not only a proper but a palatable diet for every infant sick of this disease.

ANTISEPTIC VAGINAL INJECTIONS IN PARTURITION.

Prof. C. D. Palmer, in a recent paper on "The Obstetric Wards of the Cincinnati Hospital," read before the Academy of Medicine of that city (Cinn. Lancet-Clinic, June 7th, 1890), stated, that being impressed with the low rates of mortality in the maternities of Paris, New York City and Philadelphia, he directed the internes and nurses then on duty to make use of antiseptic vaginal injections in every case of parturition, and in the following manner:

As soon as a woman presents any symptoms of being in labor, she is examined digitally, with antiseptic precautions, and by palpation, by one of the internes of the hospital, who, if he finds her in genuine labor, has her removed from the waiting ward, where the pregnant women remain until parturition begins, to the lying-in room adjoining the lying-in ward, and there and then a vaginal injection of at least one quart of quite hot water containing the mercric bichloride in solution (1 to 8000-4000) is administered. No other

vaginal injection is now administered, unless some special indication for the same arises, such as extreme rigidity of the cervix, or conditions manifest themselves calling for artificial delivery, by version or by forceps, until immediately after the expulsion of the placenta, when the same injection in quantity, higher in temperature, is employed.

I have been informed that this plan is now adopted by all my colleagues in the hospital, so that it has become a routine practice with all cases in the obstetric wards. No further injections, intra-uterine or intra-vaginal, are made use of, unless special indications for the same arise. Should the perineum require special suturing, because of any degree of laceration exceeding the most superficial, then an intra-vaginal injection is given in an increased quantity, both before and after the suture applications of carbolized silk.

That this treatment has contributed in part at least to the present very low rate of mortality in the lying-in wards, it is only fair to state. No systemic ill-effects in any cases have been noticed. Nor is it at all probable that any will be, if we observe the ordinary contra-indications of a past well-recognized special mercurial susceptibility, a pronounced catarrhal or dysenteric congestion or diminuoria. Should the bichloride in any way disagree, creolin might be substituted. That the present low rate of mortality is in part attributable to the extreme cleanliness of the patients maintained by, and the careful judicious nursing of the nurses of the Training School of Nurses of the Hospital, it is my privilege, my duty, and my pleasure to mention.

It may seem somewhat useless for me to refer to the fact that the greatest attention is given to perfect cleanliness, not only of the patients, but of the wards, the beds, and the apparel. Systematically do we make a thorough physical and chemical examination of the urine of all pregnant women for many days prior to delivery. The occlusion bandage, post-partum, of absorbent cotton is utilized in all the cases.

Of course, these hot-water bichloride vaginal injections are largely antiseptic. Doubtless dilatation of the cervix uteri—the essential feature of parturition in its first stage—is somewhat facilitated. And administered post-partum they thoroughly cleanse the cervix and vagina, diminish the quantity of post-partum hemorrhage by the artificial induction of uterine contractions, and become an essential pre-requisite to a thorough vaginal and perineal suturing. As intimated in part, no other intra-vaginal injection is directed unless the lochia becomes offensive, there is puerperal vaginitis, or there are septic symptoms. The uterus itself I never wash out, unless septic symptoms are very severe, and the same are uncontrolled by the use of intra-vaginal irrigation.

Dr. Palmer stated, in conclusion, and in reply to a protest from one of his hearers against the use of the bichloride of mercury injections, as he thought they constituted an element of danger, that it has been the rule at the Cincinnati Hospital to administer but two vaginal injections, one at the commencement and one at the completion of labor. No ill-effect had ever been observed from it. A third vaginal injection is sometimes given in cases of instrumental delivery, and sometimes, after the second injection referred to, provided the patient has septicemia. The uterus is never washed out unless the vaginal injection fails to relieve the fever. The intern in charge of the case observes every possible precaution as regards cleanliness.

THE CONTAGIOUSNESS OF PULMONARY PHthisis.*

The Paris Academy of Medicine recently held an earnest debate, in which some of its most distinguished members took part, on the subject of the contagiousness of pulmonary phthisis. The resolutions offered by Dr. Villemin were overruled, and resolutions less clear and defined adopted in their stead.

* Translated for the U. S. Marine Hospital Bureau (Abstract of Sanitary Reports, June 6th, 1890), from Le Journal d'Hygiène, Paris, May 15th, 1890.
CLINICAL RECORD.

Disinfection or destruction of the medium containing the germs of phthisis and constituting the vehicle of contagion is strongly recommended. Every phthisical person should expectorate into a cuspidor. This cuspidor should contain water or a disinfecting liquid, and should be furnished with a cover. The spumon should be destroyed by heat, and the vessel cleansed with boiling water. There are other preventive measures which are important, but of difficult execution. These are:

The disinfection of all articles that have belonged to a phthisical person before they are used by a healthy person. Houses in which phthisical subjects have lived should be rigorously disinfected before occupation by healthy persons. Milk from cows known to be tuberculous should not be used as food before being boiled. If these measures were employed the agents of phthisis would be less widely disseminated. The application of something cold, like the key of a door, to the nape of the neck; (c) The holding up of the arms of the patient above the head; (d) The placing of the body in a squat position, with the knees drawn up to the body, and the arms clasped over the knees; (e) The effect of air in blast from bellows into the nostril; (f) The introduction into the nostril of something that will absorb the blood or act as a plug, such substances as cotton wool, the fur from a beaver hat, spider's web, and even dust from the road.

It is very difficult to decide as to the merits or value of these lines of treatment, since not one of them is trusted alone, and since the bleeding stops, in most instances, spontaneously, so soon as the action of the heart is sufficiently subdued to allow a clot to form and seal up the bleeding vessels. The surgeon may, therefore, discard these empirical plans for his own rational methods, the production of a firm coagulum, and the maintenance of a gentle but decisive pressure. These two objects are met by a good styptic plug, and no plug answers so well as one made of cotton, charged with perchloride of iron. If the cotton is sufficiently moistened to admit of being nicely modeled, it may be made firm and shapeable enough to be passed, like a bougie, along the nasal canal quite into the pharynx, and, formed like a wedge, easily be made to fill firmly the whole of the canal, as completely as if it were drawn up through the pharynx from behind; and it may, if necessary, be pulled down into the throat through the pharynx, so as to make the wedge the firmer and more secure. After the cavity is thoroughly plugged on the bleeding side, or if necessary on both sides, a gentle pressure may be applied to the nostril with the fingers, until the plug, soon charged with coagulated blood, is firmly set; and this effected, absolute rest for ten or twelve hours is sufficient to effect a cure; but it is wise not to remove the plug until it can easily be blown out of the nostril by the patient.

As people generally pay little attention to epistaxis until the loss of blood becomes very profuse, it is the rule not to call in medical or surgical aid until all “ordinary means” have been brought fruitlessly into service. These “ordinary means” are varied and peculiar. They are chiefly—(a) Cold water applied in the nose; (b) Plugging the nostril; (c) The application of something cold, like the key of a door, to the nape of the neck; (d) The holding up of the arms of the patient above the head; (e) The placing of the body in a squat position, with the knees drawn up to the body, and the arms clasped over the knees; (f) The effect of air in blast from bellows into the nostril; (g) The introduction into the nostril of something that will absorb the blood or act as a plug, such substances as cotton wool, the fur from a beaver hat, spider's web, and even dust from the road.

The introduction of some plug into the nasal cavity, and pushes it along the floor of the inferior meatus, until it reaches the pharynx. Catching the end in the pharynx with the forceps, he draws it out by the mouth, attaches to it a small compact wad of elastic lamb's wool, rolled in iodine solution, and, drawing upon the nasal cavity, the improvement in the breathing, is immediately noticeable, and the space, and stretches the tube until the cessation of all trickling of blood down the post-pharyngeal wall shows that the post-nasal aperture is occluded. Then, still keeping the tube from his side or back, he packs the anterior nasal recesses with long strips of iodine and all around the tube, the rubber close to its exit at the nostril, and through it passes a cross-piece of tubing of larger calibre, just long enough to fit easily into the nostril. Finally, he releases the end of the rubber, and so leaves in the bleeding cavity a firm plug, which can be easily removed.

TREATMENT OF EPISTAXIS.

By Benjamin Ward Richardson, M.D., F.R.S.,

The New York Medical Record for April 19th, 1870, that Mr. Friedenberg suggests another very simple and effective mode of plugging, which he thinks is as good as Bellocq's cannula. He takes a piece of rubber drainage-tubing of small calibre, but of sufficient resiliency, and about ten inches in length. One end of this he introduces into the nasal cavity, and pushes it along the floor of the inferior meatus, until it reaches the pharynx. Catching the end in the pharynx with the forceps, he draws it out by the mouth, attaches to it a small compact wad of elastic lamb's wool, rolled in iodine solution, and, drawing upon the nasal cavity, the improvement in the breathing, is immediately noticeable, and the space, and stretches the tube until the cessation of all trickling of blood down the post-pharyngeal wall shows that the post-nasal aperture is occluded. Then, still keeping the tube from his side or back, he packs the anterior nasal recesses with long strips of iodine and all around the tube, the rubber close to its exit at the nostril, and through it passes a cross-piece of tubing of larger calibre, just long enough to fit easily into the nostril. Finally, he releases the end of the rubber, and so leaves in the bleeding cavity a firm plug, which can be easily removed.
by drawing the tube a little way out and divid-
ing it behind the knot.

It appears to me that this is a most simple and excellent mode of plugging, and that any good styptic like tannin or iron perchloride can be well applied by it. I should prefer it to Bellagio’s struma, which I have made use of with less success than I anticipated.

In addition to the local treatment named above, it is always good practice to administer a saline purgative, of which none can be better than the late Dr. Druitt’s “Haustus magnesia sulphatis acidis.”

B. Magnesia sulphatis, 
Syrup. auranti., 
Ac. sulphurici dill., 
Aqua. 
M. 
Fiat haustus.

This draught may be administered with advantage in a wineglassful of water, twice a day, for a day or two after the hemorrhage has ceased.

ACCIDENTS PRODUCED BY COCAINE.*

Dr. Delboc, a pupil of Dr. Reclus, Hospi-
tal Surgeon, who vaunts the employment of cocaine in surgical operations, has just pub-
lished a statistical and clinical report on the accidents produced by this substance. He collected the histories published of accidents, from which he has been able to establish that up to the present time, only five deaths have occurred after the use of cocaine. This propor-
tion would evidently go against the method if only the bare facts be accepted without interpreting them. From the various observations published, it would appear that death resulted from the enormous doses that were administered, varying from 75 cgr. to double that quantity. According to Dr. Del-
bose cocaine may be employed at the maxi-
mum dose of 20 cgr., although he would not advise such a dose ordinarily, as beyond that quantity serious accidents occur. The first death, however, from cocaine took place after a dose of only 75 cgr. The penetration of

the liquid into a vein has sometimes been noticed, and it is probable that this may thus explain the production of accidents with a feeble dose. To obviate this accident it is sufficient to push the piston of the syringe according as the needle is forced into the tissues. It is possible that a vein may be prickled and a drop of the liquid be intro-
duced into the calibre of this vein, but the rest of the solution will certainly be diverted into the cellular tissue. Moreover, to avoid the rapidity of absorption, solutions too con-
centrated should never be employed. Dr. Reclus has adopted a two per cent. solution, and he has never since had any accident, although he has performed, since June last, twenty-five important operations, among which are cited castrations, radical operations for hydrocele and hernia, and two gastrotomies. Dr. Reclus observes that it is not necessary, in order to obtain anesthesia, to push the needle into the muscular or the subcutaneous cellular tissue, but into the thickness of the dermis. In order to combat the accidents which, in spite of all precautions, may occur, the nitrite of amyl, injections of ether, and caffeine are indicated. Against convulsive accidents chloral or chloroform may be em-
ployed.

ARSENIC IN THE TREATMENT OF SKIN DISEASES.

BY M. B. HUTCHINS, M.D.,

Of Atlanta, Georgia.*

Arsenic is useful, or even “almost specific,” in a few diseases of the skin, or certain stages of disease of the skin, but the prescribing of the remedy for every skin disease without regard for a diagnosis, and without considera-
tion of the degree of irritation present, is in-
excusable empiricism. Even in cases where it might be indicated the condition of the al-
imentary tract will very likely preclude its use, as digestive disorder might be increased and, in many cases, produce bad consequences reflexly upon the skin. Many indolent or sub-
acute diseases of the skin may be benefited, but often this alone will be an insufficient indication, and time and drugs will be wasted in fruitless groping in the dark. Arsenic must as surely be ascertained as definite a place in definite diseases of the skin as is given to any remedy in our pharmacopoeia, in any disease met by the general practitioner. The use of the drug empirically in indiscriminate skin affections must come to share the odium which attaches to “doctoring the blood,” after the charlatan and patent medicine plan.

ALKALINE WATERS AND SALTS IN THE TREATMENT OF HEPATIC COLIC.*

At a recent meeting of the Société de Thérap.
ique, M. Grellety spoke of the favorable influence of alkaline waters, and particularly those of Vichy and Vals, in hepatic colic.

Huchard has communicated thirty obser-

vations in which Vichy waters wrought signal cures. This kind of treatment is especially applicable to women during and after gestation. Labbé said that he had seen the most marked benefit from bicarbonate of soda in the biliary lithiasis of pregnancy and lacta-
tion. He was not afraid to administer this salt in large doses; the “alkaline cachexia” is, in his estimation, a bugaboo; he had known an ounce a day to be administered for a month, not only without any impover-
ishment of the blood, but with an amelioration of the general condition and a profit to the stomach. An ordinary dose for a pregnant woman affected with bilious colic and obsti-
nate vomiting, is two drachms in a small quantity of water. One reason why physi-
icians have not derived more benefit from the alkaline treatment is that they have not given the sodium salt in sufficiently large doses.

Montard Martin said that it was his prac-
tice to give a teaspoonful of bicarbonate of sodium in a tumblerful of water after meals; this treatment is particularly applicable to gas-
tralgic dyspepsias attended with anaemia and

emaciation. The alkaline medication pro-
motes nutrition and corporcular regeneration.

We have no alkaline springs in this country comparable with those of Vichy, unless we except the Congress Springs of California, which contain half an ounce of bicarbonate of soda in a bottle of carbonic acid water charged at the soda fountain. This makes an agreeable drink in biliary lithiasis, and is well tolerated by the irritable stomach.

REMARKABLE FECUNDITY.

Dr. J. De Leon, of Ingels, Texas, writes as follows in a recent issue of the Dicetetic Gazette: I was called to see Mrs. E. T. Page, January 10th, 1890, about 4 o’clock A.M.; found her laboring and at full time, although she assured me that her “time” was six weeks ahead. At 8 o’clock A.M. I delivered her of a girl baby; I found there were triplets, and so informed her. At 11 A.M. I delivered her of the second girl, after having rectified presentation, which was singular, face, hands and feet all presented. I placed in proper position and practiced “version.” This child was “stillborn,” and after considerable effort by artificial respiration it breathed and came around “all right.” The third girl was born at 11.40 A.M. In attempting to take away place-
ta, to my astonishment I found the feet of another child. At 1 P.M. this one was born; the head of this child got firmly impacted at lower strait, and it was with a great deal of difficulty and much patient effort that it was finally disengaged; it was blocked by a mass of placenta and cords. The first child had its own placenta; the second and third had their placenta; the fourth had also a placenta. They weighed at birth, in the aggregate, nineteen and a half pounds without clothing; first weighed six pounds; second, five pounds; third, four and a half pounds; fourth, four pounds. In the country, and “backwoods” at that, it was impossible to procure a "wet
nurse," so with the little help we could control, and feeding the babies on "Reed & Carnick's Infant Food," they thrived well. From using all the foods on the market, I long since found that the above food possessed some qualities that I failed to find in the others. Mrs. Page is a blonde, about thirty-six years old, has given birth to fourteen children, twins three times before this; one pair by her first husband. She has been married to Page three years, and has had eight children in that time. I have waited on her each time.

The birth of quadruplets is not so remarkable, but that they should live and thrive, as these have done, is. In about 375,000 births there are quadruplets, and it is a remarkable fact that they always die. Will some of my brother M.D.'s give us their experience with quadruplets?

NORMAL LIQUID ERGOT IN ENURESIS NOTURNA.

Dr. Lewis H. Adler of Philadelphia, in a paper on this subject (Medical Age), thus sums up the treatment and results in twenty-four cases reported by him:—

The dose of the drug was twenty drops t. i. d. for a child upward of five years old, and from thirty drops to a dram t. n. o. for three to seven years old. The practice is still followed in the Pharmacopeia. How to deal with the placenta.

The proper method of dealing with the placenta is one of the vexed questions of midwifery. Cressey's method is in general favor with modern teachers of the art of obstetrics, but as it has many vigorous opponents. Recently it was announced that Cressey himself had abandoned the method, but this report was found upon investigation to be entirely unwarranted. The principal objections to Cressey's method are that it involves waiting some months after the birth of the child before delivering the placenta, that the manipulation of the womb is injurious to that organ, and that post-partum hemorrhage, retention of the membranes and even septic infection are encouraged by it.

Dr. Wm. T. Lusk answered these objections in an address delivered before the New York County Medical Association, and said that in his experience it succeeded ninety-nine times out of a hundred, in fact in all cases except where the placenta was adherent. The truth is that many of the objectors to Cressey's method do not understand it. This was notably the case with Charpentier, who pronounced the practice and advocated traction upon the cord instead, but to any one who reads Charpentier's work on obstetrics it is evident that he has utterly failed to comprehend what Cressey's plan is and how it is to be carried out. Lusk's description is somewhat good that it is reproduced below, even at the risk of causing many of our readers to denounce it as a medical chestnut. He says: "The Cressey method consists in first applying light and afterward stronger friction to the fundus of the uterus, until an energetic contraction is obtained. At its height the uterus is grasped so that the fundus rests in the palm of the hand, and the body is pressed between the thumb and fingers. The effect of external pressure thus exerted is to force the placenta from the uterus, or, in case of failure, the process is to be repeated. In experienced hands it is likely to be expelled by the third or fourth uterine contraction."

It should have been added that these contractions are to be waited for at least twenty minutes.

SUMMER COMPLAINT.

BY W. S. CHRISTOPHER, M.D.,
Of Cincinnati, Ohio.*

1. Various forms of abnormal fermentations occur in the bowels, and when they occur in infants, and produce symptoms, they constitute the immediate cause of the collection of diseases known as summer complaint.
2. Summer complaint so defined includes putrefactive constipation and all forms of diarrhea and dysentery not diphtheritic in origin or symptomatic of septicaemia.
3. The three great predisposing causes of summer complaint, viz., heat, weather, over-crowding, and bottle-feeding, are to be regarded as acting solely as adjuvants to fermentation.
4. The diet during summer complaint should be determined entirely by the conditions within the bowels, and not by theoretical ideas as to Nature's food.
5. At least two well-marked forms of abdominal distention may be recognized clinically, viz., the putrid and the acid.
6. In the putrid fermentation, carbohydrates should constitute the food, and in the acid form albumin should be the only food.
7. Milk, containing, as it does, both proteids and carbohydrates, should be prohibited in all forms of intestinal fermentation. When properly sterilized, food can be given; nursing babies with severe summer complaint should be taken from the breast.
8. All food administered, of whatever type, should be pure.
9. In addition to regulating the diet on the foregoing principles, the treatment should include laxatives and intestinal antiseptics.
10. The lesions are to be regarded as the results of the fermentation, and are more marked in proportion to the duration of the disease.
11. The lesions assist in prolonging the disease, and in all probability act by providing a habitat for the microorganisms, and by their secretions furnishing the microorganisms with material with which to maintain their biological activity.
12. In chronic cases, where well-marked lesions may be supposed to exist, lavage of the large intestine and of the stomach, with appropriate antiseptics, is indicated.
13. Opium is contraindicated except in persistent acid fermentation, which threatens to produce anatomical lesions.

CHLOROFORM IN NORMAL LABOR.

Dr. V. O. Hardon, in the Atlanta Medical and Surgical Journal, translates a paper on this subject by Dr. Porak, of Paris (Jour. de Médecine), from which we quote the following summary: The intermittent use of chloroform in small doses during labor is a wonderful sedative for general nervous disturbances. Though an unreliable analgesic, it produces sleep, sometimes the suppression, or at least the diminution, of the pain which accompanies uterine contraction, notable diminution of consciousness, and often absolute suspension of memory. On the other hand,
its action is variable according to the susceptibility of the patient, according to the nature of the agent employed, and according to the mode of its administration. Its disadvantages are trivial in comparison with its advantages. The sum total of phenomena observed during its administration furnish the rules for its employment.

THE DIETETIC MANAGEMENT OF PHTHISIS.

BY JOHN A. ROBISON, M.D.
Of Chicago, Ill.*

The manager of the cuisine holds the key to success in benefiting consumptives. The proper kind of diet and the way to serve it, are questions of prime importance. The preventive treatment of consumption begins generations back; oftentimes consumptives are suffering for the dietetic sins of their ancestors, therefore, as physicians we should instruct the families under our care to give to infants and children such food as will make healthy tissue. Fothergill pleasantly writes of the food that the children of phthisical parents should take—milk, crackers, oil, butter and sugar, and fatty food in general. As a prophylactic of phthisis, there is no doubt of the value of the proper diet in early life. In the dietetic management of consumptive patients there are several facts that must be considered.

1. The food should be nicely prepared and daintily served—in other words made attractive as well as palatable.

2. The stomach and intestinal canal must be in the best possible condition for the digestion and absorption of food. In case of catarhral disease of the stomach or intestines, the systematic drinking of hot water, half to one pint an hour before meals, or washing out the stomach, will often prove beneficial.

3. The food must be varied, and to suit each individual case. The foods that are the most useful are, in order of their relative value: Animal foods of the nitrogenous variety, especially beef, milk, eggs, mutton, poultry, fish, green vegetables; the farinaceous and starchy foods are of secondary importance. Butter should be used freely; cream with alcohol is often of great service.

4. Food must be taken frequently—at least six times daily, and at intervals of three or four hours.

I give my patients, as a guide, the following printed directions:—

In order that your bodily nutrition may be improved as rapidly as possible, it is necessary that food should be taken at least six times in twenty-four hours; three full meals at intervals of six hours, with light lunches between. No more food must be taken at one time than can be comfortably digested in the time allowed.

Food should never be taken when suffering from bodily fatigue, mental worry, or nervous excitement. Before the full meals, rest in a recumbent position from 20 to 30 minutes, even if not sleeping.

As far as possible, each meal should consist of such articles as require about the same length of time for digestion; for example: First the starchy, such as bread, potatoes, oatmeal, etc., with sugar; then albuminous food, such as meat, fish, butter, etc.

A very good plan to follow, when you can, is to regulate your daily diet according to the following menu:

On rising.—A tablespoonful of cream with a tablespoonful of brandy.

Breakfast.—Oatmeal or cracked-wheat porridge, with little sugar and cream; rare steak or loin chops, with fat; cream toast; a soft boiled or poached egg; a half-pint of milk; a small cup of coffee if desired.

Lunch, 10 A.M.—A half-pint of milk, or a little beef soup, mutton broth, or koumys.

Dinner.—Soup, bread, butter, roast beef, mutton, game, at times fish, with potatoes mashed with cream or fried in bacon fat, vegetables, except such as are indigestible (pickles, cucumbers, etc.), and a half-pint of milk.

Desert: Fruit and cream, ice cream, chocolate pudding, rice pudding, whipped cream, and cream moulds.

Lunch, 4 P.M.—A half-pint of milk, raw meat soup with thin sliced stale bread, or koumys.

Supper.—Toast and milk; cold meats with jellies, but sparingly; half-pint of milk, or thick meat soup; sliced stale bread; custard pudding, or ice cream.

Lunch, 9 P.M.—Soup or milk, and, if thirsty at night, cream with soda water, or koumys.

If cod-liver oil is prescribed, it should be taken one hour after each meal.

SOME THERAPEUTIC USES OF BUTTERMILK.

Dr. Stanley M. Ward (Therap. Gazette, June 16th) writes as follows on this subject:—

"Buttermilk should always be freshly prepared when it is to be used therapeutically. Few stomachs will retain the bitter nauseousness of buttermilk even a week old. When used to check vomiting, it should be administered ice-cold, and it is best to begin in small quantities—half a teaspoonful, repeated at short intervals, say every fifteen to twenty minutes for a few doses, then increasing to a whole teaspoonful every half-hour or so, when, if well borne, it is accomplishing the desired result, and should now be given at the rate of a tablespoonful every two hours, or as occasion demands. In the case of children with cholera infantum success in quieting the stomach may often be achieved by interdicting everything else, and using a few drops of fresh ice-cold buttermilk at intervals ranging in length according to the severity of the case. The physician will find that frequently buttermilk will not only control the vomiting of the little sufferers with this disease, but will furnish the required nutriment for many hours. When used in Bright's disease, the stomach not demanding special consideration, the buttermilk is best given at an ordinary temperature, the quantity at the start being an ordinary glassful four times daily, increasing as the severity of the case and the personality of the patient demand. In other genito-urinary affections this quantity will usually be found sufficient, though no harm will ensue by increasing it, and if great ardor urine, as in cases of gonorrhoea, be present, it may be made strongly alkaline by the addition of a quantity of bicarbonate of soda."

A REMEDY FOR PALPITATION.

Dr. Gingeot (Revue génér. de clinique et de thérap., in N. Y. Med. Journal) suggests as a valuable remedy for palpitation—one that has proved serviceable to him—the application of cold to the precordial region. Attention must be paid to the method of applying cold. The simplest plan of all is to apply a wet sponge over the region of the heart in the morning before dressing. At night, when in bed, the patient or an assistant may put a cold compress over the heart, well covered with dry bandages, to retain moisture and prevent any wetting of the clothing. When this compress is warm, the patient may remove it, and will probably fall asleep. There are objections to the ice-bag, one being the condensation of insensible perspiration upon the surface of the skin. The ether-spray is a simple and convenient method of refrigeration. With proper instruction as to necessary precautions in the use of ether, the patient can apply cold in this way at any hour of the day or night. Palpitation of purely nervous origin seldom fails to be greatly benefited by the application of cold; and a certain success often follows its use in cases of palpitation due to organic disease. Equalizing the heart's action will often prevent an increase in its size. It is also useful in aenurism and passive dilatation.

CHLORALAMID.—Dr. Strahan writes as follows in the London Lancet: "Of all the somnificats discovered of late years I should say that none is likely to prove a more certain sleep-producer, and at the same time more innocent and agreeable otherwise, than chloralamid, the last introduced hypnotic. It is a very useful and safe hypnotic, and may be given to paralytics, whatever their stage."
A PROTEST AGAINST EMBALMING.

We have frequently expressed our convictions personally—even though we have not given them voice editorially—as to the impropriety of embalming the dead, a term employed by undertakers for the process now in common use among them, for imparting to bodies a presentable appearance when viewed by relatives and friends, before and at the funeral. In other words it gives to the latter an opportunity which might not otherwise be offered them, to exclaim, “what a beautiful corpse!” and this seems to be about all the service it can render. The fluids injected for this purpose contain large quantities of arsenious acid, preparations of mercury, generally corrosive sublimate, and some compound of zinc; and they are injected into the system generally through the larger vessels, or into the nose, mouth and abdominal cavity. It is not surprising, therefore, to find in the Boston Med. and Surgical Journal, of very recent date, a protest against the practice from a thoughtful physician, and editorial remarks forcibly depicting the evil consequences that may ensue, from a medical-legal aspect. It is stated that the objections to this crude operation are genuine, and not fanciful or imaginary.

We quote, with much pleasure, the criticism of our esteemed contemporary, and hope that others of the fraternity will lend their aid in the suppression or restriction of a procedure which has already been tolerated too long.

“Medical examiners in Massachusetts and medico-legal pathologists elsewhere are well acquainted with the mischief wrought by this custom, devised by undertakers to promote their own profit and convenience. Many judicial investigations of death by poison have been effectually blocked and rendered fruitless by this precipitation emptying into the cavities of the dead body of an unlimited quantity of strong solutions of the very agents most commonly employed by criminals to destroy their victims.

“See what may happen at any time. A man with felonious purpose mixes with his wife’s food small and repeated doses of an irritant poison (arsenic or corrosive sublimate). Her death ensues. The murderer summons an undertaker at once and makes terms with him to ‘embalm’ the body; it is the proper and usual thing to do. The undertaker soon returns with his box and gets to work before the dead body has had even a chance to cool; he floods the thorax and abdomen with poison which, by diffusion, enters every organ and tissue of the body, recent investigations having shown that not even the brain or spinal cord escapes. So, from the moment the injections are made, the undertaker in such a case is the unheeding ally of the criminal, and the latter has placed himself in the strongest position to meet suspicion or accusation, because anatomical appearances and chemical reactions, above the line of ‘reasonable doubt,’ are not available proof against him.

“Surely it is reasonable and proper to place some legal control upon this unnecessary and objectionable practice. When the cremation of dead bodies was legalized in this State by the incorporation of an association founded for the purpose of conducting that method of disposal, it was expressly provided in the statute that in every case of cremation, a medical examiner’s investigation and certificate should be the obligatory preliminary, the obvious reason being the need of preventing the destruction of the dead bodies of the victims of criminal violence. The same requirement should be in force with reference to embalming, and for similar reasons. If, however, it should be apparent that public sentiment would not sustain such a stringent regulation, it should at least be required that a medical certificate of the cause of death should be obtained from the physician in attendance, and should be approved by the local board of health, before any embalming operation on the dead body is begun. It should not be forgotten, in this connection, that the uncontrolled use of poisons for the alleged purpose of preserving dead bodies for the two or three days before their burial, has no advantage over ice-treatment except that it yields a larger profit to those who practice it.

“We are advised that the Medico-Legal Society has this matter before it: we trust that the Society’s purpose to seek and obtain legislative action will not meet too much opposition from ‘American liberty,’ and will be rewarded with success.”

A STEP FORWARD—STANDARDIZATION.

After weeks and months of somewhat heated discussion in reference to the consideration of assaying of crude drugs, etc., as a feature to be impressed upon the pages of the next U.S. Pharmacopoeia, the Convention of Revision, when the matter was brought before it, crystallized its views into a tangible shape, as follows:

“It is recommended that assay processes be appended to the descriptions of the more energetic or otherwise important drugs containing active principles, provided the therapeutical value of the drug depends upon the amount of these principles, and provided, also, that these principles can be assayed and identified with reasonable accuracy and without requiring complicated processes. The committee may attach a note stating the usual percentage of these active principles in good commercial samples of the drug, and, if it be found feasible, it may attach a requirement that the drug shall not be used unless it conforms to the stated limits.

“The committee may attach assay processes to such galenical preparations as fluid extracts, tinctures, etc., but it shall omit requirements of a definite strength or percentage of active principles, except in the case of drugs for which an upper or lower limit, or both, of active principles is prescribed.”

As the Committee of Revision, to whom the matter has been referred, is composed of men who enjoy the confidence of the medical and pharmaceutical professions, we may confidently hope that justice will be done the subject, and that physicians will soon be able to feel thoroughly satisfied that when they prescribe some of the most valuable preparations of the Pharmacopoeia, they may be sure that their patients will receive full strength and uniformity of action.

THE LATEST MICROBE.

Now that an Italian observer is said to have discovered the microbe of old age and its peculiar characteristics, such as its transmissibility from generation to generation, and its power of invasion of the whole human organism, with even homicidal intent, there seems to be greater hope for the rejuvenation of the
individual and of the species than was ever seriously promised by Brown-Séquard's testicular elixir. All that will be necessary to preserve the human body from the inroads of advancing years, will be to catch the microbe and crush it; and we think we already see, in the not too remote vista of the future—too late, unfortunately, for many of us venerable members of the editorial confraternity to be benefited by the results—offers of prizes of money and medals to those who shall be the most successful microbicidal champions of their day. But first there will, of course, be lengthy discussions as to contagiousness or non-contagiousness, and bacillus senectutis may, in time, rival his cousin, bacillus tuberculosus, as a fertile theme of professional controversy. When that novel era of human existence shall arrive, we presume nothing more will be heard or written of sterility, as a term applicable to or characteristic of old age; the interest of the individual and of the profession will then be wholly centred on 'sterilization.' But the subject seems to open out so widely, as we reflect upon all the possibilities, that we hesitate to pursue it further.

The late meeting at Washington, for the decennial revision of the U. S. Pharmacopoeia, seems to have been a much more dignified assemblage than that of 1880. The amount of wire-pulling and intriguing, to get the work away from Philadelphia at that time, was not creditable to the parties concerned. The proceedings had too much the savor of a political convention, so far as this particular point was concerned. Time has clearly shown the folly of all useless labor of that kind, and the new Convention reversed its action of 1880, and took the publication into its own hands, rather than tolerate any display of favoritism to any one publishing house. Level heads seem to have directed the course of this Convention.

Our Library Table.

[All new publications noticed in this department, and all other medical works, may be procured by addressing the Editor of the COLLEGE AND CLINICAL RECORD, 841 N. Sixth Street, Phila- delphia.]

The J. B. Lippincott Company announce in press an important work on REGIONAL ANATOMY IN ITS RELATION TO MEDICINE AND SURGERY, by George McClellan, M.D., Lecturer on Descriptive and Regional Anatomv at the Pennsylvania School of Anatomy, Professor of Anatomy at the Pennsylvania Academy of the Fine Arts, etc., with about one hundred full-page, fac-simile illustrations, reproduced from photographs taken by the author of his own dissections, expressly designed and prepared for this work, and colored by him after nature. To be complete in two volumes, of about 250 pages each, large quarto. The object of the work is to convey a practical knowledge of Regional Anatomy of the entire body, and the most recent and reliable information regarding Anatomy in its Medical and Surgical Relations. Vol. I will be ready about December 1st. The work will be sold by subscription only.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS for April, May and June, 1890, embrace so many interesting works in various departments of Medicine and Surgery, that special notice or criticism of each paper seems impracticable. The writers are men of established professional character and reputation, and each number of the series of Monographs contains three or four practical treatises. A brief mention of the subjects of these papers will call attention to the variety and extent of these volumes; they embrace The Human Foot, Modern Cremation, Aphasia, Bronchial Asthma, Convulsive Seizures, Surgical Treatment of Brain Diseases, Insanity at the Puerperal and Climacteric Periods, Treatment of Diseases of Women by Massage, Operations on the Knee Joint, and Idiopathic Enlargements of the Heart. The series is issued in monthly parts, at $1.00 a year, single copies $1.00, by William Wood & Co., New York.

CYCLOPEDIA OF THE DISEASES OF CHILDREN, MEDICAL AND SURGICAL. Edited by John M. Keating, M.D. Vol. III. J. B. Lippincott Company, Philadelphia, 1890. This splendid work must interest a very large proportion of the medical profession. The diseases of children cannot, from any standpoint of consideration, be regarded as a specialty, to interest only a few practitioners. The therapeutic of such affections must necessarily enter largely into the practice of every physician who does not confine himself to special morbid conditions and injuries, or accidents of special organs. This voluminous Cyclopaedia has, therefore, a genuine claim upon the profession at large as the interpreter and disseminator of the views of many of the best writers, at home and abroad. It reflects, also, great credit on its accomplished Editor and on the publishers.

SOME FALLACIES CONCERNING SYPHILIS.
By E. L. Keyes, M.D. Price 25 cents.

This and another of Mr. Geo. S. Davis' interesting and useful little works for the practitioner, included in "The Physician's Leisure Library." The reputation of the author may be accepted as a sufficient guarantee for the accuracy and honest expression of views of this celebrated teacher of Genito-urinary Surgery, Syphilology, and Dermatology.


This is one of the latest issues of "The Physician's Leisure Library," which, in its monthly publication of valuable works, has become quite an interesting feature in current medical literature. Dr. Hurd's able treatise considers neuralgia in all its phases, and in a very useful Appendix, of about forty pages, the author passes in critical review the long line of so-called remedies, sensibly concluding that "despite progressive neurology, pathology and therapeutics, the physician must still often find himself powerless before a stubborn case—powerless to contend against the forces of heredity, powerless to right an organism that has always been wrongly constituted."

SAUNDERS' QUESTION SERIES. Essentials of Forensic Medicine, Toxicology and Hygiene. By Armand Semple, M.D. 130 illustrations, 196 pages. W. B. Saunders, publisher, Philadelphia. Dr. Semple's useful and practical little work may be commended for its successful effort to furnish to the practitioner and student an introduction to what is an extremely comprehensive and difficult study. But for the author's judicious condensation of facts, the information it contains would be sufficient to fill an ordinary octavo volume.

ELECTRICITY IN THE DISEASES OF WOMEN.

The brief interval that has elapsed since the issue of the first edition of this work is evidence that it has met with a gratifying reception at the hands of the profession. So many additions have been made, however, to this special line of medical literature that much of the book has been rewritten, and new chapters have been added.


This excellent work differs from other treatises on the subject in the fact that it does not confine itself, as the others almost invariably do, to the treatment of existing deformities, such as club-foot, lateral curvature and bow-legs. The authors believe that orthopedic surgery should also include the prevention as well as the cure of deformity, and for this reason they consider at some length such common sources of deformity and disability as diseases of the joints. The work is a valuable addition to medical literature.

We have received No. 1, Vol. I, April, 1890, of "Revue Internationale de Bibliographie, Medicale, Pharmaceutique, et Vegetaire," edited by Dr. Jules Rouver, and
issued at Paris and Beyrouth. This new serial will, we hope, achieve the success it deserves. Its aims are similar to those of the "Index Medicus."

**Therapeutic Briefs.**

—For FROSTBITE, an ointment of 45 grains of camphor oil to the ounce of lanolin has been suggested.

—Salicylated oil, prepared by dissolving one part of salicylic acid in 35 to 40 of oil, by means of gentle heat, is a most valuable application to itch and kindred affections.

—As an external application in ACUTE RHEUMATISM, a writer in the London Medical Record suggests the following:

R. Sulph. Aeth., 4a
Collodii, gr. v

—Dr. Daywatt, of San Francisco (Occidental Med. News, June, 1890), ascribes failure of the creasote treatment of TUBERCULOSIS to the employment of impure creasote, as determined by direct personal investigation of the article used for purposes of inhalation.

—Merck’s Bulletin, May, 1890, gives the following formula for a MEGRAIN POWDER:—

Caffeine citrate, true, gr. xiv
Phenacetin, gr. xxx
Sugar, gr. xv

Divide into ten wafer-powders. One wafer every two or three hours.

—FOR SWEATING FEET, Legoux (Neuf. Remèdes, quoted in Nat. Druggist, May, 1890) recommends—

B. Ferri perchoridi, 4ij
Glycerin, 1j
Essent. bergamot, 1lj
Sto.—Apply with a pencil or swab.

—As much difficulty has been found in the satisfactory administration, when in the form of fluid media, of such INSOLUBLE CRYSTALINE SUBSTANCES as benzoic acid, antipyrin, saliphon, naphthol, etc., a writer in a recent issue of Répertoire de Pharmacie recommends that they be powdered with sugar or gum, and then suspended in the form of an emulsion in water.

—A writer in the British Med. Journal mentions a new remedy for SEA-SICKNESS, the seeds of the kola-nut, of which half a drachm to a drachm should be chewed slowly. Most persons would prefer, first to know how the kola-nut agreed with them when taken before going to sea. Probably the action is that of a kola-gogue!

—MOLES ON THE FACE (says Cinn. Lancet-Clinic, May 31st) may be painted with the sodium ethylate, a fine glass rod being used. When the mole has a varnished look the ethylate is gently rubbed in with the glass rod, to make it penetrate more deeply. The mole turns nearly black and a hard crust forms over it, which is nearly three weeks in becoming detached. When it comes off the mole is much lighter than before, and this treatment can be continued until the mark is scarcely noticeable.

—Prof. Dujardin-Beaumetz (Therap. Gazette, May 15th), calls attention to the happy effect of lactic acid in the GREEN DIARRHEA OF INFANTS, which is a microbic diarrhea. It is given in a two per cent. solution, of which a dessertspoonful may be administered every two hours:

<table>
<thead>
<tr>
<th>Lactic acid,</th>
<th>Orange-flower water,</th>
<th>Linden water,</th>
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<tr>
<td>gr. xiv</td>
<td>1/3 v</td>
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—Prof. Barton Cooke Hirst describes in the Med. News, May 24th, the case of a dying woman in the LAST STAGE OF GESTATION, for whom he advised the resident physician in charge of the case, to dilate the cervical canal with his fingers, insert his hand and do a version followed by immediate extraction, surmising, as it proved, correctly, that the tissues of the dying woman could offer no resistance to these manœuvres. The child was born in less than five minutes. He adds that, where the procedure just described is at all possible, he believes it should always be preferred to post-mortem Cesarean section. By waiting for the mother’s death one may lose the infant as well; the post-mortem section is a disfiguring and bloody operation, which would horrify the friends of the patient, and for which their consent could not always be obtained, and, finally, there is the alarming suspicion entertained by the bystanders, if not by the physician, that the woman might not have been dead, but was killed by the operation. On the other hand, version and extraction are as quickly done as section, if one can judge by this single experience; the child is rescued while it is still in good condition; there is nothing repulsive about the operation to the bystanders, and death is not hastened by it.

—Drs. Galloway, of Xenia, Ohio, report in the Cinn. Lancet-Clinic a case of HOUR-GLASS CONTRACTION which followed a case of instrumental delivery. A stream of water, hot as the patient could bear, was thrown against the constricted uterus for a period of fifteen minutes, causing speedy and easy delivery of the placenta, with entire absence of hemorrhage. The idea is advanced that in conjunction with the above, a valuable aid might be found in these troublesome cases in flushing the bowels with two or three quarts of hot water.

According to the St. Louis Polytechnic, to prevent the blood from settling under a BRUISE, there is nothing to compare with the tincture or a strong infusion of capscium ammonium mixed with an equal bulk of mucilage of gum-arabic, and with the addition of a few drops of glycine. This should be painted all over the surface with a camel's-hair puff and allowed to dry on, a second or third coating being applied as soon as the first is dry. If done as soon as the injury is inflicted, this treatment will invariably prevent the blackening of the bruised tissue. The same remedy has no equal in rheumatic stiff neck.

—The DIURETIC PROPERTIES OF CALOMEL are emphasized in the report of three cases of cardiac lesion by Dr. E. G. Garvene (Therap. Monatshefte, April, 1890, in Therap. Gazette, June 16th), resulting in severe disorders, in which the use of calomel produced the most striking relief. In these three cases digitalis, caffeine, and strophanthus had been used, and almost without effect. Calomel was, therefore, substituted in doses usually of 1/2 grains every two hours, with an almost immediate increase in the diuresis. In some cases slight diarrhea was produced, but no symptoms of stomatitis occurred, perhaps through the regular employment of gargles of potassium chlorate and brushing of the gums with tincture of myrrh.

—According to the Boston Med. and Surg. Journal, June 12th, 1890, the literature of the past year contains reports, more or less complete, of two cases of pancreatic hemorrhage, two of hemorrhagic pancreatitis, three, probably four, of gangrenous pancreatitis, in addition to the five cases of acute pancreatitis of earlier occurrence and publicly alluded to for the first time by Renvers and Hausemann, a total of ten or eleven cases of acute pancreatitis, in two of which a correct ante-mortem diagnosis was more or less definitely made. This statement is confirmatory of the conclusion that ACUTE INFLAMMATION OF THE PANCREAS is much more frequent than is generally thought. It is to be hoped that the existence of this disease, which is so securely based upon abundant anatomical and clinical evidence, may soon be strengthened and supported by experimental investigations.

—Dr. Frank Woodbury (Dietetic Gazette, May, 1890) concludes a brief but very interesting paper on “The Physical Basis of Intellect,” with the statement that due regard must be paid by brain-workers, not only to the proper nutrition of the body, but also to the digestive capacity, and powers of assimilation of their own organism. If Goethe could eat as much as two ordinary men, indulge with impunity in puddings and cakes and drink two or three bottles of wine daily and still do a large amount of literary work, it does not follow that his example is to be followed, except by those who are constituted physically and physiologically like him. Others must ascertain for themselves the regimen best suited to develop their powers of intellectual labor and be governed in the quantity, quality and time for the taking of food by the demands of their own organism.
—Seasonable directions are given in the Medical Standard for the treatment of SUMMER DIARRHEA: Carhart recommends the discontinuance of milk as a diet, and substitute of liquid peptonoids with cocoa, pure brandy, and beef tea or broths. Water must be allowed freely, given in small quantities, and often. In bad cases he gives—

B. Acid salicylic, gr. 8
Cretiae precip., gr. 8
Glycerin., gr. 2
Aqua rosea, 3 d. M.

Sig.—Fluidounce every hour for a child one year old.

The following mixtures will prove of benefit in the treatment of intractable cases:—

LOOMIS’ DIARRHEA MIXTURE.

Tincture of opium, 1/2 fl. oz.
Tincture of rhubarb, 1/2 fl.
Compound tincture of catechu (U. S. P.), 1 fl. oz.
Oil of sassafras, 20 min.
Compound tincture of laudanum, enough to make, 4 fl. oz. M.

Sig.—One teaspoonful every four hours, for adults.

SQUIBB’S DIARRHEA MIXTURE.

Tincture of opium, 1 fl. oz.
Tincture of capsicum, 1 fl. oz.
Spirit of camphor, 1 fl. oz.
Parified chloroform, 180 min.
Alcohol, enough to make, 5 fl. oz. M.

Sig.—One teaspoonful every five hours, for adults.

THEILMANN’S DIARRHEA MIXTURE.

Wine of opium, 1 fl. oz.
Tincture of valerian, 1/2 fl. oz.
Ether, 1/2 fl. oz.
Oil of peppermint, 60 min.
Fluid extract of ipecac, 15 min.
Alcohol, enough to make, 4 fl. oz. M.

Sig.—Thirty drops every three to five hours, for adults.

VELPEAU’S DIARRHEA MIXTURE.

Take of tincture of opium, compound tincture of catechu (U. S. P.), spirit of camphor, each equal volumes. M.

—In studying the Therapeutics of INTESTINAL ABSORPTION, Dr. Leubuschier (La Medecine Moderne, in Ther. Gazette, June 16th) arrived at the following conclusions: Quinine and morphine, even in weak solution, diminish intestinal absorption. Morphine exercises the same action, even when it penetrates into the organism by the hypodermic method. Alcohol in very weak solution (one-half to two per cent.) increases absorption, but it rapidly diminishes it when the solution is made stronger. Glycerin has no action in this respect. Chloride of sodium in small doses increases absorption. Carabed water is without influence. Experiments made on man show that the iodide of potassium is eliminated slowly when it has been administered in concentrated alcoholic solution. In the urine the iodide is more rapidly and abundantly eliminated when it is given in a moderate amount of alcohol. In glycerin, water, or milk, the iodide is less rapidly eliminated by the urine.

—A Paris correspondent of The Times and Register, June 7th, gives the modern medici
tal treatment for TONSILLITIS. As it is now to be considered as an infectious malady, antiseptics are in order. This may be used first, for buccal antiseptics:—

B. Borate or barioate of soda, 2 dr. of water.
Dissolve, and add:—

Tincture of myrrh, gr. i.
Blackberry syrup, 1/3 M.

Ft. gabelle.

Or the following:—

B. Resorcine, gr. xv.
Distilled water, 1/3 vol.
Blackberry syrup, 1/3 M.

Ft. gabelle.

Then brush over the tonsils, several times a day, with the following:—

B. Glycerine, gr. v.
Camphor, gr. v.
Carbolic acid, gr. v.

Use as above, with camel’s-hair brush.

News and Miscellaneous.

—Our esteemed contemporary, Lanphier’s Kansas City Medical Index, gives us interesting information in regard to the names of the Doctors in the United States, compiled from the last edition of Polk’s “Physicians’ Directory of the United States.” What an assortment there is! One is Locke, another is Shure, quite a number are Good; several

are Noble, but one is Nott. There is an Ague in Pennsylvania, a region singularly free from malaria. Coffins are numerous (of course), but only two Tombs are to be found, with several Sextons. There necessarily is a Wall, because there is a Married Man. There is no Salt, although there is a Seaton. One naturally expects to find Cattle, because there are a number of Steers. Some lady has had Triplets, and two have had Pyles. Money is not to be ignored in the practice of medicine, hence an examination reveals the fact that there are only three that are really Poore, though one has a Shilling, and others Dollars while some are running Newbills. Strange to say, there are only two Boozers in the whole medical profession, although there are only two who can always be said to be Sober, and one is always Beerly. There is a Dr. Maas (whose first name is not Blue), a Pellett, a Sedilis, and Tarwater. The physicians of this country are not without Cleek, although there are only two Hornblowers, and but few Swindles. There are many Slaughters, probably because of the Cutters and Butchers, and one Mangle may have had to do with it. There is one Newborn, one Shinn, a number of Bones, a Mussel, a Rash, a Pain, a Life, three Ills, a Diet, a Death, a number of Lances, Lights, Livers and Lungs, as well as Bowels, and one who is Nothing. There are Bitters, and Bloods, Kile, Kime, and DeKay, though only with the latter. Stranger of all, one can find but one School among the ninety thousand doctors of the United States.

—Velpeau had once in his service a poor devil attacked with a suppuring white swelling of the knee-joint, which had caused the patient to have an uncontrollable diarrhea. The limb was useless, and amputation was performed, on the axiom, "Nec me salvi, nec me mortui," etc. The intestine recovered its good health and reposed from its past fatalities. Some days after the operation the eminent surgeon, showing the patient to the pupils following, said, with his characteristic bantering humor: "See, gentlemen, how the amputation of a leg can cure chronic diarrhea!" A strange physician present made careful notes of all the great surgeon’s remarks, and at the close of the hospital visit approached Velpeau and spoke as follows: "Sir, in the place I come from, I have a patient whose diarrhea has lasted for fifteen months, and cannot be checked. I have employed all known remedies and failed. To relieve him of his malady I shall cut off one of his legs as soon as I return home."—[Dr. Judd, translated for Cent. Lancet. Clinics.]

—The Koln Nut.—We learn from the Pharm. Record, June 24, 1890, that the German war office, after experiments with kola during the autumn manoeuvres of last year, has ordered 30 tons of the nut for consumption in the German army. This nut is wonderfully stimulating and sustaining, and will keep off thirst. It is taken when used in a beverage, of coffee, tea and cocoa, and can be safely used by sufferers from indigestion and nervous or bilious headache. Sportsmen, athletes and brain workers, under tension of their powers, can use it advantageously. It may become a substitute for tonics and alcoholic or other deleterious stimulants, as it prevents rapid waste of tissue during fatigue exercise. The tree grows in low, marshy grounds, and will yield at maturity a hundred pounds of nuts per annum. Flowering and fruiting take place simultaneously in the same tree.

—The ever progressive house of Parke, Davis & Co., are out this month with seasonable suggestions as to eligible remedies for prevalent diseases of hot weather. The Key has a very convenient list of intestinal sedatives, antiseptics, antispasmodics and amines for diarrhoeal and dysenteric affections; some new expectorants of note for coughs and colds, and a normal liquid ippecac always reliable as an emetic in cases of gastric disturbances due to accumulated fermented food, so frequent a cause of infantile diarrhoea. By way of gossip we may state that this house is largely increasing its facilities for the manufacture of pharmaceuticals. In process of erection will double their capacity for production this year, and a new laboratory, very complete in its appointments, is now being built for them in Canada.

—The Mississippi Valley Medical Association will hold its sixteenth annual meeting at Louisville, Ky., Oct. 8th, 9th, 10th, 1890. The profession is invited to attend, and technical papers are earnestly solicited. Titles should be in the hands of the Secretary, Dr. E. S. McKee, 57 W. 7th St., Cincinnati, as soon as possible. The meeting promises to be one of the most interesting in the history of the society. The American Rhinological Association will hold its annual session at the same place, Oct. 6th, 7th, 8th, 1890. The Secretary, Dr. R. S. Knodle, of Omaha, Nebraska, will receive titles of papers.

—According to a St. Louis paper, a delicate operation was successfully performed in that city by Dr. —, Surgeon of the Eleventh Infantry, U. S. A. An incision was made in the back, near the
ribs, into the lungs, a pump inserted, and more than two quarts of water taken out, giving the patient immediate relief. That was three years ago. The wound has healed and the patient will soon be out and feeling well! There should be a special medal for surgeons. If this prize were a cake, they would certainly take it.

—Men will do almost anything when suffering from toothache. (Clin. Lancet-Clinic.) M. X. was one day attacked on a railroad train and suffered the wildest tortures. "Ah!" cried he to one of his friends who was traveling with him, "If I only had a piece of cotton for my tooth; but unfortunately" he added a cry of joy, "saved! saved!" and pulled some cotton from his neighbor's ear.

HYGIENE OF INFANCY.—The Paris Academy of Medicine has opened to competition a prize of the value of one thousand francs for the best work on the hygiene of infants. The following is the question proposed: To determine what are, in the artificial feeding of infants, the value and the effects of raw milk, warmed, or boiled milk; respectively. The papers, which should be written in French, the other academical rules being observed, are to be forwarded to the Academy before March 1st, 1891.

—Medical Directors Albert L. Gibson, U. S. N., and David Kindibege (J. M. C., 1858), have been appointed by the Secretary of the Navy to represent the Medical Department of the U. S. Navy at the meeting of the International Medical Congress at Berlin. Drs. C. H. Alden and J. S. Billings have been detailed by the Secretary of War to represent the Medical Department of the U. S. Army.

—Women’s congresses of various kinds are to be held in Chicago simultaneously with the World’s Fair. A member of one of the committees, alluding to this fact, referred to them as women doctors, female nurses, and lady lawyers. But why the distinction?

—To preserve your instruments from rusting, a writer says (Clin. Lancet-Clinic, June 7th), immerse them in a solution of carbonate of potash for a few minutes, and they will not rust for years; not even when exposed to a damp atmosphere.

—Lady customer to Edinburgh chemist: "A penny worth of tincture of rhubarb. Is it plenty for a dose?" Chemist: "Is it for an adult?" "No, it’s for a man."

—Dr. Lee, Secretary of the State Board of Health, of Pennsylvania, sends us a series of the valuable and timely precautionary circulars of that Board, enclosed in a substantial envelope, for preservation and reference in case of emergency. He states that he will forward them to any address, on the receipt of a two cent postage stamp.

PERSONALS.—Dr. L. J. Picot (J. M. C., 1873) recently received the highest number of votes at the annual meeting of the State Medical Association of North Carolina, as a member of the Board of Medical Examiners of that State.—Dr. P. E. Remondino (J. M. C., 1865) is President of the Board of Health of San Diego, California.—Dr. G. V. Hale (J. M. C., 1883) is now at Milford, Missouri.—Dr. J. T. Stewart (J. M. C., 1878) is at Monrovia, California.—Dr. Ira A. Eberhart (J. M. C., 1889) has removed to Chicago Lawe, Illinois.—Dr. James McComb (J. M. C., 1863) is at Lebanon, Missouri.—Dr. L. P. Gibson (J. M. C., 1877), the popular Secretary of the Arkansas State Medical Society, was reelected at its recent annual meeting. Dr. Thomas F. Rumhold (J. M. C., 1863), formerly of St. Louis, is located at San Francisco.—Dr. W. H. Reeves (J. M. C., 1862) is now at El Cajon, California.

Marriages.

BYARS—TISTAID.—On June 5th, 1890, at Caruthersville, Missouri, Henry T. Byars, M. D. (J. M. C., 1886), to Clara, only daughter of Charles Tistaid.

Deaths.

CHILD.—At Philadelphia, June 13th, 1890, Henry T. Child, M. D. (J. M. C., 1844), aged seventy-four years.

CULBERTSON.—At Zanesville, Ohio, June 18th, 1890, Howard Culbertson, M. D. (J. M. C., 1850), aged sixty-two years.

LAMBERT.—In Fluvanna Co., Virginia, May 14th, 1890, William Lambert, M. D. (J. M. C., 1840), aged seventy-two years.

SIMS.—At New York, May 11th, 1890, Eliza Theresa Sims, widow of the late J. Marion Sims, M. D. (J. M. C., 1835).
Another temporary impairment is that due to spasm of the accommodation; it affects distant vision only, and is noticed chiefly by those whose distant vision is otherwise pretty good. It comes on after prolonged straining of the eye for near vision, and lasts until the eye has gotten well rested. It is a valuable danger signal, and should secure cessation from the work causing it until it has given place to normal relaxation. Permanent impairment of vision is brought about when eye-strain causes myopia or decided permanent damage of the choroid and retina.

**Headache and Acting of the Eyes.**—Eye-strain should be the first thought suggested by any complaint of headache, for in our day and civilization it is by far the most common cause of that symptom. It enters as a factor into the causation of nearly all headaches not due to pyrexia, toxemia, or diseases of the brain or its membranes. The simple existence of headache, therefore, should suggest eye-strain; but frequently a careful inquiry as to the manner and time of occurrence of the attack, and the location of the severest pain, will be almost conclusive as to the origin of the trouble.

Often it comes on whenever the eyes are used, and is absent when they have had a proper period of rest. The occasions of most severe requirement in the direction of eye-work are the doing of anything requiring accurate near vision, taxing both the accommodation and the convergence; or traveling, shopping, attendance at public gatherings, which entail more use of the eyes than the patient is at the time conscious of, and often under unfavorable conditions.

Very often the chronological connection between the use of the eye and the occurrence of the ache, although perfectly certain and evident when once it has been observed, has never been noted by the patient until his attention has been directly called to it. Even when the headache seems constant and quite uninfluenced by variations in the amount of eye-work, it may be due wholly to eye-strain.

In hyperopia in young people the accommodation is in excessive use so long as the eyes are open and the attention fixed on any visible object; and hyperopia is the most common cause of constant headache. The writer was formerly subject to a constant headache whenever confined to the house, and required reading to keep the brain occupied; but he kept it out by breathing for a few minutes in the fresh air, until it was quite cured by the correction of his hyperopic astigmatism. Many persons have the same idea as to the causation of the headaches they always experience when attending the theatre or other place of public amusement, and which are really due to eye-strain. Others ascribe these headaches, and those experienced in traveling or shopping, to exhaustion. This is nearer the truth, only they commonly have in mind a condition of general exhaustion, whereas it is largely one of local exhaustion of the special nervous apparatus concerned in the act of seeing.

The **location of the aching** is of some significance. Generally it is frontal, often described as beginning in the eye, or just back of the eye, or through the temples. Frequently headache extends to the occipital region, and may sometimes be felt principally or wholly in that region. Headache most severe in the vertex, or confined to that region, is probably not very common from any cause, but from eye-strain it is almost unknown. Often the headache is more severe on one side of the head than the other. Sometimes it is entirely confined to one side, but usually it is bilateral.

Those more or less regularly periodic headaches, known as nervous or sick headache, migraine, or, when confined to one side of the head, hemiancia, are in many cases set up by eye-strain and relieved by its removal. Attacks of this kind are frequently ushered in by certain interference with vision and subjective sensations of light, affecting a part or the whole of the visual field, and known as ophthalmic migraine. These visual disturbances are simply a part of the general "nerve-storm," and it is not certain that they especially indicate the origin of the attacks to have been eye-strain.

**Congestion, irritability, or inflammation of the eyes and their appendages** should always suggest the suspicion of eye-strain. A single attack or manifestation of this kind has no especial significance, but repeated attacks of inflammation, or prolonged congestion or irritability, are exceedingly suggestive of a continuing cause; and the most common of these is the one now under discussion. No case of chronic inflammation of the margins of the lids, or of recurring conjunctivitis, or repeated styes, has justice done to it until it has been carefully investigated for eye-strain. Persons at the period when they begin to feel the effects of loss of accommodation in presbyopia or absolute hyperopia, suffer from repeated attacks of conjunctivitis which they commonly ascribe to "taking cold in the eye," but which are cut short by use of the appropriate lenses, and which, if unchecked, would tend to establish a chronic catarrhal condition, which is a chief discomfort in the lives of many elderly people.

Of course, these conditions of ocular congestion and inflammation will be recognized by the usual symptoms of redness, swelling, and itching, smarting, or burning pain. They often require special local treatment, and will quite often be temporarily cured by this alone; but if the underlying cause is not removed, they show a strong tendency to recur indefinitely, or until the accommodation is so far lost that the temptation to strain it is removed. It should be noted that usually headache and these local inflammatory conditions are not presented by the same case. They may coexist, but more commonly, if one is decidedly present, the other is absent.

So far nothing has been mentioned for the diagnosis of eye-strain but the facts ascertained by questioning the patient, and from simple inspection of the eye. If, now, the physician's office contains—what every general practitioner's office should contain—a card of letters for accurately ascertaining the distant vision, and a card of fine print for ascertaining the near point of the eye, additional valuable evidence is easily obtainable. The trial of the distant vision will give indication of any considerable degree of myopia or astigmatism. But it must always be borne in mind that troublesome ametropia may be present without preventing perfect distant vision. The position of the near point, if farther from the patient's eye than his age would indicate, is pretty good evidence of strain of the accommodation. Evidence of strain of the external muscles of the eye, heterophoria, can be obtained by simply getting the patient to keep his eyes fixed on some object, near or distant, and covering one eye; then noting whether the covered eye deviates from its position of fixation, and especially whether it makes a quick movement to return to that position when it is uncovered.

Briefly to recapitulate, the common symptoms of eye-strain are—

**Certain forms of impairment of vision.**

Headache, which is to be studied with reference to the times of its occurrence and the parts of the head to which the aching is referred, with careful discrimination between the patient's facts and his theoretical explanation of them. Chronic or repeatedly recurring congestion, or inflammation of the eye or its appendages. And if to these symptoms are added the results of the simple tests of near and distant vision, and evidence of tendency of the eyes to deviate from their normal position when covered, a very good basis is furnished for the probable or provisional diagnosis of eye-strain, without recourse to any special apparatus or unusual diagnostic procedure. And in view of these facts there is no justification for the general practitioner who fails to recognize most of the numerous cases of eye-strain with which he is brought in contact.

**Notes of Practice.**

A COMPARISON OF HYPNOTICS, NEW AND OLD.

Dr. Charles F. Folsom, of Boston, in a paper recently read before the Association of American Physicians (Boston Medical and Surgical Journal, July 10th, 1890), on "Disorders of Sleep: Insomnia," passes in critical review the now lengthy list of hypnotics:—

Of hypnotics, there are probably none that
can be continuously used for a long time in sufficient doses to control troublesome insomnia without occasional dangerous symptoms or unpleasant after-effects, although I have no doubt that many of the accidents reported as due to them are rather coincident with them than consequent upon them. Most cases, however, are not intractable to treatment, and many respond readily to domestic remedies, like skullcap, thoroughwort, sage tea, glycerine, or hot punch, without the physician being called, or perhaps their restlessness is due to the hyoscymus, valerian, cannabis indica, camphor. The advantages of spirits, wine, beer, ale, porter (including some of the so-called malt extracts), koumiss, matison, are well known in old age, conditions of exhaustion, fevers, and generally where a cardiac depressant must be avoided; especially if supplemented by vasomotor stimulants, like ergot, digitalis, strychnia, coca, cocaine. A glass of champagne often acts like magic in the sleeplessness of a dilated heart. A few bottles of beer at bedtime may control perception and obviate sleeplessness which has yielded to nothing else. But the habitual necessity of alcohol to produce sleep in brain-workers indicates the nearness of the danger line. The disadvantages of alcohol are well known and readily guarded against.

The preparations of opium are indispensable in many cases—with pain, in old age, in many forms of heart disease. I have not found the common caution against opium in pulmonary and renal disease valid, and probably no other drug can be made to so happily meet the indications of so many conditions, except for the grave danger of the morphine habit. KahlEBE names it justly a tonic to the atheromatous brain. In enanthiasis its value is shared with only ether and chloroform. The bromides diminish the reflex excitability of the medulla, and are vasomotor excitants. Their best therapeutic effect, always avoiding bromism, is got, as hypnotics, from divided doses given throughout the day and evening, whether in large quantity or small. Alone or combined with other medicines they have a wide usefulness. The debilitating influence from them may in some cases be, partly at least, met with iron or strychnine. By virtue of obstructing the heart's action and producing a certain degree of muscular depression, they are not without objections for continued use, or, in some cases, occasionally.

The great need of an unobjectionable hypnotic led to constant laboratory research, and the final discovery by Liebreich of chloralhydrat. Eichhoff's schlafmittel see chart, the most powerful of pure hypnotics, having also some influence on pain. In sufficient dose it rarely fails. Alone or combined with bromides or morphia, it used to be, until the introduction of paraldehyde, the common last resort when other narcotics had failed. Its depressing effect on the heart, respiration and vasomotor centres, which, perhaps, includes its toxic or irritant action on the kidneys, and the danger of the chloral habit, with persistent wakefulness and mental enfeeblement, constitute the risks in its use.

Corton choral, the butyl-chloral-hydrat, or, chemically, the chlorated aldehyde of crotonic acid, although not a cardiac depressant, is, in all other ways, so inferior to chloralhydant, besides being not readily soluble in water, that it is rarely used except with other remedies, in which it is less efficacious than other drugs.

A less depressing hypnotic been sought for, the fat series came next, paraldehyde, amyl-hydrat, urethan, hypnoze. Paraldehyde, a polymeride of ethyl chloride, is long thought second only to chloralhydrat in power as a hypnotic—has much less depressing action on the circulation and respiration. Toxic effect is especially valuable in conditions of mental excitement, where the duration of sleep may be prolonged by adding morphia. The physiological action is first on the cord, and then on the medulla. Toxic doses (ten grammes or more) produce a sinking of blood-pressure and slowing of the heart-beat; doses of six to eight grammes having been observed to give rise to nausea, headache, confusion, vertigo, and weak pulse. In five cases Berger found material reduction in the quantity of urine. In safe doses it is not anesthetic or analgesic. To get a definite hypnotic effect, the dose must be increased. Its acid taste, and the disagreeable persistent odor from the breath are objections to its use, and even when largely diluted it is often objected to, on the grounds of its being a gastro-intestinal irritant. The temptation to its habitual use is less than in alcohol, morphia, cocaine, and chloral; the symptoms produced being tremor, confusion, impaired memory, diminished intelligence, etc. Dose, two to four grammes, which, if necessary, may be gradually increased to eight, and repeated once or twice in the night.

Amyl-hydrat, a tertiary amyl alcohol, an oily, colorless liquid, appears to stand in hypnotic power below chloral-hydrat, and above or below paraldehyde, according to different observers, but with even less depressing action on the heart than the latter. It may be used in the same dose as paraldehyde, being not so soluble (1 to 9 to water, freely in alcohol), and with a much less disagreeable taste and odor. Its physiological action is directly on the cerebrum, and later on the medulla. The toxic effects from it, of headache, nausea, weak pulse, are less marked than in paraldehyde, and it is less a gastro-intestinal irritant, although sufficiently so to often require its administration by rectum.

Urethan (ethyl carbamate), a mild hypnotic in doses of twenty grains, is at times useful, and may from its ready solubility be given hypothecromically. It is without especial depressing action on the heart, except in enfeebled persons. It has, like all rather mild remedies, proved in some cases uncertain in its effects, but is useful and ordinarily without disagreeable after-effects.

Hyoscyamine isomerize with atropine, in doses of 1/4 mgm. of the sulphate, which may be given subcutaneously, controls moderate mental excitement and sleeplessness. In larger doses similar toxic effects to those of atropine are observed, sometimes with muscular prostration which may reach an alarming degree. Of some value in hysteria with violence, its use is very limited.

Hyoscine, also an alkaloid of hyoscymus, is used as hyoscymus, chlorhydrat, and, preferably, hydrobromate, also hypodermically, in doses of 1/4 to 1/2, or even 1 mgm. It has a limited usefulness, especially in maniacal excitement, violent hysteria, delirium tremens, insomnia with agitation, in the insane and aged. The dose needs to be increased somewhat rapidly for prolonged use, and a slight excess in the quantity given may produce unpleasant toxic effects, which may even be obtained from 3/4 to 1 mgm. In a certain proportion of cases not only is there no quieting effect from the drug, but the restlessness is increased.

Chloralamide, or more properly chloralformamide, produced by adding anhydrous chloride to formamidine, is decomposed again in aqueous solution (1 to 9) if above a temperature of 60° C., or in crystals if above 115° C. It is also decomposed by alkalis and alkaline carbonates. It is, therefore, well to give it in slightly acid solution, with spirit, or as an elixir, thereby sufficiently disguising its bitter taste. It is claimed that it possesses all the advantages of chloral-hydrat, and on account of the stimulating properties of the formamidine, without its depressing action on the heart, a fact verified by the sphymograph, the comparative dose being as 3 to 2. The danger from the larger dose, over 30 or 40 grains, is less than in chloral. Disagreeable after-effects are much less common. Some observers value chloralamide most highly, while others regard it as in no way deserving especial praise. In my experience, with only the small dose, it has done well. If it shall be proved, after full trial, to be safer than chloral, and more certain than other pure hypnotics, as it is claimed to be, its cheapness is in its favor for general use.

Sulfonol, diethylnaphthimidemethylan, is less powerful hypnotic than chloral, with even less influence on pain, but without so much, although with slight, depressing action on the heart. From its difficult solubility the physiological action is slowly produced; a single dose may be efficient for two successive
nights, and there is risk of the cumulative effect, if the dose is too often repeated. It may be given in compressed tablets or wafer, or dissolved in spirit. In doses of 30 grains or less it is, in the main, sure, although I have seen 20 grains given each night for several weeks in a girl of sixteen produce stupor, and 20 grains, three times a day continuously, to a strong male adult, cause ataxia, tremor, and mental apathy. It has been found not always certain, and, in overaction, with an after-effect of somnolence, fatigue, depression, lack of appetite from an overdose, may amount to semi-coma and cardiac depression. Given in doses of 5 grains, and repeated, if necessary, two or three times, or of 10 or 20 grains, and perhaps repeated, it has proved in my hands a hypnotic of great value in producing sleep which is refreshing and resembling the natural. When care has been taken not to give it too often, or in too large doses, I have never seen any untoward result from it. In the case of a rather delicate person, 15 grains produced sleep with stupor for ninety-six hours, but no other unpleasant symptoms, except some lassitude and a sense of discomfort in the head. It is the most important and widely useful of the new hypnotics.

**Hyponone** (acetophenone, phenyl-methyl acetone), one of the aromatic series of acetones, although praised by Dujardin-Beaumetz, has proved in the hands of most investigators of little value as a hypnotic, of unpleasant taste, and depressing to the respiratory and cardiac centres.

**Ural** (cholor-urethan) is less potent than chloral, and more so than urethan. It is very bitter, soluble in alcohol, but little so in water. In doses of more than two grammes there may be transient headache and fatigue. Somnal (ethyl-chlor-urethan) contains four atoms of hydrogen and two of carbon more than chloral-urethan (ural). It appears to have no especial advantage over chloralamide, except that it is more soluble. It has somewhat greater hypnotic power than ural. Its composition is not regarded as certain or its action sure.

**Acetal** (diethylacetal) is an acid hypnotic without advantages to compensate for its being a gastro-intestinal irritant.

**Methylal**, an acetal derived from formaldehyde and methylalcohol, a volatile liquid freely soluble in water, of fragrant and aromatic odor, almost tasteless, may be inhaled or given by mouth and hypodermically. It has the high authority of Kraft-Ebing as being a safe, certain hypnotic, useful in some forms of insanity with excitement, and especially in delirium tremens, for which he considers it the best hypnotic known. He uses it in grammes with gramma water, hypodermically, repeating every two hours if necessary. The dose internally is 30 to 50i. The depressing effect on the circulation is slight, if any, and he has not observed any disagreeable after-effects. It is contra-indicated in conditions of active cerebral hyperemia. Kraft-Ebing is in doubt how to explain the efficacy of the extremely small dose used by him, unless it acts indirectly rather than as a direct hypnotic in producing sleep. Lemoine gives two grammes subcutaneously.

**Phenacetin**, para-acet-phenetidin, almost insoluble in water, soluble in alcohol, almost tasteless, may be given like sulfonal, in wafer and compressed tablets, as a powder or with brandy. As an antipyretic and antineuralgic it is not as potent as antipyrin and antifebrin, but it is much less a cardiac depressant. In the insomnia of overwork, of nervous irritation, in febrile states, or from headache, it is a hypnotic of great value, in doses of five or ten grains, repeated if necessary. In sleeplessness of intense neuralgia, less than a gramme, repeated two or three times, as needed, is not likely to be effectual, the fact having been first ascertained that there is no intolerance of the drug.

The possible anilin derivatives, of which phenacetin (para-ethoxy-acetanilid), acetanilid and methacetin (paramethoxy-acetanilid) have thus far alone been used in medicine, together with numerous known compounds of not ascertained value, indicate the boundless possibilities for the future in this direction.

Acetal, ural, hyponone and somnal do not seem to me to have sufficient therapeutic value to justify their existence. Hyoscine and hyoscynamine have a limited range. Of the other hypnotics we must trust somewhat to experience in ascertaining which is least likely to disagree with a given patient; and to one already discouraged by long illness an unsuccessful trial of a new remedy may be so unsuccessful as to be disastrous. Personally, I use them sparingly and as indicated. There are cases where very large doses of powerful hypnotics must be used to produce sleep, or else alcohol freely. On the other hand, most patients sleep better than they think, and many sleep enough who believe that they sleep scarcely at all.

**ANTISEPTIC MIDWIFERY.**

**BY E. P. HURD, M. D.,**

**Of Newburyport, Mass.**

The accoucheur of to-day has a responsibility resting upon him from which the accoucheur of a former age was free. He feels, in a sense which he never felt before the greater knowledge of the present day dawned upon him, that the life of his patient is in his hands. If he do not carry infection to the patient, and if he do not carry infection to the patient, an environment, whether normal or abnormal, going to the patient's or the environment aseptic, there is a fair certainty that restoration will take place normally. Knowing that in the great majority of cases of puerperal septicemia the patient is infected by the hands or instruments of the accoucheur, he will take the utmost pains that both hands and instruments are both clean and aseptic. Before making an examination, the sleeves are rolled up above the elbows, and the hands and forearms are thoroughly scrubbed with soap and water; the nails and the spaces under them and the creases about the skin are cleaned with a stiff brush. Then the same parts are soaked one or two minutes in a sublimate solution, 1 to 1000. Paul Reynier adds that the hands and forearms thus disinfected should not be wiped, unless one is sure of the aseptic condition of the towel.†

The examining finger may then be greased with carbolic or sublimate douch immediately after labor, and if this be used hot, it has a

*Therapeutic Gazette, July 15, 1890.
† Recueil Clinique du Sac. de Med. pratique.
favorable effect in stimulating uterine contractions and stopping flow.

In the paper read by Dr. T. G. Thomas before the New York Academy of Medicine, December 6, 1883, that eminent authority advised to repeat the vaginal injections every three hours before, and every eight hours after, labor. The voice of the medical profession has very generally been against interference to this extent with what may be called a natural physiological process, and most obstetricians now content themselves with one antiseptic injection before labor (unless the first stage be unusually long and tedious), and none after labor. If, however, the lochia should become at all offensive, and especially if any febrile symptoms should arise, the vagina and uterus should at once be washed out with a carbolized solution (two and a half per cent.) or with a sublimate solution, to 1:4000. This injection should be repeated every six or eight hours, till the lochia become clear, and till all febrile symptoms disappear. Dr. W. L. Richardson speaks favorably of iodiform pencils (crayons of cocoa-butter incorporating ten grains of iodiform), which may be carried up into the uterus night and morning and left there.

The placenta, if it does not speedily follow the fetus, should be delivered in as antiseptic a manner as possible. Crede's method is recommended by Richardson and Grandin. Then the external genitals should be thoroughly cleansed, soap and water and the sublimate solution being employed, any perineal lacerations closed with antiseptic catgut, and an aseptic pad applied. These pads may be prepared by soaking common napkins in a sublimate solution (1 to 3000), and allowing them to dry. The nurse should be instructed to have a quantity of these napkins ready. "The object of these pads is to seal the entrance to the vagina and uterus by a germ-proof protective against the attacks of septic bacteria from the air and other external objects." Oakum has been used by some obstetricians, and seems to answer a very good purpose.

The pad recommended by Dr. W. L. Richardson resembles Liston's "protective," and as much stress is laid on this part of the dressings, especially by those who omit the douches after the third stage of labor, I will describe Dr. Richardson's method of preparing this pad:

A strip of Canton flannel (nineteen by four and a half inches) is placed upon a table, with the soft side uppermost. On the centre of this is laid a piece of carbolized cotton (eleven by four and a half inches), about half an inch in thickness when not compressed. Over the centre of this is a piece of oiled muslin (nine by four inches). On this is placed the pad itself, which is made of what is known as absorbent scrap or waste closed up in cheesecloth, and of a size sufficient to cover the oiled muslin, and about half an inch in thickness before it is wet or compressed. This pad, before using, is dipped in a solution of corrosive sublimate (1 to 3000) and dried. Whenever a pad with its binder is removed and a fresh one substituted, the old pad, including the Canton flannel, etc., is burned up.

In the discussion which followed Dr. H. F. Adams's paper before the Essex North District Society, one of the speakers (Dr. R. C. Huse) stated that he had been in the habit of using two towels. One of these he dipped into a 1 to 1000 solution, and after wringing it out with his hands, he folds it into a square pad, and places it over the vulva. The second towel he likewise wrings out of the antiseptic, and folding it once likewise, passes it between the legs, and pins it to the binder front and back.

A Word about the Environment of the Patient. —The room occupied by the puerpera should be clean and well ventilated, and should not be in propinquity to cess-pools, pig styes, or stables. In hospitals it is quite possible to carry out Dr. Thomas's requirement that the room in which the confinement is to take place should have the floor, walls, and furniture thoroughly washed with a ten per cent. solution of carbolic acid or mercuric chloride, 1 to 1000, and the bedstead and mattresses should be sponged with the same solution. Curtains, carpets, and upholstered furniture should be dispensed with as far as possible.

Ought the Physician when attending Conjugations Diseases to undertake Confirmed Cases? —This is a question which, before the days of antiseptic midwifery, would have been answered unqualifiedly in the negative. And now, without the most rigid attention to personal cleanliness, and an entire change of clothing, it would not be right for the physician to go from a case of scarlet fever, diphtheria, especially erysipelis, or from a post-mortem, to a case of labor. I believe, however, that such thorough disinfection of the person can be obtained that it will be safe for the physician who is attending such diseases to enter the lying-in room. Every article of clothing must be changed, the whole body, including the hair and whiskers, must be washed, then bathed with a strong boric acid solution, as Thomas recommends; then special attention must be given to the disinfection of the hands, finger-nails, and finger-nails in the manner before indicated.

Among the prophylactic means should be included a suitable tonic and fortifying regimen, especially needful when the patient has been exhausted by protracted labor or by hemorrhage. Quinine, wine, and even brandy may be indicated, with such nutrients as the stomach can bear; the vital forces are thus rallied, and the reparative processes favored. Ergot, given at the completion of the second stage of labor, will promote uterine contraction and vascular tonic. Some obstetrical authorities advise giving ergot through the entire puerperium.

Many physicians may think antiseptic midwifery encumbered with too great fussiness of details, but there is not one of these details but is important, and it is quite possible that valuable lives may now and then, in the lifetime of even a country physician, be saved by rigid attention to such minutiae as have been above set forth.

THE TREATMENT OF MIGRAINE.

BY WHARTON SINKLER, M.D.,
Of Philadelphia, Pa.*

The drugs which have attracted the most attention of late are, undoubtedly, antipyrine, phaeacin, and the host of antipyretic and analgesic coal-tar derivatives, which have been introduced in the past few years. White claims to have first used antipyrine in headache. At all events, it has been very universally employed in every variety of head-pain since its analgesic properties became known. T. S. Robertson has used it in 88 cases of migraine; in 54 the action was satisfactory in the course of from thirty minutes to two hours, and in 25 cases the administration of other drugs was rendered more effective by the use of the antipyrine. A negative result was obtained in the remaining 8 cases. He recommends that 22 grains be taken at the onset, and in case the headache continues an additional dose of the same size. Bokenham has used the remedy in 26 cases with entire success, but instead of using the large doses usually recommended, he gives only 3 or 4 grains, repeating the dose in an hour, if necessary.

Müller has given phaeacin in migraine and various other forms of headache, but has found that large doses, as much as from 2 to 3 drachms, have been needed to produce good results.

Pescé has used antiphorin with advantage in migraine. P. Gutman uses phaeacin in small doses, and gets as good results as from

* Annual of the Universal Medical Sciences, 1888, Vol. iv, p. 446.
* Medical Record, May 9th, 1883.
* Therapeutische Monatszähfl., August, 1889.
* Deutsche Medicin Zeitung, July 12th, 1889.
the use of antipyrine. The great advantage that phenacetin has over antipyrine is that it is much safer, as it does not depress the heart. During the recent epidemic of "grip" phenacetin proved efficacious in relieving the violent headache associated with that disease.

Rabuske, after trying quinine, arsenic, caffeine, antipyrine, electricity, change of climate, etc., was successful in the treatment of a very bad case of long-standing headache by the administration of 8 grains of phenacetin nine and morning. The cure was effected after the sixth dose.

Antifebrin has been used quite largely of late. Faust has found this remedy, in doses of ½ to 1 drachm, of great use, the headache being relieved.

J. L. Clark, from an experience of 49 cases of migraine and headaches of like nature, considers this a valuable drug. James Little recommends, in the treatment of migraine, that during the intervals between the attacks the following pill be given twice a day:

Arseniate of sodium, gr. ½
Extract of cannabis indica, gr. 1
Extract of belladonna, gr. 1

He gives in addition to this 2 grains of valerianate of zinc twice daily. To cut short a paroxysm he gives 20 grains of the salicylate of sodium in a vineglass of water made effervescent by the addition of a dessert spoonful of the granular citrate of caffeine, a second or third dose to be taken after an interval of two hours.

Nitrate of cyanide (a poisonous alkaloid extracted from the seeds of the cyanus laburnum) has been given by Krapelin in the angio-paretic form with excellent results in two cases. He gives it hypodermically and was led to use it on account of its power of causing contraction of the blood-vessels. In two cases of the spastic form of migraine in which he used it the symptoms were aggravated.

De Schweinitz and Lewis had a certain amount of success in the treatment of hemiplegia with the oil of eucalyptus, and I myself had two or three patients in whom this drug was of marked utility. These authors have lately told me that further investigation has proved that its value is by no means general, although certain cases are relieved by its use. In cases where migraine is associated with the gouty diathesis, treatment of the latter is attended with success as far as relief of the headache is concerned. Haig states that he has relieved many attacks in this form of the disease by giving 20 to 30 drops of dilute nitro-muriatic acid in water, repeated once or twice at intervals of half an hour.

Cannabis indica, which has been given in migraine for many years, still holds a prominent place among the medicinal agents used in its treatment. For myself, I may say that I consider it of more value in the majority of cases of migraine than any other headache. It must be given for some length of time and the dose should be increased until slight toxic symptoms are felt. We must remember the great variability in the strength of the drug, and be careful to begin with a minimum dose. I have but recently seen a patient who had marked toxic effects from ½ of a grain of the extract. Seguin several years ago pointed out the benefit of cannabis indica in the form of headache and insisted on its long-continued use.

Dr. Richard Green, who first recommended Indian hemp in migraine, has continued to use it with success. He maintains that its effect is not simply palliative, but curative, and that in nearly all cases it gives permanent relief. E. J. Overend believes cannabis to be complete a specific in migraine as quinine.

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is in malarial fevers. He is himself a victim to the affection. He advises the administration of citrate of caffeine in doses of from 3 to 5 grains as soon as the first indication of an attack is felt, and its hourly repetition until relief is experienced. Electricity is of more or less value and many cases have been greatly helped by galvanism. I have found this means of marked benefit, but have not depended upon it alone in any case. Labbe has cured severe cases of epilepsy by thirty-four applications of static electricity. A number of other new remedies have been used to a limited extent in this affection. Among them is haline, which I found of use in shortening an attack. Ringer has successfully used tincture of nux vomica in drops doses repeated every half hour.

Among the latest remedial agents proposed for the cure of migraine is hypospasm. In a work on the subject by Albert Moller,1 a new form of a tranquilizer that either post-hypnotic or auto-hypnotic suggestion may be used to cure this disease.

Most authors now agree as to the prime importance of hygienic measures in connection with any remedy used for the relief of this disease. Removal from care and work, with fresh air, good food, and change of climate will do more to relieve the frequency of the attacks than any drug. In connection with this the rest-treatment of S. Weir Mitchell is of the greatest value, and I have seen many cases of chronic migraine relieved by this means.

THE USE OF DIGITALIS IN PERICARDITIS.

At a meeting of the Allegheny County Medical Society, Dr. J. C. Lange made the following remarks on this subject: In pericarditis of gravity, which cases constitute the small minority, there is one remedy to which we at last arrive. This is digitalis. It is said that digitalis is powerful and strengthens the action of the heart. My experience with these cases and others leads me to think that digitalis has very little effect in increasing the power of the heart in pericarditis.

Another point is that death from pericarditis, which is usually ascribed to the size of the effusion when it is large, may be due rather to interference with the action of the heart by adhesion. It is my opinion that this latter is frequent, and that large effusions are rarely, the cause of death. Large effusions belong rather to those inflammations of the pericardium which complicate rheumatism and nephritis, and which are not fatal. When the effusion is large, what can we expect from digitalis? The interference in this case is not with contraction—but with the filling—the diastole of the heart; and this being purely a muscular relaxation is uninfluenced by digitalis. The only effect then that we should expect is that which would happen after the administration of digitalis, in, for instance, the granular degeneration of typhoid fever, pneumonia, or any disease of gravity and duration; and this, it must be confessed, is little. The effect, indeed, would be less, for even if the systole should be improved by digitalis, the diastole cannot be, and consequently the intra-aortic tension is not increased. On the other hand, if the adhesions constitute the obstacle to efficient contractions, we can understand how an increase of power in systole by digitalis might fracture, tear off, or free the parietal from the visceral pericardium, and thus allow an increased quantity of blood in the arterial system. But I have not observed this to happen, and the administration of digitalis for pericarditis is pregnant with disappointment, and is in striking contrast with its effects in heart dilatation.

CHLORALAMID AS A HYPNOTIC IN MENTAL DISEASES.

Dr. D. F. Kinnier, of New York City (Med. Record, July 12th), thus refers to chloralaminid as a hypnotic in mental diseases:—Chloralamid has a slightly bitter taste, and can be given in the form of a powder placed on the tongue, or may be given dissolved in alcohol or water. In order to test the efficacy of this

1. Deutsche Medicin Zeitung, Sept. 20th, 1886.
2. Ibid., July 25th, 1886.
3. Chicago Medical Times, September, 1886, p. 401.
drug in the treatment of the insane, it was given in a number of cases.

The hypnotic effect of chloralamin seemed
in many instances to be too slowly produced,
ever in maniacal cases characterized by
much violence. When the drug did produce
sleep in these cases the sleep was of a restless
character. On the contrary, in some cases of
melancholia the drug seemed to act very well
and in a short space of time; but I do not
think its hypnotic effects are rapid enough to
warrant its use in instances of acute delirious
mania or in cases of great excitement where
sleep is urgently required. If given in large
doses, sixty grains, for instance, there is no
doubt sleep will result in twenty or thirty
minutes, but such large doses are apt to pro-
duce vomiting, vertigo, and other disagreeable
symptoms. In beginning the use of this drug
it is preferable to give twenty-five grains and
increase to forty-five, which dose may be given
without any unpleasant symptoms as a rule.

THE VALUE OF EXPLORATORY
OPERATION AND EARLY INTER-
ERENCE IN INTESTINAL
OBSTRUCTION.

By L. S. M'Murtry, M.D.,
Of Louisville, Ky.*

I was called by Dr. J. A. Larrabee, on May
8th, 1890, to join him in a case of intestinal
obstruction. The patient, a male, aged forty,
had for years had an inguinal hernia on the
right side, and wore a truss. During the
night he had been seized with pain and
vomiting. Dr. Larrabee discovered the tumor
and recognized the hernia, gave chloroform,
and applied taxis. He succeeded in reducing
the mass in part, but felt that the reduction
was not complete. The patient was for
a time relieved, but in the early morning vomiting
recurred. When I saw him at 10 A.M.
the belly was tender and tympanites
was developing. The inguinal canal seemed
clearer, but a boggy mass could be felt ex-
ternal to the inguinal ring, and seemed as if
it were incorporated in the abdominal wall.

The ejected matter from the stomach was the
green serous vomit characteristic of peritoni-
tis. The symptoms of obstruction were less
urgent, the pulse was eighty, the vomiting
had ceased, and we decided to wait further
symptoms. The patient had received a dose of
morphia during the night.

On the following morning Dr. Morgan
Vance joined the consultation. The patient's
condition was like this: slightly impressed
with morphia; patient indifferent; tympanites
slightly increased; vomiting had occurred in
the early morning. The boggy mass on the
right side, already described, remained omen-
tum; the pulse was good, vomiting had
again subsided, and, thinking the symptoms
might be due to traction of retained omentum
after reduction of the gut, we decided to wait
a while longer before deciding upon inter-
ference. The patient referred all pain to the
right gastrum.

During the night symptoms of obstruction
were intensified, and on the following morn-
ing, the roth inst., Dr. Vance again joined
Dr. Larrabee and myself in consultation, and
we decided to operate. Dr. Larrabee admin-
istered chloroform and Dr. Vance assisted me
in the operation. An incision of three inches
was made in the median line. The abdomen
contained a quantity of serum, and other
evidences of active peritonitis were apparent.
The seat of obstruction was readily found.
A loop of the ileum was imprisoned and
strangled in the femoral canal. By dilating
the band encircling the gut at the femoral
ring with my fingers, the strangulated gut
was liberated. The gut was of a deep rosy
hue, with good vitality.

Irrigation of the peritonenum brought away
a great deal of lymph and débris. A glass
drainage-tube was placed in the recto-vesical
pouch, and discharged a quantity of lymph
and bloody serum for two days. It was re-
moved on the third day.

The patient was put to bed without shock,
pulse 80°, and all the untoward symptoms
rapidly disappeared. The bowels moved
freely in response to an enema, and an un-
interrupted convalescence was promptly in-
augurated.

This case is a demonstration of the value
of exploratory operation in intestinal obstruc-
tion, and a confirmation of the principle of
early interference in such grave conditions,
where expectancy and so-called conserva-
tism invariably end fatally.

A METHOD OF ARTIFICIAL INFANT
FEEDING.

BY GEORGE B. FOWLER, M.D.,
Of New York City.*

The human infant is an object of great
solicitude. Every baby born has that interest
centred upon him as though he were the first
and last of his kind. He is a very dependent
thing. Prior to birth he is part of another
anatomy and derives his nutrition from the
general supply. Subsequently, when he
attempts a separate existence, he is apt to
find himself the prey of innumerable and
unpronounceable bacteria, and the target of
domestic ignorance and commercial enter-
prise in the way of food.

As soon as the child severs its uterine con-
nection it naturally establishes mammary
union, and, under normal conditions, upon
that monotonous supply it depends and
thrives.

It is wholly unnecessary to state that indi-
gestion and diarrhea in children are serious
matters, and to quote statistics in proof. All
of this is perfectly well known, and the re-
petition of it need no longer serve to pad a paper
on the subject. What we now want is the
result of practical clinical experience and
methods of care. I strongly favor common-
sense success against theoretical procedures
based upon the microscopic examination of
fæces and bacterial cultures. As far as I am
informed, these latter have as yet added very
little to our therapeutics as applied to internal
medicine.

When it becomes necessary to resort to
artificial alimentation in infants we must con-
cert a food which shall be nutritious, is easy
to prepare, and whose physical and chemical
characters shall be adapted to the delicate
conditions which it has to meet. Cow's milk, of
course, is our mainstay; it ever has been and
now is. There is every reason why it should
be. The only trouble with cow's milk is the
fact that it is designed for a more perfect
animal than a baby. The calf is born with
far greater physical development than the
human offspring.

All are agreed that the important difference
between cow's and human milk is the excess
of casein in that (the former) contains, and
that it forms a too firm and insoluble clot.
Hence the various devices designed to modify
the solubility of the casein clot, and to adapt
cow's milk to the delicate requirements of
infants and invalids. I am quite familiar
with the methods generally in use for this
purpose, but have never seen the least possi-
ble attempt to employ that which is the object of
this brief paper to describe. It is as follows:

Put four tablespoonsfuls of rice into three
pints of water, and boil half an hour; then set
aside on back of range to simmer during the
day, water being occasionally added by
the cook, to maintain the original three pints.
At night strain through a colander and place on
ice. When cold a paste is formed. Three
tablespoonsfuls of this paste are added to each
nursing-bottle (half pint) of milk, and fed
during the next day, a fresh supply of rice-
paste being under way in the meantime.
Should there be constipation I use farina,
prepared in same way, and used in the same
proportion. Rice is astringent, farina laxa-
tive.

From a series of careful experiments with
these pastes I am convinced that the hydrated
starch granules interpose themselves between
the particles of casein, and prevent the for-
mation of solid clots. By this process we do
not dilute the cow's milk, but, on the other
hand, soften it, and add a constituent, car-
bohydrate, in which, compared with mothers'
milk, it is weak. No fear may be had but
that starch thus treated and administered will

* A paper read before the Obstetrical Society of New York (Med.
Record, July 18th, 1890).
be digested by a child of three, or even two months. My success with this preparation has been such that I offer it to the profession with great confidence.

THE TREATMENT OF SCARLATINAL ANASARCA.

BY LOUIS STARR, M.D.,
Of Philadelphia.*

The most important point is to guard against the attack altogether. For this reason a scarlatinal patient should be kept in bed until the end of the sixth week, and even then the prognosis is to be guarded, as there may be an insidious disease to be developed within a year. To put the matter in a nutshell, keep the child in bed, sufficiently covered, for at least six weeks, the temperature of the room being from 64° to 68° F., and let the diet be liquid and chiefly of milk. It is well to continue some form of iron all through this period, preferably the tincture of the chloride or Basham’s mixture. Digestion is to be aided by peptic if necessary, and the bowels must be kept open by glycerin suppositories, or simple enemas. During the stage of desquamation, daily anoint the entire surface, including the scalp, with an ointment of—

B. Acid carbol., gr. xx
Thymol, gr. x
Vaseline vel ung. simp., gr. iii. M.*

Then put in a warm bath for five minutes, protecting from cold, and put to bed, wiping the body dry beneath the bed-clothes. This has the effect of hastening desquamation, and of disinfecting and preventing the dispersion of the scales, which are active vehicles of the contagion.

In the case before you we will make the diet light, consisting of milk, broths, and a limited quantity of bread. He must not be taken out of doors until the oedema and albuminia have disappeared. Then in clear and dry weather he should have exercise in the open air, short of fatigue. A warm bath, of temperature between 95° and 100° F., is to be given twice a week, preferably just before going to bed. A fluid dram of Basham’s mixture should be administered twice daily, and the bowels must be kept regular, for this purpose two draffs of milk of magnesia may be given in the morning as required.

In nephritis of acute type it is necessary to use more active means: confinement to bed, milk diet, poultices to the loins, and, if suppression of urine has occurred, four dry cups over the renal region, with a saline purge, and some remedy to act on the skin. To accomplish the latter indication, steambaths and jaborandi combined with citrate of potash are most efficient, as in the following:—

B. Ex. jaborandi fluid. f. 5 s. Liq. potass. citrat., q. s. ad 2 f. 11. M. Sto.—Teaspoonful every four hours, at the age of six years.

Digitals in appropriate doses may be added if the heart be weak or irregular. If convulsions occur, bromide of potassium and chloral must be used. For a child of six years, fifteen grains of bromide and two grains of chloral suspended in mucilage may be given by the rectum. Diuretics are recommended by some practitioners, but they have always seemed to me to add to the work of the already overburdened kidneys, and to do more harm than good.

HOW SYPHILIS IS TREATED IN A NEW YORK HOSPITAL.

BY C. D. ROY, M.D.,
Of the Charity Hospital, New York.*

Many, perhaps, would like to know the plan of treating syphilis which is adopted here in the hospital where there are more veneral patients treated than in any institution on this side of the waters. In dealing with the initial lesion, the dusting of the sore with iodoum or calomel has given the best results. The sore has a tendency to heal itself provided there is nothing present of an irritative character, so that the application mentioned is a protective and at the same time antiseptic. We never begin the internal treatment until the appearance of some secondary symptom, as the mercury does not seem to produce its effect upon the system until at that period. Except in the very earliest manifestation of the symptoms and late tertiary a mixed treatment is used continuously, with excellent results. The mixture used is the following:—

B. Hydrarg. biniiodidi, gr. ss
Potassii iodidi, 5 f. Syr. sarsaparillæ co., Aqua, f. 3 j. M. Sto.—Three times three a day, one hour after meals.

Should toxic symptoms of the mercury manifest itself the preparation should be stopped and some tonic administered. We use the following, not only in these special cases, but wherever a tonic for the system is needed:—

B. Quinine sulph., gr. xv
Strychnina sulph., gr. ss
Potassii citratis, f. 5 s.
Tinct. ferri chloridi, f. 2 s.
Syripi, f. 3 j.
Aqua, qs. ad 8 f. 3 iv. M. Sto.—One teaspoonful three times a day, before meals.

A combination of the iodides and mercury act admirably together and seem to overcome the ill effects of each other. Another favorite mixture is the one with the hospital appellation of “pill duo” which is as follows:—

B. Mascia hydrarg., gr. ij
Ferri sulph. exsic., gr. f. M. For one pill. Sto.—One after each meal.

In the tertiary stages the iodide of potash is found the best and occasionally interchanged with the mixed treatment. In combination with the co. syrups of sarsaparilla or co. tinct. of gentian, is found the best mode of administration.

TUBERCULAR PERITONITIS.

From a personal study of this disease, Dr. William Osler ( Johns Hopkins Hospital Reports) has arrived at the following conclusions:—

1. Tubercular peritonitis is often a latent affection, localized in the peritoneum, and may even run its course without inducing special symptoms.

2. As in other local tubercular processes, there is in this a natural tendency to healing, which takes place more frequently than has hitherto been supposed.

3. Statistical evidence shows laparotomy to be in many cases a palliative, and in a certain number a curative measure.

LESSONS FROM THE APPLICATION OF A BLISTER.

Dr. Frank C. Bressler, of Baltimore, Md. ( Therapeutic Gazette, July 15th, 1890), details the toxic effects produced by the prolonged application of a blister prescribed by another physician, and sensibly concludes his communication as follows:—

This case proves the importance that doctors who handle dangerous drugs must be careful to explain explicitly to patients what must be done if any untoward symptoms arise. Had this patient been properly instructed that in case he finds that he must pass water often, and particularly if attended with pain, to remove the plasters immediately, all this poor fellow’s pain could have been spared. As it was, this poor man had a congestion of the kidneys induced, which may be the point of departure for some future kidney trouble. If, however, the patient had had a subdued Bright’s disease, the occurrence of this intense congestion might have led to serious results.

Another point of importance is whether it is safe and advisable to order plasters of large size, composed of drugs which, when absorbed, might be likely to induce toxic symptoms. In this case we find that the combined plasters equalled an area of forty-eight inches. Now these were to be left on from fourteen to eighteen hours. Had it not been safe to allow so dangerous a drug as cantharides to remain for this length of time upon the person of an uninformed patient, since individual peculiarities are such that one patient may tolerate this amount for twenty to twenty-five hours, while another could not stand five hours without toxic symptoms. Therefore individual idiosyncrasies are not to be lost sight of.
Another point to be observed in ordering plasters is to specify precisely what you want. Upon examining these plasters I found them composed of the cerate and cantarda spread on adhesive plaster, and, in spreading them, want of proper care in equally spreading the cerate had been observed in that it was much thicker in some places than in others; but the most important is the lack of judgment shown by the pharmacist in the quantity used. Enough cerate was spread on these plasters to make six in place of two. This seems to be the failing of a number of pharmacists, and it seems that they make no difference in the amount used whether toxic or not. In comparing the plasters’ effect on the tissues, a contrast was apparent. The little plaster produced a blister without any irritation to the surrounding skin, while the home-made product irritated the whole neighborhood. I think it much safer to use the various plasters made by the numerous reliable manufacturers than to run the risk of some of our home-made plasters, in that the former are always of equal strength, easily gotten, and are not so apt to produce toxic symptoms.

SURGICAL TREATMENT OF TUMORS OF THE BLADDER.

Dr. P. S. Conner, of Cincinnati, Ohio, concludes a valuable paper on this subject (Annuals of Surgery, July) as follows:

1. Only after operation is there much chance for recovery from any kind of vesical tumor.
2. That an operation should be done in all except the least and most severe cases.
3. That, as a rule, in males the bladder should be opened above the pubes.
4. That the removal should be made as complete as the situation and extent of the growth will permit.

CLASS-ROOM NOTES.*

—For a case of commencing exophthalmic goitre, with concomitant chlorosis, the number of red corpuscles being normal, but the haemoglobin diminished 80%, Prof. Da Costa directed tinct. strophant., 3 drops t. d., and:

- Ferri sulph. excitac., 12 Potassii carb., 2a
- Fiant pil. 1x
Sto.—Two pills ter die.

—In cases of melancholia following labor, the child should be weaned as soon as possible, and cheering influences instituted, and tonics, such as iron, employed. (Prof. Parvin.)

—During his last course of lectures Prof. Gross gave the following general indications for amputation:

1. Where bones are contused or crushed, or main blood-vessels injured, amputate on reaction.
2. When the bones at the end in a joint are comminuted, with the fracture extending up the shaft, amputate.
3. Where soft parts are disintegrated and fragments of bone or foreign matter driven into surrounding parts, amputate on reaction in case of the lower extremity, but resist in the upper extremity.
4. In moist gangrene from violent injury, and it is rapidly spreading, amputate at once.

—Prof. Da Costa defines croup to be laryngitis plus spasm, and having a tendency to form membrane.

Acute bronchitis, beginning with coryza and sore throat, may often be aborted, when seen early enough, by hot foot baths and ten to twenty grains of quinine at night, and strictly keeping the patient indoors for a day or two. (Prof. Da Costa.)

—In the case of a lady, aged 39, at the clinic, with loss of taste due to peripheral neuritis, Prof. Da Costa directed the galvanic current, five to ten cells, to tongue, a capsicum gargle, and 1/8 grain strychnia, ter die.

—For a patient, male, aged 60, suffering with progressive muscular atrophy, Prof. Da Costa ordered avoidance of all exercise, faradism, massage; also argentih oxidum, 1/2 grain t. d., oleum mormhur, 3iv t. d., and liquor potassii arsenici, 1 iv t. d.

The best means of perfecting their preparation. London has eight general hospitals without schools, caring for 5600 in- and over 107,000 out-patients. It has 67 special hospitals, with over 26,000 in- and over 358,000 out-patients. The tendency to start special hospitals is gradually wearing itself out, but for some years it was the prevailing fashion, and one that excited much adverse comment. London has 39 dispensaries, with over 260,000 patients, and of late, instead of giving medical advice and treatment and medicine free, successful efforts have been made to discriminate in favor of those really entitled to such wholesale charity. Then London has 44 dispensaries maintained by the taxpayers, caring for over 114,000 patients.

The hospitals built and supported by taxes supply over 11,900 beds, intended for the relief of the destitute, but doing it at a rate that makes the taxpayer wince and in a way that makes the poor patient prefer private charity to public. London spent over $5,000,000 in a single year and cared for over 122,000 in-patients and 1,585,000 out-patients annually. Out of a total of 23,559 beds in its hospitals, 17,830 were occupied, the difference being due to want of funds, not of patients, just as in Philadelphia the hospitals have an excess of beds, but want the money to fill them with patients. The discrepancies in the cost per patient, both in and out door, are very striking, varying for the former from $300 to $350, and in the case of three of the Children’s Hospitals from $170 to $420 and $625 annually, and for the out-patients there is only a rough estimate of 25 to 37 cents per capita. The nominal deficit of the London hospitals is about half a million dollars a year—that sum is needed to enable them to use all their accommodations.

The questions that suggest themselves in
Wood's Medical and Surgical Monographs, July, 1890. Price, $10.00 a year; single copies, $1.00. William Wood & Co., New York.

This issue contains several valuable works or monographs, as will be sufficiently evidenced by a glance at their titles: Kelsey on "Sinciput of the Rectum"; Salier on "The Influence of Heredity on Alcoholism"; Pasteur on "Rabies"; Thomas Bryant on "Co-rotomy, Lumbar and Iliac," and Hirschberg on "Massage of the Abdomen." These monographs fully maintain the excellent reputation of the series.


The author has made these diseases a study for many years, having been himself a sufferer from inherited rheumatic and gouty dyscrasia, and having, by the persistent adoption of the proper therapeutic and dietetic measures, completely eradicated in himself every symptom of the trouble. The work is a useful addition to Mr. Davis' interesting series entitled "The Physician's Leisure Library."

The Medical Register of New York, New Jersey and Connecticut, for the Year commencing June 1st. 1890. William T. White, M.D., Editor. G. P. Putnam's Sons, New York, 1890.

This perennial has just appeared, and will receive from the profession the usual welcome extended to it for its valuable data and items of general information.

Annual of the Universal Medical Sciences for 1890. Charles E. Sajous, M.D., Editor. 5 vols., 8vo. F. A. Davis, publisher, Philadelphia.


Therapeutic Briefs.

-Six grains of iodol a day, with an exclusive milk diet, causes the sugar to wholly disappear from the urine of a Diabetic Patient (The Dixie Doctor, June, 1890).

-An excellent formula for an Aperient Pill is the following: B. Aloin, starch, Extract belladonnae, Extract数字, Mass. M.


-Sig:—One three times daily.

-M. Loison (The Lancet, June 21st) has devised a simple plan for detecting Terpin in the Urine in very small quantity, based on the fact that this substance, when treated with hydrochloric acid, evolves a hydrocarbon which colors chloride of antimony red.

-For Fissure of the Nipples, the following application is recommended (Amer. Prac. and Nurs.): B. Salol, gr. 1, Etheris, gr. 1, Cocain hydrochlorat, gr. 1, Collodii albus, gr. 2, ft. pil. M.

-For Tender Feet, The Dixie Doctor recommends a mixture of two quarts of cold water, two tablespoonsfuls of ammonia, one tablespoonful of bay rum. Sit with the feet immersed for ten minutes, gently throwing the water over the limbs upward to the knee. Then rub dry with a cravat towel and all the tired feeling is gone. This is good for a sponge-bath also.

-BeeF Juice is more tasty and appetizing for the invalid than beef tea (Mrs. S. T. Rorer, Dietetic Gazette, June, 1890). It may be made as follows: Broil a half pound for just a moment over a quick fire, then score it thoroughly, put it in a lemon squeezer, and press the juice into a cup, add a grain of salt, stand the cup in hot water for a moment until the juice is warm, and use it immediately.

-Boroglycerin-Cream, the useful applications of which are sufficiently apparent, may be made as follows (Pharm. Central. in Pharm. Record, June 2d): 1.0 boracic acid is dissolved with the aid of heat in 24.6 glycerin and allowed to cool. 5.0 anhydroxy lanolin and 7.0 paraffin oil are melted together, colored by addition of 0.01 alkanin, the boroglycerin added, stirred to creamy consistence and perfumed with one drop each of oils of rose and bergamot.

-Dr. A. P. Chadbourne (Boston Med. and Surg. Journal, June 26th, 1890) thinks that alkaline intravenous injection in Diabetic Coma will be likely to give the patient a few hours of complete consciousness, with the possibility of recovering from this almost hopeless condition, and that the chance of a favorable result is probably better if the operation is done as soon as the first signs of coma have been surely recognized.

-Dr. Leopold Meyer, of Copenhagen, in an original communication on Extra-Uterine Pregnancy (Annals of Gynecology and Laryngology, July, 1890), states that the occurrence of extra-uterine pregnancy twice in the same patient is an accident which deserves to be studied with interest, not so much because of its rarity—for as we shall see, it is, perhaps, not so rare as has been believed—but especially on account of the road these cases open up into a study of the aetiology of extra-uterine pregnancy. I have myself observed one case of reiterated extra-uterine pregnancy, and have been able to collect nine other cases from the medical literature of late years.

-A writer in the British Medical Journal suggests that a pencil or stick for Application to Chapped and Irritated Surfaces, or to skins especially susceptible to insect bites, etc., may be made by adding two per cent. of cocaine to the ordinary cocoa butter pencils, giving immediate relief when rubbed over the spot.

-Heat cialt is said to be an excellent gargle in Acute Sore Throat, being an agreeable astrignent and non-poisonous.
In a man suffering from well-marked Typhoid Fever on ten days standing, a writer in The Lancet, June 21st, states that, thinking this a good case in which to try the remedy, he sent the man home to bed, and ordered him β-naphthol in four-grain doses every third hour. The medicine was given in capsules. His symptoms, which were very severe and well-marked, at once began to ameliorate, and he was soon convalescent. He adds, there can be no doubt about the marked good effect of naphthol in typhoid, as also in summer diarrhoea and dysentery.

Dr. J. William White (Medical News, June 14th) recommends the following mixture in capsules, for the treatment of Acute Urethritis:

Salol, gr. iiss
Oleoresin of cibebas, gr. x
Balsam of copaiba (Para), gr. x
Pepsin, gr. j.

The discharge, in two-thirds of the cases, ceased within a week. In the majority of cases he also recommended an injection of gr. i-j of sulphocarbonate of zinc in a 10 to 15 per cent. solution of peroxide of hydrogen.

Dr. F. Peyre Porcher, of Charleston, S. C., calls special attention to the extreme value of Phenacetine as a Remedy for Insomnia (Med. Record, July 12th, 1890), given at night, in a little water. After repeated trials, he thinks it the best and most unobjectionable substitute for morphia. It may be repeated and the dose increased to seven or ten grains. No accusations have ever been made against phenacetin, whereas sulphon, antipyrine, and antifebrine have at times been found to possess toxic qualities. It may also be used in children who are sleepless from fever or excitement.

Dr. D. Coggin writes to the Boston Medical and Surgical Journal, July 10th, stating that in the March-April number of Annales d'Oculistique is a reference to a paper on the Comparative Action of the Two Salts, Iodide of Sodium and Iodide of Potassium, read before the Paris Academy of Medicine on the 4th of March. "It is an unpleasant surprise," he says, "to those of us who have prescribed the sodic iodide, because it is more palatable and also better borne, apparently, than its displaced isomer, to be informed on high authority that it is almost inert. As to the bromide of sodium, clinical experience in the use of this salt seems to warrant the belief that its action is nearly identical with that of the bromide of potassium."

Among New Drugs recently investigated are two of much promise, Cocilana and Naregami Alata. The evidence thus far obtained from clinical experience would indicate that these remedies may prove an important addition to the expectorants and respiratory stimulants now employed. In the spasmodic cough of acute bronchitis, in the hacking cough of phthisis, and wherever there is marked interference with the respiratory function through accumulation of secretion of the inflamed membranes, these remedies are likely to prove efficient. Messrs. Parke, Davis & Co., who have introduced Parke, Davis & Co., who have introduced

A writer in The Lancet writes as follows in answer to the question, When is a Child VIable?

"In January of last year I attended a lady during her first pregnancy. She had had lead poisoning, was suffering from anasarca, and the urine contained a large quantity of albumin. About a fortnight before the completion of the seventh month she had a severe convulsion, and I induced premature labor and delivered her by forceps of a male child, weighing one week after birth 38½ oz.; a month later he weighed 4 lb. 11 oz., at six months 8 lb. 1 oz., and when a year old he had just reached a stone in weight. For two or three weeks after he was kept wrapped in cotton-wool and surrounded by hot-water bottles. Feeding was by cows' milk and water."

Dr. James Finlayson, referring to the occurrence of obscure febrile attacks in the course of Chorea, referable to endocarditis (Archives of Pediatrics, July, 1890), holds strongly to the view that rheumatism and chorea are closely related. When such pyrexial attacks are recognized, the child should be kept completely in bed during the febricula; this is often so slightly marked and so completely dissociated from disagreeable symptoms that it is sometimes difficult to persuade men after their incarceration become total abstainers.

For Eczema of Dentition, treatment is to be directed to three indications (Gazette Hebdom., in Annals of Gynecology and Pediatry, July, 1890) —

1. To calm pruritus of the gums, frequent rubbing with the finger dipped in a solution of the following:

B. Cocaine hydrochlorat., gr. j
Potass. bromid., gr. x
Glycerin, m. 3/4. 2. For insomnia a dessertspoonful hourly of:

Sodii bromidi, gr. xii
Syrup. aurant. flor., f. 3/ij. 3. For the local eczema the following:

Zincii oxi., gr. xx
Vaselinum, 3J. M.

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<td>Salol</td>
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<td>Oleoresin of cibebas, gr. x</td>
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<td>Balsam of copaiba (Para), gr. x</td>
<td>Pepsin, gr. j.</td>
<td>Salicylate of mercury, gr. xv Powdered licorice-root, enough to make 60 pills.</td>
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Sto. — to 2 pills to be taken 3 times daily, after eating. (Schadek.)

B. Salicylic acid, Potassium carbonate, 2q. gr. j Distilled water, m.x.

Sto. — For subcutaneous injection. (Plumert.)

B. Salicylate of mercury, gr. xv Liquid paraffin, m.x. M. |

Sto. — For intramuscular injections. (Jadassohn and Zeising.)

B. Salicylate of mercury, 1 part Vaselinum, 30 parts.

Sto. — As a salve or ointment. (Plumert.)

B. Salicylate of mercury, Magnesium carbonate, 3v. M. |

Sto. — As a powder for external employment. (Plumert.)

B. Salicylate of mercury, Sodium carbonate, 2q. gr. xv to xiv Distilled water, 3f. 8j. |

Sto. — For an injection in gonorrhea. (Schadek.)

B. Salicylate of mercury, Potassium carbonate, 2q. gr. xv to xiv Distilled water, 3f. 8j. |

Sto. — For injection in gonorrhea. (Plumert.)
News and Miscellany.

—Dr. Joseph Jones, of New Orleans, La., Surgeon-General United States Confederate Veterans, in an official report on the subject (Virginia Med. Monthly), writes as follows:

Some conception of the magnitude of the labors performed in field and hospital service, by the officers of the Medical Corps of the Confederate Army, may be formed by the consideration of the following general results.

KILLED, WOUNDED AND PRISONERS OF THE CONFEDERATE ARMY.

1861 1,315 4,014 2,772
1862 1,562 65,924 68,200
1863 11,876 51,313 71,241
1864 2,200 70,000 80,000
1865

Total, 1861–5, 53,773 194,126 202,283

During the period of nineteen months, 1862, July 1863, inclusive, over one-fifth of the cases of wounds and disease entered upon the Confederate field reports, and over four hundred thousand cases of wounds upon the hospital reports. The number of cases of wounds and disease treated in the Confederate field and general hospitals was, greater during the following twenty-two months, ending April, 1865. It is safe to affirm, therefore, that more than three million cases of wounds and disease were cared for by the officers of the Medical Corps of the Confederate Army during the civil war of 1861–1865.

The figures, of course, do not indicate that the Confederacy had in the field an army approaching three millions and a half. On the contrary, the Confederate forces engaged during the war 1861–1865 exceeded the entire army of the United States.

Each Confederate soldier, was, on an average, disabled for a greater or lesser period, by wounds and sickness, about six times during the war.

LOSSES OF THE CONFEDERATE ARMY, 1861–1865.

Confederate forces actively engaged during the war 1861–1865, 600,000

Grand total deaths from battle, wounds and disease, 1861–1865, 200,000

Losses of Confederate officers during the war on account of the policy of exchange adopted and enforced by the Government, 200,000

Losses of the Confederate Army from discharges for disabilities from wounds and disease and desertion during the years 1861–1865, 100,000

If this calculation be correct, one-third of all the men actually engaged on the Confederate side were either killed outright on the field or died of disease and wounds; another third of the entire number were captured and held for indefinite periods prisoners of war; and of the remaining two thousand, at least one-half were lost to the service by discharges and desertion.

At the close of the war, then, the available army force in the field, and those fit for duty, numbered scarcely one hundred thousand men.

The great Army of Northern Virginia, surrendering by General Robert E. Lee on the 9th of April, 1865, could not muster ten thousand men fit for active warfare. Of this body of 600,000 men, 53,773 were killed outright, and 194,026 wounded on the battle field. One third of the entire Confederate Army was confined to the Confederate Surgeons for the treatment of battle wounds; and in addition to such gigantic services, the greater portion, if not the entire body of the 600,000 men were under the care of the Medical Department for the treatment of disease.

Well may it be said, that to the surgeons of the Medical Corps is due the credit of maintaining this host of troops in the field. Such records demonstrate, beyond dispute, the grand triumphs and glory of medicine, proving the physician in the preserver and defender of armies during war.

THE NEW JERSEY MEDICAL LAW BAD FOR HOSPITAL PRACTITIONERS.—Under this caption the Medical Record (July 26th) states that many New York and Pennsylvania doctors are indignant over the Medical Examination Law of this State, which went into effect on July 4th. The law, unless on a test case it be found unconstitutional, will prevent doctors from outside of New Jersey from practicing at the summer resorts of the State. It requires that every physician seeking to practice within the limits of New Jersey after its passage pass an examination by State officers. The following exemptions only are made: “Commissioned surgeons of the United States army, navy or marine hospital service, or regularly licensed physicians or surgeons actually called to prevent doctors from outside of New Jersey from practicing at the summer resorts of the State. It requires that every physician seeking to practice within the limits of New Jersey after its passage pass an examination by State officers. The following exemptions only are made: “Commissioned surgeons of the United States army, navy or marine hospital service, or regularly licensed physicians or surgeons actually called to

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GERMAN MEDICAL DIPLOMATS.—A recent issue of the Cincinnati Lancet-Clinic presents the following sketch, for the entire veracity of which we do not hold ourselves responsible.

In the numerous small free faculties of Germany the medical students pass their examinations in the following manner: “Do you smoke?” asks the examiner. “Yes, sir,” answers the student. “Will you have a cigar?” (Hands the professor a peening cabbage-leaf cigar.) “Tell me,” says the professor (slowly lighting his weed), “what are a physician’s principal duties?” “To collect his fees, increase his practice, and exhibit his diploma from the time-honored University of Guelphburg,” replies the student. “Where shall you practice?” demands the professor, “and what are your duties toward me?” “I shall go to America, among the ignorant natives, and make a golden harvest. And my duty toward you, Herr Professor, is to invite you to dinner for the rest of the semester,” answers the student.

The professor smiles and says: “You are right. Let us go to a restaurant and sign your diploma. The diplomas of the time-honored University of Guelphburg are admired and respected in America. I have a cousin who is a doctor in Chicago. Let me tell you how the Indians chased him on Prairie Avenue. He was wounded twice by their arrows, and captured, but was released by his pursuers when they found on his person the time-honored diploma of the University of Guelphburg. Ah! here’s the restaurant, and I will make you sign your diploma from the time-honored University of Guelphburg.”

According to the Pharmaceutical Record, July 21st, 1850, a writer in a German newspaper has had the temerity to jot down the ingredients which go to make up a glass of beer in Germany. The pharmacopoea of the beer barrel this scientific man sets forth in alphabetical order. We give the German nomenclature for fear of spoiling the brew. It consists, says the writer, of alcohol, althoffenol, aloë, belladonna, biercoute, bilsenkraut, bittikerklee, buchenspen, caraghroenbos, coloquinte, erian, schniddeneck, seladon, gelatine, glycine, hazelnuissap, hausenhaule, herbeztlose, hopfenfarma, hopfenbissersate, ignatisbohne, ingwer, kamille, kartoffelzucker, kardobenedicktenkraut, kokelkörner, korander laktrennaft, laugensalze, malextrakt, metallsalze, mohn, mousspirulpater, nutron, nieuwzur, nux vomica (brechhus), pikrisauen, potschase, quassia, reis, salicaesy, scharfagibe, spanisches, pfeffer, soda, starkezucker, starkezehli, syrich, syrin, tannin, und schneideneck, wortel, waldmeister, weidenschalen, wermuth, zuckercouleure, etc.

—Prof. I. N. Love, of St. Louis, in a paper on “Nutrition and Stimulation in the Diseases of Children,” read to the Academy of Medicine of that city, stated that he had been using, exclusively, for many months in his practice, the Royal Grape Brandy of the California Vineyard Co., and felt justified, upon clinical experience, in accepting in full the following, from the editorial column of the New York Journal, July 25th, 1865: “The Royal Grape Brandy” furnished by the California Vineyard Co., 21 Park Place, N. Y., we believe to be unsurpassed by any brandy made in France, whether we consider its flavor or its purity; and rarely equalled. It is smooth to the tongue and makes a golden harvest. And my duty toward you, Herr Professor, is to invite you to dinner for the rest of the semester,” answers the student.

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delicate and fruity in both taste and aroma, and a considerable trial of it has satisfied us of its absolute freedom from extraneous substances. Considering the very moderate price asked for it, really not greater than one has to pay for good whiskey, it certainly does duty as a part of physicians' treatment with their patients."

A stranger accident than one that happened not long ago in this city has seldom been recorded (Med. Record, July 5th, 1890): A lady who had been suffering for several years from pulmonary trouble had been advised to try inhalations of hot air, and had purchased an apparatus for that purpose. This apparatus is a thermometer, by means of which the patient is enabled to tell when the temperature is at the required height for the inhalations. One day the lady noticed a peculiar dryness of the throat coming on during the inhalation, but did not think much about it until it began to grow very uncomfortable. Then she inspected the apparatus, and found that there was a white powdery in the inhalation tube. Removing this, she resumed the inhalations, but was soon obliged to desist on account of a sudden illness. This illness increased, and in spite of treatment the lady died the following day. Examination of the apparatus showed that the thermometer had broken, and the mercury falling out had been volatilised by the great heat and had caused fatal mercurial poisoning.

The Phila. Press, urging the importance of having a special hospital for consumptives, states that the disease has followed the English-speaking race wherever it has gone. Absent for a century after the first settlement, it appeared here, as it has in every other colony of the English race, and its ravages only cease when it has weeded out those open to its assault. In ten years, ending in 1883, 26,182 persons died of it in this city, and its yearly deaths in the country reach 15,000. The larger proportion of these are men—the solitary advantage civilized woman obtains from the corset, springing from the necessity it lays on her of breathing with the tips of her lungs and keeping them free from the disease so nearly adherent. Hospitals already exist in Germany and England for consumption. One is needed here.

It appears that in China the distinction between the physician and the surgeon is somewhat sharply drawn, as is shown by the following story told by the writer (Boston Med. and Surg. Journal, July 3d, 1890). "An English tourist was riding a bicycle in Hong Kong, when he fell off his bicycle with such violence that one of the wires snapped was run into his shoulder, where it broke off and stuck fast. The man was removed to a house and a surgeon summoned. The surgeon first demanded his fee. After pocketing his money he broke off the protruding point of the spoke, leaving the other fragment imbedded in the sufferer's body. He then went away. The tourist was in intense agony, but the surgeon would not help him. Medical etiquette forbade. "The case is for the physician," he said, "as the wire is inside the body."

During a stroll through the building for the exhibition of drugs, etc., at the late meeting of the American Medical Association at Nashville, we were handed a small box of Reed & Carroll's Velvet Skin Soap. We have given it a fair trial during the recent hot weather, and find it the most delightful toilet soap we have ever met with. It is correctly named, as the skin feels like velvet after its use. Its ingredients make it desirable also for the nursery, it being composed of best Lagos palm oil and Cochinn cocoa-cut oil, pure olive oil, bay berry tallow, oat meal flour (finely boiled), witch hazel extract, slippery elm bark (mucilaginous part) and sodium bi-borate.

Velvet Skin Powder is a delightful accompaniment to the Soap, and may be used for burns, bines, prickly heat or any irritation of the skin; being antiseptic, emollient and healing, and composed of Venetian tincture, orris root, lycopodium and boracic acid.

The Alvarenga Prize, of the College of Physicians of Philadelphia, consisting of one year's income of the bequest of the late Señor Alvarenga, of Lisbon, has been awarded to Dr. R. W. Philip, of the Victoria Dispensary for Consumption and Diseases of the Chest, Edinburgh, for his Essay on Pulmonary Tuberculosis, which will be published by the College.

Dr. Joseph Price, Physician-in-Charge of the Preston Retreat, 20th and Hamilton Streets, Phila., calls the attention of the Medical Profession to the advantages offered by this institution to the objects of its charity. It is a Lying-in Hospital for respectable married women, open to those of any faith or nationality. Its requirements for admission consist chiefly in the applicant's furnishing the name and address of herself and her husband, their marriage certificate, and suitable references as to character. Every physician must often feel, in his practice, the difficulty and danger of treating obstetrical cases in unfavorable hygienic surroundings, or with untrained and inexperienced nurses. The location of this institution, its complete equipment, and its experienced force of trained nurses and efficient matron, enable it to offer to any respectable married woman, who seeks its shelter, every advantage that science and skill can bestow.

We learn from Vick's Magazine for August that Professor Arey of the Rochester (N.Y.) Academy, assisted by a corps of instructors, has established a camp on the west side of Canandaigua Lake, where a good company of boys has been gathered and enrolled. Here they will remain for a month, or until the middle of August. They will be under military discipline, and their time will be mainly spent in games and recreations, such as boating, sailing, fishing, swimming, etc., hearing a lecture occasionally, making excursion parties and collecting natural history specimens, such as shells, plants, etc., studying the geology of the surrounding region, at night receiving lectures on astronomy with the use of a telescope, looking at the invisible world through microscopes, and various other entertainments.

Lately an equipage from the rural districts paused in front of the Pompeian Building, says the Saturnalia. Rosinante gasping for breath, and the rustic occupants gazing awe-struck at the unfamiliar architecture. "What is this?" said No. 1. "Why, that is the house of Pompey," was the answer of the better-informed No. 2. "No, man, it isn't Pompey!" "What killed him?" was the next query. This, at first, was a puzzle to the intelligent agriculturist, but suddenly a light beamed from his swarthy face as he replied, "Oh! I think he died of some kind of an eruption."" The total number of students in the six faculties of Paris is stated by The Lancet to be 10,000. Of these more than 10,000 are foreigners. The number in the Medical Faculty is 729. A new scheme for preliminary medical education has been proposed by the Ministry of Education, upon which the different Faculties of Medicine have been invited to express an opinion. It consists essentially of the substitution for the present modified Bachelor of Science, of a special Baccalauréat, comprising chemistry, physics, and natural history.

The Faculty of the Chicago Polytechnic have made the following appointments: Drs. G. Fitterer (late assistant professor of Prof. Rindfleisch, of Wurzburg, F. C. Hotz and E. Fletcher Ingalls, Professors of Internal Medicine, Ophthalmology and Laryngology, respectively; Drs. Chas. F. Stillman, P. S. Hayes and J. M. Patton, Associate Professors of Orthopedic Surgery, Electro-Therapeutics and Medicine, respectively.

The Northwestern Lancet, July 1st, 1890, states that a certain pharmacist of Paris published a pamphlet in which occurred the following: "Sulphate of quinine is sold at two francs a gramme by very respectable pharmacists; at from 15 centimes to 1 fr. 50 by those who are less respectable, and at 30 centimes by me who, according to my colleagues, am not respectable at all. This production costs us, all told, I venture to say, scarcely 10 centimes a gramme." The evening after this pamphlet appeared a band of students of pharmacy visited the shop of its author and did considerable damage there until finally dispersed by the police.

According to the Medical Record, July 19th, an American missionary from India says that there is a chance in Madras and Bombay for a number of bright, skilled American dentists. Madras is a city of three hundred thousand population, and has not a single American dentist. People sometimes travel from there to Bombay, nearly one thousand miles, to have a tooth filled. There is only one good dentist in Bombay, and he refuses to fill teeth with gold, using a sort of cement that is not lasting. He charges seven dollars and fifty cents for pulling a tooth.

A writer in the Pharm. Record, July 7th, states that a druggist can never know what he loses by not attending the night-bell. He once accommodated a man in the middle of the night with a gallon of coal oil, which was a very great necessity, his wife having been taken suddenly sick, and there was not enough oil in the house to burn until morning. He was a stranger in the neighborhood, but afterward became a very good customer.

Pabst Brewing Company, of Milwaukee, Wis., has issued as a Souvenir to the Knights of Pythias of the World a beautifully illustrated, readable and attractive version of the story of Damon and Pythias. The scenes of that memorable series of incidents, of general human interest, are reproduced from photographs taken from the historic ruins.

Popular Science News is responsible for the statement that a new Western post-office has been named Malaria, probably because the mail service of the place is irregular. We must add that when it grows to be large enough to have a money-order office, it may assume also a remittance character.
Dentistry is to be taught as part of the surgical course in the Medical Colleges of Italy. Every one desiring to practice dentistry must hereafter take a medical degree.

Ovariotomy is said to have been performed upon women many times before any experiment upon the lower animals was made.

A midwife of Odessa sued a certain M. Vilter for her fee, as she had assisted his wife at the delivery of a child. Being questioned by the judge why he refused to pay his bill, M. Viltertter said that he did not feel as though he owed the midwife anything because the baby was a girl.

PERSONALS.—Dr. Louis W. Atlee (J. M. C., 1882), Asst Surgeon U.S. Navy, has been detached from the U. S. S. "Marion," and granted three months' leave.—Dr. W. H. Ford (J. M. C., 1853) was re-elected President of the Board of Health of Philadelphia, July 8th, 1890.—Dr. John Joseph Hug (J. M. C., 1890) has been granted a certificate to practice medicine and surgery in California.—Dr. P. H. Sellew (J. M. C., 1890) has removed to Warwich, Rhode Island.—Prof. A. W. Calhoun (J. M. C., 1865), of Atlanta, Ga., has received the degree of L.L.D. from the Georgia State University, a compliment most worthily bestowed.

Dr. Charles S. McDougall (J. M. C., 1885) has resigned the position of Assistant Physician in the Athens (Ohio) Asylum for the Insane, and has accepted a like position in the Cincinnati Sanitarium.—Dr. W. F. Skinner (J. M. C., 1890) is practicing medicine at Iceburg, Pennsylvania.—Dr. E. S. Ferris (J. M. C., 1889) is at Kennard, Indiana.

Dr. C. R. Henderson (J. M. C., 1890) has returned to Desashion, Miss.—Dr. Frank H. Caldwell (J. M. C., 1880) has a private sanitarium at Sanford, Florida.

Marriage.

HALLOWELL—HINTON.—At Philadelphia, June 18th, 1890, S. Williams Hallowell and Sallie A., daughter of R. K. Hinton, M.D. (J. M. C., 1872),

Deaths.

Hawley.—At Philadelphia, July 3d, 1890, Helen V., daughter of B. F. Hawley, M.D. (J. M. C., 1892), aged three months.

Kane.—At Cincinnati, Ohio, June 26th, of meningitis, John J. Kane, M.D. (J. M. C., 1879), formerly Asst Surgeon U. S. Army, and latterly Lecturer on Pathology and Professor of Anatomy in the Women's Medical College of that city.

Lowry.—Near Bandera, Texas, June 30th, 1890, Sylvanus Todd Lowry, M.D. (J. M. C., 1867), of San Antonio, of acute peritonitis.

Stawbridge.—At Danville, Pa., July 19th, 1890, James D. Stawbridge, M. D. (J. M. C., 1875). He occupied prominent positions in the late war, rising to be a corps surgeon, and was afterwards a member of the National House of Representatives, at Washington.

Tuttle.—On June 24th, 1890, the widow of L. W. Tuttle, M. D. (Class of 1850), of apoplexy.

Westmoreland.—At Atlanta, Georgia, June 27th, 1890, Willis F. Westmoreland, M. D. (J. M. C., 1850), aged sixty-two years; for many years Professor of Surgery in Atlanta Medical College.

The College and Clinical Record. 195

Original Articles.

SUPPURATING ULCER OF THE CORNEA.

BY EDWARD JACKSON, A.M., M.D.,* Professor of Diseases of the Eye in the Philadelphia Polyclinic.

For the present purpose it is convenient to regard corneal ulcers as divided into two classes, the simple and the suppurating. In the former the loss of substance constituting the ulcer is surrounded by clear, apparently normal corneal tissue, or by tissue moderately infiltrated with plastic material; in the latter the surrounding tissue is, to some extent, softened and infiltrated with pus.

The simple ulcers include those ordinarily seen in neuro-paralytic, malarial, or phlyctenular keratitis, and many of those due to injury of the cornea, or accompanying catarhal forms of conjunctivitis. The suppurating ulcers arise from infection, sometimes from primary infection either on the surface constituting an ulcer from the start, sometimes from deeper infection, starting as corneal abscess. Certain injuries are particularly prone to give rise to suppurating ulcers.

The simple ulcer, too, is quite liable to become infected, and pass over into the suppurating class. While, on the other hand, it is the endeavor of the surgeon by appropriate treatment to deprive the suppurating ulcer of its peculiar character and carry it over into the class of the simple.

The majority of ulcers that perforate the cornea belong to the class we are considering, and a very large proportion of suppurating ulcers, unless checked by appropriate treatment, go on to perforation of the cornea.

The management of cases of these kinds, so long as it maintains its special suppurative character, is always a cause of anxiety and annoyance to the surgeon. For not only is there danger of perforation leaving adherent leucoma and permanent opacity of the cornea, but in a considerable proportion of cases the pus makes its way into deeper parts of the cornea, causing onyx or hypopyon, and the suppurative process extending still further is liable to cause the complete functional destruction of the eye.

In this form of ulcer the general disturbance of the whole system is usually considerable, the pain severe, the hyperemia marked. But the diagnosis is to be made principally by inspection of the ulcer itself. Plastic exudation into the cornea, and chronic opacities of the cornea are gray. Purulent opacity is yellowish. Sometimes fine vessels give to other opacities a somewhat yellow color, but in such cases careful examination under a strong lens will reveal the individual vessels. In addition to the yellow color it presents, the tissue involved in the suppurative process is greatly softened.

Passing directly from the practical matter of diagnosis to the practical matter of treatment, the gravity of this affection has, with reason, been held to justify recourse to vigorous measures of treatment. In the more serious cases, especially those that have been called ulcus serpens, incision extending through all the layers of the cornea and from the sound tissue on one side to the sound tissue on the other, was a few years ago the accepted standard treatment. Milder cases were to be met by a vigorous scraping away of the surface of the ulcer. More recently the actual cautery or the galvano-cautery, for the destruction by heat of the infected tissue, has been quite generally resorted to with good results. And it is the treatment to which I should resort if the following method had not given even better results, as to the amount of permanent opacity left by the disease.

The surface of the ulcer is to be carefully scraped with a blunt instrument, such as the corneal spindle, until all tissue soft enough to be readily scraped away has been so removed, and the purulent exudate has been squeezed out of the tissue around it. This manipulation reveals the real depth of the ulcer, considerably narrows the area of noticeable infiltration, and enables the surgeon to make his subsequent application directly to the seat of conflict between the living tissue and the
invading pyogenic bacteria. The scraping should be repeated whenever any renewed extension of the area of purulent infiltration is noticeable; whether that be in six, twelve, or twenty-four hours; and so often as there is this indication for it.

Immediately after each scraping the surface of the ulcer is to be thoroughly washed with a solution of bichloride of mercury of from 1:1000 to 1:5000. This is done by filling the ordinary rubber-bulb pipette or dropper with the solution, holding its nozzle in close proximity to the ulcer, and then ejecting the fluid with considerable force against its surface.

In addition, the patient is to have the eye thoroughly cleansed every one, two, or three hours with a solution of mercuric chloride of 1:5000 or 1:5000. And two or three times a day the closed lids are to be bathed, for five minutes or longer, with water as hot as the patient can bear. The length of the hot-water applications is to be proportioned inversely to the inflammatory hyperaemia. When the general inflammatory reaction seems greatly below what should attend the supplicative process going on in the cornea, each application of hot water may be continued fifteen or twenty minutes, and the application may be more frequently repeated.

The pain of this scraping and washing may be brought within reasonable limits by the use of cocaine. When corneal abscesses is to be dealt with, it is to be opened freely, and at once; and then treated as a suppurating ulcer. The eyes should be kept at rest for some days, and perhaps shaded during this time; and anything like poulticing or bandaging carefully avoided. As the ulcer loses its special supplicative character, this special line of treatment may be abandoned, except that the use of the milder solution of mercuric chloride should not be given up until the healing is pretty well completed.

The line of treatment thus indicated is essentially the one I have followed for a little over two and a half years. The results obtained with it have been very satisfactory. Of the eighteen cases of suppurating ulcer that have during that period been under my care, but three have gone on to perforation of the cornea, and these three are exceptions that may truly be said to prove the rule, since they were not cases in which perforation were not already impending under this treatment. In two of these cases perforation occurred at the time of the scraping, but it cannot be blamed on the special instrument or manipulation employed. It would be quite as likely to follow any other local manipulation and treatment. Possibly in some such cases it may be avoided by a previous tapping of the anterior chamber through some other part of the cornea, a procedure I resorted to with success in one of the cases treated after this plan.

INSANITY AS A SYMPTOM OF BRIGHT'S DISEASE.*

BY ALICE BENNETT, M.D., PH.D.,
OF NORRISTOWN, PA.

There has been a general impression abroad that diseases of the kidney are not common among the insane, founded upon statements to that effect in most of the text-books and perpetuated by the very general absence of systematic and careful observations in this direction. My attention was first arrested by the clinical observation of the very constant coincidence of some form of mental pain or distress, i.e., melancholia, with the physical signs in the urine of disturbed kidney action; this is not invariable, but the rule. We have cases of undoubted mania associated with a uremic condition and, on the other hand, cases of melancholia without it; as for example, in some conditions of grave heart lesions with general debility, and some transitory cases associated with disturbed liver action with the urine of disturbed formation.

Briefly formulated, my experience has led me to believe—

1. That, contrary to generally received opinion, affections of the kidney are very common among the insane.

* Extract from 16th Address in Mental Disorders, read before the Grace Medical Society of Pennsylvania, May 2, 1883. The length of this excellent paper prevents us from giving it to our readers in full. EKISH COLLEGE AND CLINICAL RECORD.

2. That "uræmic poisoning" is one of the most frequent causes of insanity.

3. That while the mental manifestations may be as varied as there are different centres subjected to irritation by these unknown poisons, the most prominent and constant symptom is some form of mental pain, which may range from simple depression, through all degrees and varieties of delusions of persecution, self-condemnation and apprehension, with or without hallucinations, up to a condition characterized by a frenzy of fear, with extraordinary motor excitement, and rapid physical prostration, the "grave-delirium" or "thyphomania" of some authors.

4. That the motor centres are specially liable to affection, as evidenced by the restlessness and incessant activity of many cases, less frequently by convulsions and convulsive twichings; occasionally by choreic movements; occasionally by catalepsoidal states.

Undoubtedly there is much more of "Bright's disease" in the community than appears on any record book, the interstitial form often running a very long course, frequently unrecognized. Persons subject to "bilious attacks" and "sick-headaches"; to obscure neuralgias; to crawling sensations (often described to me "like the flowing of water" over the part affected) in the head and especially in the back of the neck; people who are "tired all the time," who have sleepless nights, or occasional night terrors; who have unexplained attacks of sudden weakness, or periods of low spirits without cause; who show an unnatural irritability, or a gradual change of character or disposition; those who are subject to gout, rheumatism, chorea, skin eruptions, to itchings of the surface of the body, either local or general—all these may well be suspected of dangerous tendencies.

I need not say that numberless cases of slow kidney trouble live long and fairly comfortable lives without showing any mental disturbance, and that many others run a rapid course to death without such complication. We must assume, in some cases, a toxic impression of overwhelming power, but, doubtless, some brains are predisposed, by inheritance or otherwise, to an easy overthrow of the mental balance. The same strain is found in many of my cases. In such a one, given a chronic nephritis, or even without it, insanity may be induced by anything that increases the burden thrown upon the kidney, diminishes its working-force, or interferes with other excretions. Such causes are: improper diet; long-continued constipation; sudden exposure to cold; pregnancy, or any unusual interference with the circulation; overwork of body or mind and especially worry; intercurrent illness, or any thing that depresses the system and lessens its power of resistance. The influenza epidemic in the beginning of the present year sent us a number of cases of melancholia which belong in this category. A factor which cannot be left out of account in these cases, is the heart; whether a coincident or resultant change, we know that, with diseased kidneys, we are apt to have abnormal hearts, and it is an interesting question, to what degree mental disturbance may be aided by some modification in the supply of blood to the brain, due to normal heart action.*

In cases of Bright's disease with sudden invasion of melancholia, there is one feature so constant that I have come to regard it as diagnostic: it is the sense of impending danger, the overwhelming fear of some threatening calamity, which inspires the one irresistible impulse to "get away," which dominates the individual for the time, and under the influence of which he often jumps out of the nearest window.

To prevent insanity by recognition and treatment of the conditions leading to it will be our aim; frequently, however, so insidious is Bright's disease, and so unwilling are people generally to appear to make much of their little ailments, which would be such valuable indicators if revealed, that we know nothing of the state of affairs until some catastrophe has taken place. Even then it is worth much to be able to say why it has occurred, and even in unpromising cases gratifying results
II. RESORCIN IN PERTUSSIS.

The treatment of this disease seems to remain as it always did, to endeavor to ameliorate the distressing symptoms, and then leave the rest to time. During the first six months of this year seventy-six cases of whooping cough came under my care in children ranging from three months (two children) to two years of age. In all cases I employed a two per cent. solution of resorcin in water, by spraying the throat with a small hand atomizer. This was used every three hours, and the child compressed from six to twelve times at each administration. At night I gave a combination containing ammonium bromide and tinct. stramonium with syrup of wild cherry.

I have had better results, with quicker termination of the distressing symptoms of pertussis, since using resorcin than ever before. In most cases recovery took place in from one to two weeks. One case lasted twenty-seven days, and this was the longest duration of all the cases.

Whether resorcin, which has been used before, but how I do not know, acts directly upon and destroys the specific bacillus of Amanasieff, I know not, yet I am satisfied with the results obtained, and shall not soon abandon the use of this agent in pertussis.

NOTES OF PRACTICE.

SOME POINTS IN THE TREATMENT OF GONORRHEA.

BY GARDNER W. ALLEN, M.D.,
Of Boston, Mass.

The Anterior Urethra.—The fact that gonorrhea, even under favorable conditions, has a strong tendency to become chronic, and the acknowledged difficulties encountered in treating the disease in its later stages, give it an importance to the physician perhaps out of proportion to the seeming insignificance of the symptoms. A slight urethral moisture, without subjective symptoms, will sometimes keep the patient in a state of worry and de-

pression, and the physician at his wits’ end, trying one remedy after another, for months; yet, if Noggerath’s teachings are to be followed, and they are apparently gaining more and more advocates among the gynecologists, the importance of absolute extinction of the disease in every case can scarcely be exaggerated.

Various forms of treatment are, from time to time, recommended, promising quick and permanent cure for gleet; but most of them are disappointing. The reports of such brilliant results are probably based on too small a number of cases. Chronic urethritis is an uncertain as well as an obstinate affection. It occasionally happens that a slight chronic discharge will stop spontaneously, almost abruptly, and sometimes a sound passed two or three times, or a simple injection for a few days will check a discharge, and relieve symp-
toms that have been going on a long time; but such cases are the exception, not the rule, and should not be cited as showing the remarkable properties of a particular course of treatment. The slight exacerbations to which some men are subject who have previously had gonorrhea, not due to fresh infection, but following excesses, often yield promptly to simple astringent injections; a very few injections of a corrosive sublimate (1 to 20,000 or 20,000) also makes a very good, and I think the best, injection for chronic discharge.

Irrigation of the urethra, with a quart or more of warm solution, through a blunt nozzle held at the meatus, or, still better, through a catheter passed to the bulb, often gives satisfactory results in acute urethritis; potassium permanganate (1 to 2000), corrosive sublimate (1 to 20,000) for creolin (1 to 500) may be used in this way. The latter is quite irritat-
ing, and should not be used where there is any active inflammation. These irrigations may be repeated two or three times a week, an injection being used in the intervals, or the patient may irrigate himself every day. A sound passed occasionally may be found a valuable aid.

I am convinced, however, that by far the most rational method of treating chronic gon-
orrhoea is by means of local applications to the diseased mucous membrane through the endoscope. The advantage of ocular demon-
stration of the diseased surface, and of being able to observe directly the effect of treatment, is obvious. In October, 1887, I reported before the Suffolk District Society some cases of urethral endoscopy treated at the Boston Dispensary, and showed some of the endo-
scopes designed by Dr. Hermann K. Klotz, of New York, and described by him in a very interesting article in the New York Med. Journal, Nov. 27, 1886. These endoscopes are straight, open tubes, of different sizes and lengths, made of coin silver, which allows of their being very thin and light, and are not affec-
ted by the solutions used in treatment. Any strong, steady light, reflected into the tube from a head-mirror, will sufficiently illumin-
ate the urethra to admit of a close study of its pathological appearances. Having been passed down to the bulb, and the conductor removed, the endoscope is slowly withdrawn, giving opportunity for careful inspection of the mucous membrane and for treatment. The applications are made by means of a cot-
ton tampon on the end of a wire, and as large an endoscope as will pass the meatus should be used. A more or less deep or livid congestion, with edematous swelling of the mucous mem-
brane, dilated capillaries here and there, and a granular appearance in places, is the com-
monest condition. It may be nearly evenly diffused over the whole surface of the anterior urethra, but is generally more circumscribed, notably in the bulbous portion, but especially about the peno-scrotal angle, where it is most marked, as a rule, according to my experi-
ence. The latter situation, or just anterior to it, is a common seat of stricture of large cali-
bre, recognized by a rigid state of the mucous membrane, which is often associated with in-
flammation of the mucous glands of the urethra. When this condition is present, the inflammati-
on is apt to linger here after it has subsided in the bulbous portion and else-
where, and, when the general congestion has been partially reduced, the mouths of the glands may be seen as small points, each surrounded by a dark red or reddish-brown areola. In these cases of stricture, recovery will almost surely be retarded, and it makes but little difference of how large calibre the stricture is. In one case a 38 (French) sound passed easily; yet a stricture was distinctly defined by a bougie à boule, and it proved a very troublesome complication.

Other abnormalities described by authors on endocarditis include variations in color and smoothness of the mucous membrane, thickening of the epithelium in stripes, erosions and ulcers, polyph, papillomatous growths, etc. The latter, constituting the rare affection described by Oberländer, of Dresden, as papillomatous urethritis, I have had an opportunity of seeing, through the kindness of Dr. F. M. Briggs, whose very interesting case is reported in the Boston Medical and Surgical Journal, October 24th, 1889.

In endoscopic examination the light reflects, minutely described by Grünfeld, sometimes a hindrance and sometimes an aid to the clearness of the view, should be carefully noted and taken into account, also the effect on the color of the mucous membrane—paleyness—produced by pressure of the end of the tube and of the cotton tampon.

In treatment, I have used nitrate of silver almost exclusively, and generally begin with a one per cent. solution and increase the strength gradually to ten per cent, if well borne. The cases which tolerate the stronger solutions seem to do better, as a rule. The applications are, of course, limited to the parts actually diseased, whereby the healthy parts are spared unnecessary irritation, and the stronger solutions, the irritability being small, may be safely used. A slight discharge for twenty-four or thirty-six hours, with moderate pain on micturition, is the only reaction to be expected. It would evidently be impossible to use an injection of anything like the same strength without setting up acute inflammation. The applications should be made every four to seven days, and, if thought advisable to use injections in the intervals, ordinary astringents may be prescribed, or a solution of corrosive sublimate (1 to 10,000 or 20,000); and sounds may be passed occasionally with advantage. A narrow meatus should be cut, strictures cut or dilated, and other complications treated according to indications.

The cases of stricture complicated with glandular disease are slow in their progress toward recovery, but generally do well in the end. The silver solution seems to work gradually and slowly into the mucosa, and indirectly helps to promote absorption of the stricture tissue; this, I think, I have observed in one case. Klotz uses sulphate of copper where these glands are involved. These strictures are so resilient that very little can be accomplished by dilatation, and many patients object to being cut. Oberländer treats them by forcible dilatation by means of his dilator, in which spreading blades may be opened to any extent. The dilatation is carried a little farther at each sitting, until the stricture is ruptured and the diseased glands split open, when applications of nitrate of silver (two to five per cent.) are sufficient to complete the cure.

Other diseased conditions are to be treated according to indications, and I will not go into details here. Ulcerations generally require strong applications or cautereization, polyph should be removed with the snare, and papillomata by means of the curette.

Fortunately, however, in most cases we have to do with a simple inflammation of the urethra. As a rule, they do well, and it is very satisfactory to see the mucous membrane gradually fading and assuming a normal appearance, and to hear the patient's expressions of gratification as he feels his disagreeable sensations passing away. The duration of treatment, of course, varies in different cases. In an ordinary uncomplicated case, a dozen sittings, covering a period of about two months, would probably suffice.

The Posterior Urethra.—In passing the endoscope beyond the bulb into the deep urethra, great care should be observed to avoid injury to the delicate and inflamed mucous membrane held down against the end of the instrument, as it is, by powerful muscular contraction. Grünfeld recommends a hard rubber tube for this purpose, the edges not being as sharp as those of the metallic instrument; he passes it without a conductor, and is thereby enabled to keep the vesical end, under control of the eye, constantly in the axis of the urethra. A smaller endoscope should be used in the anterior urethra, not larger than 24 F., according to Klotz.

The color of the mucous membrane is normally of a deeper red than in the spongy portion. With some practice and carefully guarding against expulsion of the tube by sudden and convulsive contractions of the external sphincter, the caput gallinaginis may be recognized as a bright-red, rounded prominence in the lower part of the field with a crescent of dark-red mucous membrane above it. Bleeding is very easily excited in the deep urethra, and the view and renders treatment less effective.

Pathological distinctions are less easily recognized through the endoscope than in the anterior portion. Grünfeld describes hyperemia, catarhal swelling and hypertrophy of the caput gallinaginis, but Klotz thinks that differences in size of this organ may be due to individual peculiarity. Applications are made as in the anterior portion, but the solutions used should generally be milder.

Three years ago, Dr. E. L. Keyes, of New York, read before the American Association of Genito-Urinary Surgeons a valuable paper on "Deep Injections of Nitrate of Silver." He uses for the purpose a modification of Ullmann's deep urethral syringe, the essential feature of which is a long, curved nozzle of pure silver with a point of opening in the end. He begins with a very weak solution, one grain to the ounce, and gradually increases the strength, rarely going above two per cent. Keyes thinks that most of the disagreeable results of this treatment, which have limited its popularity in the past, are due to passing the instrument too deeply into the prostatic urethra, and considers it important that the point of the syringe should just enter the membranous portion. Two or three minims of the solution deposited here will diffuse themselves backward over the mucous membrane and penetrate into the prostatic urethra. He prefers to inject before micturition, because otherwise the nitrate of silver is decomposed by the urine with which the urethral walls are bathed, but he allows the patient to urinate soon after, and then has him hold his water as long as possible and avoid straining. When there is much pus, however, he has the patient urinate first, and then injects a larger quantity (five minims), which will not be decomposed.

Keyes reports cases, successfully treated by this method, of acute and subacute gonorrhoeal cystitis; acute and chronic deep urethral inflammation; double relapsing epididymitis due to the latter; irritability of the bladder; the same due to enlarged prostate; neurasthenia, prostatic neurosis and sexual weakness. He also recommends it in prostatitis, spermatorrhoea, nocturnal emissions, and nervous impotence.

The results obtained by these deep injections are certainly, in many cases, among the most satisfactory in the treatment of urethral disease. Although not uniformly successful, they are generally so, and, if the patient is to be benefited, he will show signs of improvement after the first or second injection, as a rule. The treatment may be repeated every three or four days, and in inflammatory trouble a very few injections are generally sufficient. Impotence requires more and stronger injections.

I usually inject after micturition, and use five or six minims of the solution, beginning with one-half per cent, and increasing the strength gradually to two per cent, with a finger in the rectum, in the sulcus between the bulb and the prostate, the tip of the syringe may be felt as it enters the membranous portion, and a too deep insertion of the instrument thereby guarded against. It seems to me that this method of treatment is best adapted for gonorrhoeal cystitis and other
inflammatory affections of the prostatic urethra.

In the treatment of various affections of the deep urethra I have obtained good results from irrigating the neck of the bladder with a solution of permanganate of potash. This is a perfectly safe operation, and subject to none of the risks associated with the deep injections of nitrate of silver. Ulltman advises complete emptying of the bladder after irrigation; and in cases of acute inflammation, or when other solutions are used, it is probably a wise precaution; but I do not believe that any harm can come from leaving behind a small quantity of a mild permanganate solution. Moderate tenesmus, lasting a short time, is the only disagreeable symptom I have observed with mild solution, and this is the exception. It has been my practice, at the suggestion of Dr. H. W. Cushing, to leave part of the solution in the bladder, and I have come to regard this as an important factor in the success of the operation. The fluid settles down into the neck of the bladder, as the patient walks about, and has an opportunity to exert its stimulating influence on the mucous membrane for a considerable time before it is decomposed by the freshly secreted urine. Potassium permanganate is rapidly decomposed in the presence of organic matter, and herein lies the safety of leaving this substance in the bladder, for the astrigent and stimulating effect, which might become irritating if prolonged, is checked as soon as enough urine is secreted to decompose the solution.

The treatment is conveniently carried out by means of Ulltman's large irrigating syringe and catheter. The syringe holds about five ounces of fluid; the catheter is a short metallic instrument, intended to reach only as far as the back part of the membranous portion. A fountain syringe or siphon with an ordinary gum-elastic or soft rubber catheter may be used, but means should be provided for accurately measuring the amount injected. The catheter, having been filled with fluid and the air expelled, is passed just beyond the external sphincter, and four to six ounces of the solution, or as much as the bladder will comfortably hold, are slowly injected and allowed to run out again. This is repeated until the solution comes away with as bright red a tinge as it went in; then two

Nephrectomy.

By George Ben Johnston, M.D., Of Richmond, Va.*

Simon added a triumph to modern surgery in planning and executing nephrectomy.

The indications for its performance are briefly:

1. Injury to one kidney which, from hemorrhage or suppuration, threatens life.
2. Urinary fistula following rupture of the ureter.
3. Unilateral tuberculosis in its early stage.
4. Tumors which are benign and the saccoma of adults.
5. When palliative measures have failed to relieve floating kidney, which affords great distress.

THE NEW TREATMENT OF PERITONITIS.

BY EMOT LANDHEAR, M.D.,
OF KANSAS CITY, MO.*

1. The saline treatment should be adopted early in simple acute peritonitis.
2. Small doses of calomel may be given to mild purgation in cases seen after the disease is fully developed.
3. Cases which fail to be relieved by cathartic measures should receive early operative interference.
4. Whenever peritonitis has gone on to that stage where the formation of pus is known, or even suspected, to have taken place, abdominal section and drainage is imperatively indicated.
5. When the existence of tubercular peritonitis is diagnosed, or strongly suspected, operation (exploratory incision) is justifiable.
6. Opium is only indicated in the second stage of peritonitis, and not because it "forms a splint," but because it relieves pain, sustains the heart, and prevents shock—thus combating the tendency to death.

REMEDIES FOR WHOOPING COUGH.

By R. Stevenson Thomson (Archives of Pediatrics) gives the following summary, in reference to the action of ergot, nitric acid, and other remedies: "None of these drugs is a specific for whooping cough. Ergot is absolutely useless. Nitric acid is of no use as a specific, but its well-known tonic action makes it a useful drug when combined with the other means usually employed to improve the health of children suffering from whooping cough. Chloral hydrate is of considerable service in so far as it mitigates the violence of the paroxysmal cough and diminishes the tendency to convulsions, but it has no influence on the number of paroxysms, nor does it soften the attack."

* Extract from leading article in Canada Lancet, August, 1890.

* Conclusion of a paper in Weekly Med. Review, July 14th, 1890.
—Prof. Da Costa thinks that the exclusive use of a "milk diet" in typhoid fever is overdone. The stools should be carefully watched to see that the milk does not disagree. His plan is to use three pints of milk and one pint of broth in the twenty-four hours, given alternately, with a midday meal of arrow-root or other thickened food. It should be given every two hours during the day and every three hours at night. In very light cases it may be given every four hours at night, but under no circumstances should nourishment be used less frequently.

—Prof. Keen gave the following directions for making beef tea: Select round or rump, as it is useless to spend money for choice beef, when this is just as good for the purpose. Take one pound, chop into fine pieces about the size of the end of the little finger, and soak in one pint of cold water for two hours. Then boil the whole, strain and add enough water to make one pint. Add a sufficient quantity of salt, pepper, etc., to season to taste. The object of making in cold water is to get the essence out of the beef. If warm water is used, a coating of albumen coagulates on the surface of the beef, thus preventing the essence from escaping.

—There are several different methods of administering quinine in intermittent fever. Prof. Da Costa begins sixteen hours before the expected paroxysm, and gives four grains every four hours for three doses, and then a final dose eight to twelve grains four hours before the time for the paroxysm to come on. Prof. Bartholow recommends one full dose, fifteen to twenty-five grains, three hours before the paroxysm is expected. Prof. Flink advises the administration of one large dose during, or immediately after, the sweating stage. Quinine must also be administered on the septenary days to prevent a return of the paroxysm.

—In his lecture to the class upon acute articular rheumatism, Prof. DaCosta said: The newest as well as the most potent remedies are salicylic acid and the salicylates. But the salicylate of soda is better for adults and salicin for children. To be effective, 3–ijij must be given to an adult in twenty-four hours. Give every two or three hours, suspended in some gum mixture with almost any menstruum. As a rule, give large doses for about six doses, then lessen the quantity and the frequency of giving the medicament. When the action is not rapid there will be none. It is useless to give for more than three days if benefit is not the result by that time. If it disagrees with the patient, stop it at once. If you have cardiac complications, you had better abandon the treatment altogether and give something else. The next best treatment is the alkaline treatment, and this should always be used in cases with heart complications. It consists in giving of the potassic acetat., or of sodii or potassii bicarbonat., one ounce or more in the twenty-four hours. Keep up for two or three days until the urine becomes alkaline, then lessen the quantity. At the same time toward the end of the case no matter what treatment is used, you must administer eight to twelve grains of quinine per diem, which acts as a tonic and lessens the tendency to a relapse.

—Prof. Keen gave the class the following table to remember when making a differential diagnosis between dislocation and fracture of the neck of the femur.

<table>
<thead>
<tr>
<th>1st.</th>
<th>Old persons, as a rule.</th>
<th>Dislocation.</th>
<th>Adult middle life.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2d.</td>
<td>In women more frequently.</td>
<td>Dislocation.</td>
<td>Either sex, (men more frequently).</td>
</tr>
<tr>
<td>5d.</td>
<td>Shortening in both.</td>
<td>Dislocation.</td>
<td>No crepitus.</td>
</tr>
<tr>
<td>6th.</td>
<td>If you restore to position displacement does not recur.</td>
<td>Dislocation.</td>
<td>No crepitus.</td>
</tr>
</tbody>
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He also gave this table as a differential diagnosis between intra and extra-capular fracture of the neck of the femur.

<table>
<thead>
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<tbody>
<tr>
<td>5th.</td>
<td>Leg nearly (that not entirely) helpless.</td>
<td>Extra-capular.</td>
<td>Entirely so.</td>
</tr>
<tr>
<td>8th.</td>
<td>Usually occurs in persons under 20 years of age.</td>
<td>Extra-capular.</td>
<td>Usually occurring in persons under 20 years of age.</td>
</tr>
</tbody>
</table>

ship with a loose-principled business man in the 'undertaking' who will embalm the body as rapidly as possible after death according to the latest methods of the day; and what will coroner's inquests or any other official post-mortem examination then be able to accomplish? Absolutely nothing. To be sure, the public purse will be saved from drainage, for all legal inquiry or prosecution will be rendered useless and inoperative; but will the public safety or the cause of public morals be conserved by such an abrupt curtailment of proper legal procedures? Some day, ere long perhaps, an undoubted case of death by poisoning will startle the whole community, and the traces of the lethal agent will be so thoroughly hidden beyond exposure by the undertaker's introduction of chemicals into the cavities and vessels of the corpse before opportunity can be had for legal investigation, that public indignation will undoubtedly be awakened to a lively sense of the necessity of Municipal or State legislative interference. In the meanwhile it would be well if editors of Medical Journals everywhere would be less tolerant of—perhaps we should rather say, more outspoken in regard to—such pernicious practices, and, for the general good, labor with all the might and zeal of their powerful pens to suppress them.

THE COUNTRY DOCTOR.

The steady devotion to professional duty characteristic of the country practitioner is so generally recognized that it does not need journalistic mention. As a rule, he does all that lies in his power to advance the honor and promote the progress of the medical profession. It is therefore with some surprise that we note in the columns of our excellent contemporary, the Boston Medical
and Surgical Journal, of very recent date, the fact that a "country doctor" has found it necessary to write a few lines in defence of that numerous class of useful medical men; the particular cause of complaint being that the journal quoted had, in an editorial, thrown "a damper on the country doctor for not doing more to advance medicine." Certainly the latter's picture is correctly drawn, and we therefore reproduce it:—

The country doctor is one who advances symmetrically; he becomes rounded out in his profession from the very necessity of his surrounding circumstances. He educates the public in a quiet way by daily contact and example. He is ingenious to adapt himself to circumstances and circumstances to his patients; and he is not confined principally, as the writer would have us believe, to prescribing for those that are simply "run down, debilitated, suffering from "functional ails," from cold, overwork, dietary indiscretions, if my own twenty-five years' experience proves anything. How about acute and chronic lung diseases, typhoid fever, diptheria, the exanthematos contagious diseases, the epidemics and skin diseases, with some of which we are constantly occupied? But I see with pleasure the saving clause, which accords to him the quality of good judgment and common sense.

True, he has not the opportunity to pursue and bring to light original investigations, but he does have the clearness of sight to adopt what is good, and to be conservative in regard to theories needing demonstrative proof. He is eminently a worker, often an enthusiastic one, to the end of producing good results in treatment, and is too modest to be in haste to put before the public records of his work. His success in treatment is equal to that of his city brother, yet he rates himself below his true worth. He is often obliged to fight the battle with mortality nearly alone, because far away from affiliating counsellors, and has no near friends to share responsibility or blame. His conscience is his compass, common sense his rudder, and education the motive power that carry him through life. He does not belong to any mutual admiration society, nor does he have any journal at command through whose columns he can publish what he deems important to promulgate.

To the closing paragraph of the article in question, I will say that I am surprised at the patronizing condescension with which the writer treats his country brother in saying, "we feel that he rather deserves praise that he is so useful a man, rather than blame that he has done so little for medical science."

Allow me to suggest that you city doctors come into the country a few years, with your notions that can be thoroughly put into practice among the wealthy city patients, and try your medical science here. You would find that you had developed seeming eccentricities, in the fact that you are too much of a specialist; and in order to succeed in a country practice you must either develop other departments, or call in other specialists, all of whom could not live.

No, my brother, you do not know nor appreciate the country doctor. He is your natural ally; he knows to whom to send such patients as need special care. Without his advice many of your patients would fall into the hands of charlatans and medical tramps.

Does he, indeed, cling to the pharmaceutical preparations of a generation or more ago? Certainly, if they are good; and so do you. He is as glad to get the more elegant preparations as you are, and does so as far as he can afford. But how about new remedies? The country doctor is not so much behind you might be inferred. A few years ago one of the most eminent and progressive city doctors expressed surprise on looking into my case to find new preparations which he supposed were not used outside of the city. I do not consider myself an exception, but claim to be one among many who try, with other multitudinous duties, to keep abreast with the times.

* Dr. J. Wilmarth, Milford, Mass., in Boston Medical and Surgical Journal, Aug. 7th.
next month, as the organ of the Poly-
techin Institute, lately started in that city,
modeled after the famous London institution of
similar name. The first number will be large-
dly descriptive of its work, especially its Trade
Schools, a peculiar feature of which is that
students may earn their expenses while in at-
tendance, and can learn almost any trade.
An article on the new Evening Medical Col-
lege of Chicago is also included in this num-
ber.

**Essentials of Anatomy and Manual of
Practical Dissection.** By Charles B.
Nancenix, M.D. Third edition. W. B.
Saunders, publisher, Philadelphia, 1890.
12mo, 385 pages. Price, extra cloth, $2.00.

This work has been very successful, and is
certainly a most useful and practical book for
students of medicine, for whom it was spe-
cially prepared. The author is well known as
an accomplished surgeon and anatomist, and
teacher of both surgery and anatomy; the
work is clearly written, being based upon
the last edition of Gray's "Anatomy," and is
illustrated with numerous full-page colored
lithographic plates and wood-cuts.

**Saunders' Question-Compends, No. 14.**
Part I, Essentials of Refraction and the
Diseases of the Eye. By Edward Jack-
son, A.M., M.D. Part II, Essentials of Dis-
cases of the Nose and Throat. By E.
Baldwin Gleason, A.B., M.D. 118 illus-
trations. 12mo, 275 pages. W. B.
Saunders publisher, Philadelphia, 1890.
Price, cloth, $1.00.

**The Essentials of Medical Chemistry and
Urinalysis.** By Sam E. Woody, A.M., M.D.
Third edition. 12mo, 157 pages. P.
Blackham, Son & Co., Philadelphia, 1890.

**Railway Surgery.** By C. B. Stemen, A.M.,
M.D. 12mo, 315 pages. Price $3.00, cloth.
J. H. Chambers & Co., St. Louis, Mo.

**Pamphlets Received.**

- "Gastroscopy." By Robert P. Harris, M.D., Phila.
- "Varicosities." By Thomas W. Kay, M.D., of Scranton,
Pa.
- "The Atypical Forms of Typhoid Fever." By W.
C. Dabney, M.D.
- "A History of Spectacles." By L. Webster Fox,
M.D., of Philadelphia.

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**The Therapeutic Brie z.**

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*A Clear Collodion is in use in Paris,*
prepared by shaking official collodion with
quartz-sand which has been previously
washed and carefully calcined.

---

*Dr. J. H. Jenkins, Dallas, N. C., reports in the* N.
*Carolina Med. Journal* a case of
restoration to vitality, after impending death
from *Excessive Hemorrhage* after typhoid
fever, by transfusion of lamb's blood.

---

*For Chapped Hands of Lips dissolve* boric acid, one part, in glycerin, twenty-four parts.
Add lanolin, five parts, free from
water, and vaseline, seventy parts. The
mixture may be colored and perfumed.

---

*Atropia, gr. j to f3} of distilled water, is recommended (St. Louis Med. & Surg. Journal)* for *Nocturnal Eearache, four drops being dropped in the ear to remain ten or fifteen minutes. It is also recommended for the Eearache of CHILDREN.*

*An enema of cod-liver oil, for removal of Oxyurus Vermicularis, may be prepared as follows (L' Union Medicale): Cod-
liver oil g. 40; yolk of an egg; water g. 125. Cod-liver oil alone may be administered, should the emulsion fail to relieve it.*

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*For Toothache from dental caries, Le* Bulletin Med. (in Times and Register, August 2d, 1890), recommends the following:

- B. Chloroform g. v.
- Tinct. opii (Sydenham's) g. b.
- Tinct. benzoin g. x.
- Mix in a glass-stoppered bottle. Apply on cotton.

---

*For Earache, a little of the following may be applied on absorbent cotton (Jour. de* Med. in Times and Register, Aug. 2d, 1890):

- B. Chloral. camphorat g. v
- *Glycerine* g. xx
- Olei alab. dulc e. b. x.
- Gentle friction may also be used on the outside.

---

*Meigs' Mixture is referred to by the* Omaha Clinic as composed of the following ingredients:

- Cream (4 to 16 per cent. of fat) g. 3
- Milk g. 3
- Limer water g. 3
- Sugar water (Milk sug., 317/10.) g. 3
- Water, Oj., g. 3

---

*One of the best local applications for* Swelled Testis is a poultice composed of one part of tobacco to four of linsed meal (Kanka Med. jour.). The meal furnishes heat and moisture, while the tobacco usually relieves the pain in a short time. This same poultice is very soothing when applied over the pubes in cystitis.

---

*Indulgence in Absinthis is said to lead to ataxia of all the glands, afteromalous patches in the arteries, pachymeningitis, atro-
phy of the testicles and ovaries, facial asym-
metry, prophagia, arrested development of the extremities, club-foot, lesions of the genito-
urinary organs, precocious sterility, and vari-
ous mental and moral defects.*

---

*Jaccoud's Nutritive Enema, small quantities of which may be injected into the rectum several times during the day in cases in which nourishment by the mouth is impracticable, is prepared as follows:

- Beef broth (freshly made) g. 3
- Wine g. 3
- Yolks of eggs b. 3
- Dry peptone b. 3

---

*The following has been suggested as a formula for a Hair Tonic:*

- B. Quinie sulph. gr. xx
- Tinct. jaborandi g. b
- Glycerine g. b
- Aque cologn. g. b
- Spirit. myr. g. b
- Aque rose g. b
- Aque ment. g. b

---

*Apply locally.*

---

*Brown-Séquard's Testicular Emu-
lation has been derided by many writers, and
yet the London Medical Record recently re-
ported a number of interesting nervous af-
fections greatly improved under its employ-
ment; so much so, indeed, that Prof. Kos-
tner, of Russia, thinks "the injection should be resorted to in all cases of failure of the
general systemic nutrition, prostration, senile
marasmus," etc. Successful results are also
reported in sexual impotence.*

---

*Dr. Isador Gluck states (Med. Record) that the Toxic Effect of Cocaine may be obviated by combining it with phenol, and its
usefulness increased:*

- B. Phenol gtt. j
- Aque destill. ou.
- Shake until solution is perfect, then add coccin. hydrochlorat. gr. x

---

*This combination prevents toxic effects, in-
creases the anesthetic effect, prevents conges-
tive reaction, prevents decomposition of the solution, and renders solution aseptic.*

---

*Dr. Townsend (Albany Medical Annals) gives the result of treatment of go cases of
dysmenorrhea and sterility by Rapid Dilata-
tion of the Cervical Canal:*

- Dilatation in virgins for dysmenorrhea,
other means failing, 57; complete cure of dysmenorrhea, 53; no better, 3; made worse, 1.

Dilatation in married women for dysmenorrhea and sterility, other means failing, 33; complete cure of dysmenorrhea, 33; complete cure of sterility, 27; remaining sterile two years or more after operation, 6.

—W. W. Bartlet, at a recent meeting of the Massachusetts Pharmaceutical Association, gave the following formula as a very desirable one for PUNGENCY (Pharmaceutical Record, August 18th, 1890)—

Take of:—

Powdered chloride of ammonium, 12 drachms.
Powdered carbonate of potassium, 14 drachms.
Powdered camphor, 1 drachm.
Coarse powdered carbonate of ammonia, 3 drachms.
Oil of clove, 10 drops.
Oil of bergamot, 10 drops.

Mix.

The Value of Whitewash in destroying infection has been investigated in London (American Practitioner, August 2d, 1890). The experiment was tried on the microbes of cholera, typhoid, carbuncle, and tuberculosis. Portions of the walls of a room were infected with the various microbes, and covered with a coat of whitewash, the room being closed hermetically for twenty-four hours. It was then found that the whitewash effectually destroyed the cholera and typhoid bacillus, but the microbes of the other diseases survived several repeated applications.

It is a generally recognized fact that licorice is the best agent with which to Disguise the Taste of Quinine. Pharmaceutical Record, August 18th, 1890, states that a glycerite of licorice for this purpose may be prepared as follows:

Mass licorice, hot water, glycerin, each 20 parts. Dissolve and cool, then add alcohol to parts and water 10 parts, or enough to make 80 parts in all. For each 3 grains of quinine sulphate in powder, or shaken with water, add 1 fluid drachm (or small teaspoonful) of the above preparation.

—A London correspondent of the Pharm. Record states that CASCARA WINE is the latest novelty, and when so prepared as to disguise the bitterness, is a useful addition to chemists' proprietary articles. It is made by macerating one part of the fluid extract of cascara sagrada in nine parts of spirit for one week. The mixture is then filtered and is ready for use. The dose is a small wineglassful. If elixir of saccharin and some fluid extract of liquorice with tincture of orange are added, the nauseous bitterness is well disguised.

—A Diachylon Wound Powder, valuable as a dusting powder in CHAFING, Sore Feet, etc., may be prepared as follows (Pharm. Circular, 1890):—

5 parts lead plaster and 2 yellow wax with 200 ether are agitated in a flask until solution or perfect disintegration of the lead plaster results. 45 parts wheat starch, 50 talcum and 3 parts boric acid, all in very fine powder, are mixed in a mortar, then the ethereal solution added, perfumed with one drop each of the oils of wintergreen and bergamot, and exposed on parchment paper at ordinary temperature until the volatilization of the ether.

—Dr. N. C. Steele (Atlanta Medical and Surgical Journal, August, 1890), referring to the early treatment of MIDDLE EAR DISEASES, states that in nearly every instance they are secondary to other diseases, and perhaps universally there coexist nasa-phyrynitis in some form. Therefore, to treat middle ear diseases effectually, it is necessary to treat the naso-phyrynx, and often the whole mucous lining of the pharynx and nose and their various channels, cavities and organs. To neglect that is to fail in the treatment, especially in chronic cases.

The favorite prescription of Mr. Jonathan Hutchinson, of London, for PSORIASIS (Archives of Surgery) is:

B. Acid. chrysophanicum, g. x
Liquor. carbonis. detergent. mg. x
Hydragyrum ammon. chlorid. g. x
Adipis benzoin. mg. x
Fiat unguentum.

At night the patient should wash the diseased surfaces free from all scales; then, standing before a fire, rub on the ointment, devoting, if possible, half an hour to the operation. This proportion of chrysophanic acid is not irritating; and stains the linen but slightly. With some cases, even a weaker chrysophanic ointment is entirely sufficient. Internally, Mr. Hutchinson prescribes arsenic, though he is not convinced that it is an important adjunct.

—Dr. Frank Woodbury contributes interesting "Notes on Somnol, the new Hypnotic," to The Dietetic Gazette, July, 1890, from which he concludes that it acts as a hypnotic, but instead of depressing the system as chloral does, it slightly stimulates the gastric mucous membrane, relieves nausea and pain, improves the appetite, increases secretion (probably), does not cause constipation. The circulation, respiration and temperature are not notably depressed after its administration. No disagreeable after-effects have been observed. As it is rapidly eliminated from the body it may be administered each night for a period of a number of days without any obvious ill effects. It acts very much like chloral, but is more pleasant to take and not so depressing in its effects upon the nervous system and the circulation.

—Dr. J. Howe Adams reports a number of cases of CARDIAC TROUBLE, in the service of Dr. M. Howard Fussell (University Medical Magazine, August, 1890), in which strophanthus was employed. He states that there is not a record of a case which per- served in the treatment in which strophanthus did not work some improvement. Of course, comparative relief from the symptoms is largely all the result that can be expected in these cases. Combining the drug with nux vomica, and giving small doses every three hours, was found to produce the happiest results, not hesitating, in bad cases, to increase the dose until amelioration of symptoms was apparent. In cases of heart trouble of long standing, which have been on constant doses of digitalis, strophanthus seems to act in a peculiarly happy manner.

—Prof. H. C. Wood concluded his interesting paper on ANESTHESIA, read before the Berlin Congress, August 9th, as follows:—The rules for the proper treatment of accidents during anesthesia can be summed up in a very few words:—Avoid the use of all drugs except digitalis and ammonia. Give the tincture of digitalis hypodermically. Draw out the tongue, and raise up the angle of the jaw, and see that the respiration is not mechanically impeded. Insert the patient briefly and temporarily. Use forced artificial respiration promptly, and in protracted cases employ external warmth and stimulation of the surface by the dry electric brush, etc., and above all, remember that some at least, and probably many of the deaths which have been set down as due to chloroform and ether, have been produced by the alcohol which was given for the relief of the patient.

—Dr. Joseph Sharp, in a paper on "Dietetic Treatment of Corpulency," read before the Kansas City Medical Society (Lanphear's Kansas City Med. Index, July, 1890), gives the following as a basis for an ANTI-FAT DIET TABLE:

Patient may take

<table>
<thead>
<tr>
<th>Food</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soup</td>
<td>As much as desired</td>
</tr>
<tr>
<td>Lord, Mutton and Chicken</td>
<td>As much as desired</td>
</tr>
<tr>
<td>Brandy,</td>
<td>As much as desired</td>
</tr>
<tr>
<td>Fish—all kinds except Cat and Dog</td>
<td>As much as desired</td>
</tr>
<tr>
<td>Lean Beef, Lean Mutton, Lean Pork, Lean Goat, Lean Lamb</td>
<td>As much as desired</td>
</tr>
<tr>
<td>Fresh and Dried Beef</td>
<td>As much as desired</td>
</tr>
<tr>
<td>Eggs (one at each meal)</td>
<td>As much as desired</td>
</tr>
<tr>
<td>Varieties of Cheese</td>
<td>As much as desired</td>
</tr>
<tr>
<td>Butter, Cheese</td>
<td>As much as desired</td>
</tr>
<tr>
<td>Vegetables—Asparagus, Cauliflower, Cabbage, Celery, Cabbage (cooked in water</td>
<td>As much as desired</td>
</tr>
<tr>
<td>Lean Meat, Tomatoes, Raisins, Lemons and Citrus Fruits</td>
<td>As much as desired</td>
</tr>
<tr>
<td>Breakfast or dinner (ordinarily), Green Beans</td>
<td>As much as desired</td>
</tr>
<tr>
<td>(not more than 4 ounces per day)</td>
<td>As much as desired</td>
</tr>
<tr>
<td>Pecans, Dates, Almonds, Hazelnuts</td>
<td>As much as desired</td>
</tr>
<tr>
<td>Drinks—Water, Tea or Coffee (without sugar or cream)</td>
<td>As much as desired</td>
</tr>
</tbody>
</table>

—Dr. Henry B. Baker, Secretary of the State Board of Health of Michigan, in a le- ter of August 23d, 1890, addressed to the Secretary of the State Board of Delaware, emphasizes his advocacy of SULPHUROUS DISINFECTION as follows:—If there is any other method of disinfection, or any other procedure that can be shown to reduce the cases and deaths more than four-fifths, and
down to less than an average of two and one-third cases and six-tenths of one death to each outbreak, I am exceedingly desirous of knowing what it is. Meantime, I would advise a continuance of sulphurous disinfection for the purposes for which it is applicable, and for which it is greatly needed as stated above, not including the disinfection of excretions from the patient, for which chlorinated lime or liquid is applicable, nor of bits of diphtheritic membrane, which should be destroyed by fire, as should also all rags and everything else not too valuable, used about a patient; and all clothing, bed-clothes, etc., that can profitably be boiled should be so treated."

—Remedies for Nasal Catarrh are numerous (Pharmaceutical Era, August 1st, 1890):—

Prof. Leffert's Solution for Nasal Catarrh is as follows:—

B. Acid carbolic, 2 cc.
Sodi boratice, 1 cc.
Sodi bicarbonat, 2 cc.
Glacial acetic acid, 2 cc.
Aqua rosea, ad Oj. M.
Aqua, M.

Sia.—Use as a spray.

Of Catarrh Snuffs: the following are praised:—

For Scurfleva Rhinitis:—

Sulphophenate of zinc, 20 centigrams.
Tannate of zinc, 2 grams.
Pulverized tobacco, 10 grams.
Salicylate of bismuth, 4 grams.
Iodol, 3 grams. M.

For Chronic Catarrhal Rhinitis:—

Pulverized alum, 2 grams.
Boric acid, 3 grams.
Menthol, 21 centigrams.
Tannate of zinc, 3 grams.
Tannate of bismuth, 3 grams.
Lycopodium, 8 grams. M.

—According to the Pharm. Record it was as long ago as 1874, that Dannecey, chief pharmacist of the hospitals of Bordeaux, prepared an excellent article of food for invalids by making a Powder of Meat. He took meat, chopped it very fine, and spread it upon muslin, drying it by means of a current of air. In this way he obtained a friable mass which was easily powdered. It was administered by adding it to beef tea, or spreading it upon bread. It could also be mixed with the ingredients used for making biscuits, and this combination was found to be especially suitable for administration to children. In the same year Yvon suggested the following method of preparing a palatable meat food: Take of raw meat (fillet of beef!), 250 parts of charred sweet almonds, 75 parts; of bitter almonds, 50 parts; of white sugar, 80 parts. Rub slowly in a mortar until a homogeneous paste is obtained, adding from time to time a sufficient quantity of water to give a proper consistency for a semi-solid or a liquid mixture. In the liquid preparation the meat will settle after a while, but may be dispersed through it by shaking. The preparation may be preserved for a long time if bottled and kept in a cool place, and its nutritious character may be enhanced by adding to it the yolks of one or more eggs.

News and Miscellany.

—The Medical Record, August 16th, quotes the following item from a daily paper published in Ohio under the heading, "A Novel Operation for Catarrh," and adds a few entertaining comments:—

"Dr. V——and M——lately performed an operation on Mrs. D. S——, removing the left eye, which was made necessary by a chronic catarrh and iritis, which had formed on the eye, and would in a short time have caused the other eye to become blind. The operation was entirely successful, and the patient is resting easy, and has every possible chance for a speedy recovery."

"The preceding item may be of interest to eye surgeons generally, as it gives a method of operating for the cure of which, for the benefit of one hundred uniform results may be obtained, both as to the amount of sight and the certainty of no return of the catarrh, either acute or chronic, in that eye, and in the event of an error of physiology in the surgeon, and a sympathetic catarrh should "form" and cause the other eye to go blind, the same operation would insure an equally successful result. If this new departure in the treatment of catarrh will be acceptable to the blind from catarrh, it is the coming operation.

The next thing will be the cure of squint by decapitation."

—The Eighteenth Annual Meeting of the American Public Health Association will be held at Charleston, S. C., December 16th, 17th, 18th, 19th, and 20th, 1890. The Executive Committee have selected the following topics for consideration at said meeting: 1. Sanitary Conditions in House Architecture—Heating, Lighting, Drainage, and Ventilation. 2. Sewage Disposal. 3. Maritime Sanitation at Ports of Arrival. 4. The Prevention and Restriction of Tuberculosis. 5. Isolation Hospitals for Infectious and Contagious Diseases. 6. Establishments in Favorable Climates for Persons having Tuberculous Pre-dispositions—Schools for Children and "Adeobtes; Sanatoria; Permanent Residence. 7. Papers on Miscellaneous Sanitary and Hygienic Subjects.

All communications relating to local matters should be addressed to H. B. Horlbeck, M. D., Chairman Local Committee of Arrangements, Charleston, S. C.

The officers are the following: President, Dr. Henry B. Baker, Lansing, Mich.; First Vice-President, Dr. Fredk. Montzambert, Quebec, Canada; Second Vice-President, Joseph H. Raymond, Brooklyn, N. Y.; Secretary, Dr. Irving A. Watson, Concord, N. H.; Treasurer, Dr. J. Berrien Lindsley, Nashville, Tenn.

—The Mississippi Valley Medical Association will hold its annual meeting at Louisville, October 8th, 9th, and 10th, 1890. The coming session of this society, which is the outgrowth of the old state medical society, will be of special social and scientific interest, as they always are. The medical associations of the Mississippi Valley will be well represented on the platform, and besides, Dr. John A. Wytch, of New York, and Dr. Frank Woodbury, of Philadelphia, will read papers. These meetings are quite busy ones, as the whole sessions are given up to scientific work. The evenings are one round of social enjoyment. Ladies will be made very welcome, and arrangements for their entertainment are quite full. The officers of the Association are: Dr. Joseph M. Matthews, of Louisville, President; Dr. E. S. McKee, of Cincinnati, Secretary; Dr. I. N. Bloom, of Louisville, Chairman of the Committee of Arrangements. The American Rhinological Association will also meet at the same place October 6th, 7th and 8th.

—in a few days the famous Bath Springs House in Bristol, Penna., will be torn down. (Philadelphia Ledger, Philadelphia, August 19th.) Erected in 1810, it was for many years the resort for the elite of the country, and was known even to visitors from Europe. At the close of the war with Great Britain, in 1816, a brilliant company celebrated the event by giving a great ball in the hotel. A dinner was given at 4 o'clock in the morning, at which nearly all of the celebrities of the country were present. Joseph Bonaparte, who lived in Bordentown, frequently visited the hotel in his gorgeous state chariot, which Stephen Girard had presented him, or being, often accompanied by Prince Murat. The springs which made the hotel so famous were once regarded as a sovereign cure for almost everything, but when the Saratoga Springs were discovered, in 1822, their glory gradually declined, and clear water still bubbles forth as of yore, its virtues are no longer chronicled, in spite of the fact that it still retains its former mineral properties.

—The Rev. John A. Mulcahy, of Waterbury, Conn., who is traveling abroad, in a recent letter home (Public Ledger, Philadelphia, August 19th), says of the people of Munich that "they have a great fear of being buried alive, and for that reason when a person dies the body is placed in a receiving vault, where it is kept for four days, and, under the method now used, a sponge is placed in one of the dead person's hands, which is con- nected by a copper wire with a battery and alarm signal; the hand is fastened tightly around the sponge, and at the least sign of returning anima- tion the alarm is sounded, and the sentries, some of whom are on duty, respond at once. In the last fifty years there have been thirty-four persons resuscitated by means of precautions of this kind."

"Wytch's Beef Juice" is the modest name of a new concentrated extract of beef just placed on the market by the well-known house of John Wytch & Bro. If it is on a par with other products of this firm, it will only be necessary for them to inform the trade and medical men that they are ready to supply the demand. We have no doubt from its method of preparation and from its assured good qualities, that it will speedily become popular with the medical profession and be eagerly sought for by the public. A pocket flask, filled with this fluid, will be one of the best things that a sensible traveller can carry with him, especially as he must dilute it only with cold water, which is always within his reach.

A Successful New Drug.—An efficient emollient and sedative is one of the chief indications of the treatment of the urinary tract. Among the remedies employed for this purpose Fichi (Fah-
Riana Indicata) has through long clinical testing won an enviable place. The demand for this drug and the difficulties of obtaining proper supplies has led to the appearance in the market of much Fitch of inferior and therapeutically useless quality. Parke, Davis & Co. state that they employ a special agent in the habitat of this drug, to collect supplies and guarantee its quality. They will also on request supply samples to those physicians who desire to clinically test it in their practice.

Physicians sometimes have odd experiences of the taste of readers. It is stated in the Library Journal that one of these was asked by a woman not long since for "a real interesting book," as the doctor said her husband couldn't live until morning, and she wanted something to keep her awake. She was given "The Dead Secret;" when she returned it, she was in deepest weeds, but remarked to the librarian, "That was a dreadful good book.

Some librarians are unnecessarily precise; the one, for instance, who, in returning the condition of a book, wrote as follows: "Page 47, a hole;" then, turning the leaf, "Page 48, another hole.

Providing new noses is quite an art in the district of Kattywar in the Bombay Presidency (American Practitioner, August 28). Cutting off an enemy's nose is the favorite mode of vengeance there. Six Bengali husbands inflicted the same punishment on their wives. Sometimes the nose is bitten off and part of the lip will be taken also. A Hindoo doctor at the Junagadh Hospital has had so much practice in mending noses that now he can restore the injured feature in a most wonderful manner, leaving very little disfigurement. He has performed one hundred successful operations in "rhinoplasty.

Referring to the late meeting of the Tenth International Medical Congress at Berlin, a correspondent of the Cnn. Lancer-Clinc, Aug. 28, who was present, is of the opinion that these international gatherings are fast becoming unwieldly and unmanageable. "He thinks the only solution is in international sectional congresses, as for surgery, laryngology, etc., or that, if a general international congress is held, a certain specified number of delegates only from each country be admitted.

SOLUBLE SUGAR-COATED PILLS.—Dr. Robert Hubbard, of Bridgeport, Conn., writes as follows: "I have used Wm. R. Warner & Co.'s sugar-coated pills for more than fifteen years, and do not hesitate to say that, in respect of solubility, they are superior to any coated pills I have ever tried, not excepting those coated with gelatine. They possess one quality which I do not find in other pills, viz., a moist condition of the enclosed ingredients."

A daily paper calls attention to the fact that fiction has again been grafted on medical science. Announcement is made of a book in England in which the cheerful subject of "Diseases of the Liver" is worked into a "pleasant vein of fiction, thus combining useful knowledge on an important subject with all the charm of romance," as the prospectus puts it.

According to the Amer. Druggist, a new innovation at funerals in New York City is a silk skull cap, to be worn by the minister in charge and the bearers at the grave, also by the male members of the family. The caps are put on in the carriage and the ordinaries left there, the caps to be worn all the time at the grave. It will prevent many colds.

Dr. Henry C. Boening (J. M. C., 1873), lecturer on Surgery and Anatomy, will give during the fall and winter of 1890-91 a series of courses in Operative Surgery at the Philadelphia School of Anatomy, 1713 and 1715 Cherry street. Each course will occupy about one month, and will be eminently practical. The fee is $10, payable on registration.

According to the Medical Age, Ohio, its 3000 doctors, was only represented by about 100 at the late annual meeting of the State Society; and Georgia, with 2000, had only 80 present at its State Society meeting.

The legislature of Victoria, in Australia, recently passed a law, giving a wife the right of divorce if the husband be a habitual drunkard. The husband can do the same in regard to the wife.

At a recent social meeting of the Jenkins Medical Society, at Mount Vernon, New York, there was a baseball match between the Quil-Nines of that town and the Strych-Nines of Yonkers.

Dr. Ernest Wende (Buffalo Medical and Surgical Journal, Aug. 890) describes a new instrument devised by him, being a combination of stethoscope, laryngoscope and otoscope.

Frau Rosa Kerschbaumer, the wife of a physician, formerly assistant to Arlt, in Vienna, is said to be the first woman to whom the privilege of practicing medicine has been granted in Austria.

The American Association of Obstetricians and Gynecologists will hold its next annual meeting at Philadelphia, September 16th, 17th, 18th; Prof. E. E. Montgomery, of that city, president.

Dr. Joseph Y. Porter (J. M. C., 1870), State Health Officer and Secretary of the State Board of Health, of Florida, sends us a copy of the First Annual Report of that Board.

PERSONALS.—Dr. A. F. N. Painter (J. M. C., 1850) has removed to Kittanning, Pennsylvania. Dr. Edward P. Davis (J. M. C., 1888) has recently become the editor of the American Journal of the Medical Sciences.—Dr. T. N. Eastman (J. M. C., 1881) is at Mertinsville, Penna.—Dr. J. J. Keller (J. M. C., 1890) has removed to Seven Points, Northumberland county, Penna.—Dr. A. R. Judson (J. M. C., 1853) has removed to Newfield, New Jersey.—Dr. J. Dias Ribeiro (J. M. C., 1890) returned to Brazil, from New York, on August 20th.

Dr. W. R. Irons (J. M. C., 1890), has removed to Freeport, Pa.

The quantity of sulphur necessary for disinfection.

Dr. H. B. Baker, Secretary of the Michigan State Board of Health, Lansing, Mich., sends us the following copy of a letter addressed to Dr. Samuel P. Duffield, Health Officer of the City, Detroit, Mich., under date of August 7th, 1890.

DEAR DOCTOR:—In the Detroit newspapers today, in a synopsis of your annual report, I see that you propose to displace disinfection by fumes of burning sulphur. Permit me to ask your attention, and that of the Detroit Board of Health, to some facts which were not known by the minister in charge and which could not be had except through this office, excluding Detroit and Grand Rapids (the data from which cannot be profitably included with the data from the smaller places). The official reports to this office prove, beyond a reasonable doubt, that isolation and disinfection do restrict diphtheria. I send herewith three diagrams, which in condensed the experience of health officers throughout Michigan, over a thousand outbreaks of diphtheria in the year 1889. They prove that in those outbreaks in which isolation and disinfection were neglected there were on the average over fourteen cases, with nearly three deaths, to each outbreak. They prove that in those outbreaks in which isolation and disinfection were enforced, there was an average of only a little over two cases, with only about six-tenths of one death to each outbreak; and it must be remembered that these figures relate to instances in which at least one case of diphtheria had already occurred in the room, infected articles being loosely spread out; and, because of movement of infected articles from the sick-room, and from one room to another, all rooms in the house are disinfected, together with all contents.

The evidence of the complete success of this method throughout the State (except in Detroit and possibly Grand Rapids) is so conclusive that it seems to me certain that any failure in Detroit must be to some known imperfectness in the application of the method of disinfection. I do not claim that Dr. Chapoton's suggestion is correct; that it was attributable to the carelessness of the disinfecting physician. I think it is quite likely that the failure in Detroit is due to the use of a little sulphur, possibly also to the use of something else with the sulphur. (Possibly the exact weight of the sulphur may not be correctly estimated when mixed with another substance?)

Would you then advise that few laboratory experiments should not be allowed to prevail against two hundred and fifty successful ones in the experience of health officers in restricting actual outbreaks of diphtheria in Michigan. During the last nine years the cases of diphtheria from Michigan from diphtheria, by isolation and disinfection, has averaged one and a half persons per day.

However, there are many laboratory experiments which coincide with the experience of health officers in Michigan, and this is seen in the micrograph copy of an excerpt of experiments by Pasteur and M. Roux, with the cooperation of Dujardin-Beaumetz, which prove both the points which I desire to make: (1) That the burning of two pounds of sulphur per one thousand cubic feet of air space is not always certainly effective; and, (2) that three pounds is effective. This applies to a closed room; if there are openings through which the fumes may pass, more sulphur is required.

I wish to suggest that if any method of disinfection adopted which involves the movement of infected clothing or other articles through the streets to a central disinfecting station, no such removal be permitted until after such articles have been submitted to disinfection by fumes of burning.
sulphur, or by chlorine gas, or other equally effective gaseous disinfectant which shall thoroughly permeate the room and contents.

From my practical experience and observation with such disinfectants, I wish to commend the method by fumes of burning sulphur below the addition of extra moisture to the atmosphere. When such moisture is added, many valuable articles are destroyed which, without such moisture, would not be injured.

I trust that this entire subject will receive thorough investigation by your Board, and I shall be glad to be informed of the result. The State Board of Health desires to utilize, for the entire State, all new methods and all new facts which you can supply on this important subject.

Very respectfully,

Henry B. Baker,
Secretary.

The following is the hektograph copy referred to, translated by John H. Kellogg, M.D., Battle Creek, Michigan:

DISINFECTION BY FUMES OF BURNING SULPHUR.

Experiments by Pasteur and M. Roux, in the Cochon Hospital, Paris, were carried on under the observation and in cooperation of Dujardin-Beaumetz, physician to the hospital, and one of the most eminent medical authorities of France. Dujardin-Beaumetz makes a summary report of the experiments in a work entitled Les Nouvelles Medications. A few paragraphs from pages 76 and 77 of this work show substantially as follows:

"Twenty grammes of sulphur to a cubic meter (1.53 per 1000 cubic feet of air space) destroys the different microorganisms in a moist state, but it is necessary to increase this dose if one wishes to destroy organisms in a dry state. In fact, since the last communication to the Academy of Mardet and myself, aided by M. Clambeon, have continued these experiments upon microorganisms in a dry state, and particularly upon vaccine virus. We have taken from the puscles of vaccina scabs, which we have reduced by fine powder and placed in chambers where were variable quantities of flowers of sulphur. When a dose did not exceed twenty grammes per cubic meter the vaccine powder did not lose its properties, and one could, by inoculating animals and infants, obtain a vaccine eruption.

"With 30 grammes per cubic meter (297 lbs. per 1000 cubic feet of air space) the results obtained were uncertain; sometimes the powder loses its properties. But when the dose is increased to 40 grammes per cubic meter (3.06 lbs. per 1000 cubic feet of air space) the inoculations are always inactive. So, then, for vaccine, and probably for variola, if one desires to destroy the contagious "germ", in a dry state, it is necessary to double the dose of 20 grammes which we have already fixed.

"According to the experiments of Vallin and of Legouest, 20 grammes are sufficient for typhoid fever, while, according to Vallin, 40 grammes are necessary for the microbe of tuberculosis.

"In the case of beef-teas cultures, the dose must vary according to the microorganisms experimented with.

"The results at which we have arrived are absolutely confirmative with those which have previously been obtained by Polli, of Milan; Penet, of Munich; Dougall, of Glasgow; Fatio, of Geneva, and Pietra Santa, of Paris, and finally of the researches of Vallin, published in his able work upon disinfectants.

PRESCRIPTION WRITING.

—a correspondent writes to know if the following prescription is correctly written:

B. Fl. ext. caesaris sagrada, 44 q. s. f. 1 1/2. M. Sig.—As directed.

The prescription is correct, so far as mere combination of the ingredients is concerned, but the quantity of each might, perhaps, be more clearly expressed. Presuming that a total amount of eight ounces is intended, and that equal parts of the extract and of the elixir are desired, the prescription might read thus:

B. Extract. cæsaris sagrada fluid., 44 q. s. f. 1 1/2. M. Sig.—As directed.

—EDITOR COLLEGE AND CLINICAL RECORD.

Marriages.

DODSON—VINCENT. On July 21st, at Ashley, Pa., D. W. Dodson, M.D., of J. M. C. (1838), of Nanticoke, Pa., to Anna, daughter of W. W. Vincent.

Deaths.

BOURNONVILLE. —At New York, August 13th, 1850, Madame Charlotte Bournonville, relict of the late Anthony Bournonville, m. d., and mother of Augustus C. Bournonville, m. d. (J. M. C., 1847), in the 87th year of her age.

KNORR. —At Atlantic City, N. J., August 5th, 1850, Mathias Keyser Knorr, M. D. (J. M. C., 1859), of Philadelphia.

Original Articles.

HYPEREMESIS OF PREGNANCY—PREMATURE LABOR FOLLOWED BY PUERPERAL INSANITY—DEATH.

By JOHN W. GROFF, M.D.,
Of Harleysville, Pa.

The term hyperemesis is applied by Professor Parvin to the condition which he defines as "obstinate, incoercible, uncontrollable, pernicious vomiting of pregnancy." This term and its definition are thoroughly in accord with the distinguished character and attainments of the professor who thus originated it. He tells us, that in about two-thirds of the cases of hyperemesis of pregnancy the disease begins before the end of the third month. This being the fact, the case in hand proves to be one of the unusual or rarer ones, the disease not beginning until after the end of the seventh month. And what makes it more remarkable is the fact, that during all the previous pregnancies she had never suffered from nausea or vomiting, having had no gastric disturbance whatever, not even during the early months, when irritable the stomach is so common. And in this present instance she had been entirely free from it up to the above time, with the exception of the vomiting which attended attacks of sick-headache, to which she was subject.

Friday, October 4th, 1859, Mrs. Samuel B., had an attack of sick-headache. She had been the victim of the most violent assaults of this kind for many years (probably twenty to twenty-five years, she said), they recurring at longer or shorter intervals, every two weeks in many instances. Very often the pain was simply agonizing. During the continuance of the pain, there was almost invariably prostration of the left upper eyelid. She sought entire seclusion in a darkened room, where she would be free from all intrusion, and from noise of every kind, including conversation. Generally, she took no food, nor drink of any kind whatever, until the headache had disappeared.

At this time she was about the end of the seventh month of pregnancy. During this present attack of headache she vomited, as was the usual custom. When the headache subsided, the vomiting did not cease, as had been the case during previous attacks; and the following Monday, October 7th, I was called in to see the patient. I found her in a very depressed condition, her mind filled with gloomy forebodings, pulse rapid, one hundred and twenty per minute, temperature normal, tongue heavily coated, and the stomach utterly intolerant, everything being rejected. Had an intense burning pain over the region of the stomach, which had existed for a number of weeks, and eruptions of a burning, fiery character; the discomfort from this symptom alone being, as she said, intense, almost unbearable. She had been in the habit of taking bicarbonate of soda for procuring relief from this latter condition.

The patient felt convinced that she could not recover from her coming ordeal, referring to her approaching accouchement. This it seemed to be uppermost in her mind, for she gave expression to it time and again during her illness. Besides, she deplored the fact that pregnancy had again occurred; she seemed to feel very keenly a bitter sense of shame at her condition, in view of her age, and with four grown daughters, two of them already married, who were rather disposed to look upon her with some kind of ridicule. And further, she stated that she had suffered the martyrdom of maternity often enough, and that she had hoped she might never again be required to endure the perils and tortures of childbirth. I mention these facts here because they have some bearing upon the progress of the case further on, namely, when the condition of insanity manifested itself.

Sick-headache was preceded in doses of the fraction of a grain, until the irritability of the stomach was lessened, when a larger dose was administered, which moved the bowels thoroughly; after which subnitrate of bismuth and oxalate of cerium, in appropriate doses,
controlled the vomiting. There was improvement now in every way; the stomach was retentive, there being no nausea; the appetite returned somewhat, and altogether she felt well. This happy state of affairs proved to be delusive, being only temporary, for the following week the vomiting returned again, without any headache being present at the time.

The patient was forty-five years of age, of fine physique, the mother of seven children—two sons, the eldest and youngest, and four daughters, still living. She married at eighteen, and after the expiration of about the usual time a son appeared. The other children followed in pretty rapid succession, until the sixth; here there was a prolonged interval until the seventh appeared, and now about eight years had elapsed, and we find her pregnant for the eighth time. Her health had always been good, with the exception of the headache just referred to.

On October 18th, I instituted the administration of food by the rectum; this seemed to agree quite well with the patient as the case progressed. First, milk was made use of with the addition of pepsin and a small quantity of tincture opii, to allay irritability of the bowel, and secure its retention. It was found, however, that the milk did not digest well by this method, so liquor pancreaticis with bicarbonate of sodium was added instead of pepsin, and this proved quite efficient. The method of rectal alimentation was continued practically up to the time of her death. After the birth of the child, for a few days, it was suspended, the vomiting having ceased entirely, and the stomach having been quite tolerant.

The remedies employed to control the vomiting were many and various; in fact, the materia medica was almost ransacked in endeavoring to allay it. The following articles were made use of: bismuth, carbolic acid, calomel, hydrocyanic acid, oxalate of cerium, Fowler's solution, tincture of nux vomica, belladonna, nitrate of silver, cocaine, nitro-glycerine, bromides, morphone and atropine, both by the stomach and hypodermically, bromo-caffeine, brandy, blister to the epigastrium, ice, etc. Occasionally, the vomiting would cease for a day or two under the influence of the remedy employed, but recurrence was the rule after a longer or shorter period.

Tuesday, November 5th, Dr. H. F. Siiler of North Wales, was called in consultation. A thorough examination was made, and all points of the case were carefully considered. He gave his unqualified and hearty approval of all that had been done, and suggested some additional means to be tried. In case the vomiting would not yield, we agreed that the induction of premature labor was imperatively called for, since at this stage of gestation no danger could come to either mother or child by so doing, if done properly, and with aseptic precautions.

At this time the closest physical examination failed to reveal disease of any organ. There was no evidence whatever obtainable of organic disease of the stomach, by physical exploration, either during the pregnancy or afterward. The rational symptoms indicating such trouble were also wanting. There was no disease of the heart; urine showed the influence of both sugar and albuminuria. The microscopic examination of the urine made by Dr. Siiler showed the presence merely of a few casts, of no special significance.

The case continued in about the same course until the following Monday, November 11th, when I called to see the patient toward evening, and found that labor had set in prematurely, her accouchment not having been expected until about the 12th to the 15th of December, one month hence. She complained of pain in the abdomen during the afternoon, but apparently had no idea as to what was approaching. A vaginal examination was made and the uterus found dilated, the child being born in a short time. The labor was an easy one and of short duration. The child was small and distinctly feeble. During the night which followed the birth of the child she vomited once, and again the following morning. Then the stomach was retentive, and she took considerable milk, a small quantity at frequent intervals, and it was all retained and digested, until Thursday, when she had an attack of headache again with accompanying vomiting, and thus again recurrence of the old trouble, which we had hoped and predicted would most likely cease with the birth of the child, or soon after.

In regard to diet and the consequent nutrition of the patient, I may here state her idiosyncracies, and the difficulties encountered on this point. She utterly abhorred milk and all foods prepared of milk. She was induced to take some milk, by having it boiled with the addition of a few oysters, to impart the flavor of the bivalve, and thus produce a different gustatory impression, but this exhausmed itself very soon. The oysters themselves she disliked as much as milk, and so with most other suitable articles. Unsuitable articles of various kinds she would have indulged in, had permission been granted. One of the daughters remarked that, as a rule, what other people regarded with favor or considered a delicacy, her mother did not like.

The labor was premature, about eight months of gestation having been completed. However, the patient herself was not certain as to the exact time of her expected confinement, since menstruation had been very irregular previously, she having entered the climacteric period.

By Tuesday, November 19th, of the following week, the stomach was again retentive, and remained so a few days. About this time, say one week subsequent to the birth of the child, manifestations of a very grave change in her mental condition became evident. Failure of memory in regard to recent events was especially noticed; she refused to speak when addressed; her features wore a downcast expression; she remained lying in one position,—maintained an immovable decubitus, and she would now violently oppose the administration of food by the rectum, which was employed hitherto so successfully. All these features gradually increased in intensity, until the following Monday, November 25th, when there was a most marked case of puerperal insanity of the melancholic type.

Tuesday, December 3d, Dr. Siiler was recalled in consultation. The patient's mind was now in a deplorable state. No connected conversation could be held with her. She failed to recognize any one, even the familiar faces of members of her immediate family. Very rarely was there any response to questions put to her, and when she did respond, the answer was not relevant in many instances. She refused to take food. When medicine was given her, she would generally receive it in the mouth, and after a short pause would reject it, spit it away.

Sunday, December 1st, a small blister, about the size of a silver half-dollar, was prepared, and I directed its application to the epigastrium, right in the scrobiculus cordis. This was placed there about 4 o'clock P. M., and was entirely forgotten by the attendant, until the following morning, when it had raised an
immense bleb. She manifested no uneasiness, gave no expression of discomfort or pain, and probably hardly felt it. Following this application, until the day of her death, there was no vomiting nor any retching whatever.

As general treatment, the patient had been placed upon ergot and quinine, with alcoholic stimulants; also a good-sized blister to the nape of the neck. A combination of bromide with morphine was given in the evening, to compel rest at night. Thursday, December 5th, my colleague saw the patient. The bowels had not moved for two or three days, so he prescribed a dose of calomel, which produced a number of evacuations, and from this time on a diarrhoea persisted, which could not be checked entirely, and which rapidly exhausted the patient's vitality. She gradually grew weaker, until the following Tuesday, December 10th, when she passed away. The vomiting did not cease entirely until December 15th; the child having been born on November 11th, twenty days previously. It was confidently expected that with the emptying of the uterus, or the birth of the child, the vomiting would cease. The fact that it did not cease suggested the idea that it was cerebral in origin, that some cerebral irritation was at the bottom of the trouble, and this view was strengthened by later developments, namely, the condition of insanity which supervened, showing that there was profound cerebral disturbance.

I may mention, in regard to the genital organs, that involution of those organs had been going on properly, everything being in a normal condition. At one time, the lochia was slightly offensive, but by using antiseptic vaginal injections of bichloride, 1 to 3000, that was soon controlled. There was very little secretion of milk, so the mother did not nurse her child.

—As a stimulating Tonic for the Scalp the following has been recommended in one of our foreign exchanges:

B. Spirit. saponis  
Aque. colonisiensis, as p. 100  
Tinct. cinchona comp., p. 2. M.

PECULIAR MENTAL STATES DURING TYPHOID FEVER.

Reported at a special meeting of the Allegheny County Medical Society, August 19th, 1891.

Dr. Kearns mentioned the case of a boy, twelve years old, who, in the third week, ceased to speak even in monosyllables, and this condition continued for about ten days. During this time there was no apparent impairment of intellect. Sitting at the bedside of the patient and telling him to put out his tongue, he did it instinctively. Telling him to look toward me that I might examine his eyes, he did it instantly. The pupils of the eyes were merely dilated. Then, at the expiration of these ten days, the case assumed the very opposite condition and he became loquacious; he would take up any conversation which occurred in the room and follow it up repeatedly. This condition continued day and night, with some short intervals of rest for ten days, when it gradually stopped. The pulse was accelerated during this period of excitement. It was at a normal stage during the period of quietude. All this time the stomach had been in good condition. Now here are two extremes. What condition of the brain and nervous system is involved in these conditions of two extremes in the same patient and the same disease? This cerebral excitation was very difficult to control. The simple remedy which appeared to have the desired effect was calomel. I administered gr. ½ of calomel every two hours, then, when the bowels began to run off, in smaller doses. To me this was a very interesting case, and I abhor the nervous symptoms to a complicating meningitis.

Dr. Thomas made the following statement: During the month of April, I saw a patient with typhoid fever. The boy was thirteen years old. He had been sick about a week. The fever ran an ordinary course. About the twenty-first day there was defervescence, and I presumed the case was going on to convalescence. I visited the boy as long as I remained in the city, and in the meantime he would not speak a word until the day before I went away, I got him to say one word. I did not feel uneasy about him, his temperature not being above the normal. He went into the hands of Dr. McNeill. On my return, I found the patient was told that in speaking to his grandmother, in whose care he was, upon his beginning to talk again, the first word he said was cracker. He said, "Cracker, cracker, cracker," for three or four minutes; then he ceased calling for crackers. I looked upon it as caused by anemia of the brain.

Dr. McKennan: I find that it is not at all uncommon to have peculiar mental states following typhoid fever; mental weakness and also very frequently mental exhaloration. I have seen many cases of insanity which have been traced to typhoid fever. I have never seen a case of meningitis in a child with typhoid fever. The whole weight of the authority goes toward the supposition that the lesion is purely of a functional character, and that there is rarely any structural lesion, although some authorities state the possibility that there may be embolism, which could only involve one artery.

Dr. Lange: No matter what cerebral symptoms we may have in typhoid fever, there is no justification for the assumption of meningitis. No matter how violent or how peculiar are the cerebral symptoms, the assumption of meningitis is not correct, is not justified. I do not know that typhoid fever and meningitis are incompatible, but I mean to say that post-mortem examinations in cases of typhoid fever, which presented most violent and most strange ataxic symptoms, have so invariably proven the absence of meningitis and of all inflammation, that such symptoms cannot be correctly assigned to meningitis or to any structural lesion, but are to be considered only as the toxic effects of the typhoid fever poison. Neither can I understand how the speech centre can be affected by a meningitis without previous and greater injury to the motor areas, which being in closer apposition to the meninges than the centre of speech, would primarily, and to a greater extent, be subjected to meningeal pressure. For this reason paralysis is as common in meningitis as aphasia (barring, of course, comatose cases) is rare.

THE NATURE AND PROGNOSIS OF CANCER.

REPORTED BY BY E. S. MCKEE, M.D.,
Of Cincinnati, Ohio.

This subject was recently discussed by Dr. T. A. Reamy, of Cincinnati, as follows:—Observers are generally divided into two parties, one believing that cancer is, at initio, a local disease; the other that it is a local expression of a general disease. It is noticeable that the majority of practical writers, as opposed to pathological theorists, have always favored the view that cancer was primarily a local disease. The other view, if followed out, would lead practically to pessimism, and a belief in the uselessness of operative interference. The large number of recorded cures furnish formidable evidence against the theory of carcinous, or general cancerous infection. Carcinoma is now held to be primarily a local disease, with the probably solitary but conspicuous exception of Sir James Paget. The day is past for the physician to declare that a tumor was not a cancer because it did not recur after removal. This should be impressed upon the laity and the family attendant, and the sooner women learn that the disease can be cured, if operated on early, the better it will be for them and for our art.

Cancer is simply an epithelial growth, developing preexisting epithelium, the cells not differing, histologically, from ordinary epithelial cells, but showing a disposition to proliferate rapidly, and to invade, destructively, tissues adjacent to those in which they develop.

The metastasis of cancer is still involved in uncertainty. The infected cells are probably carried to neighboring glands by lymphatics, to distant organs by the blood-vessels. We are warranted, at least, in rejecting the idea that metastases are expressions of general cancerous infection. Justamond, 1780, Quadrio, 1730, wrote that
cancer was due to insects, or the germina of these taken up from the air by the lymphatic vessels. Thus, we see that the bacillus theory of the etiology of cancer was foreshadowed over one hundred years ago. Numerous experimenters have worked long and earnestly on the cancer bacillus, and some have thought they had found it, but Virchow's weighty opinion is opposed to the theory of the bacillar origin of cancer, though he cautiously states that we may in the future find that such a bacillus exists.

The prognosis of cancer is now more hopeful than it once was. Though all writers acknowledge, and all clinical experience shows, that the tendency of cancer is toward death, yet the prognosis is not so utterly hopeless as formerly. According to the old constitutional theory the system was saturated with the cancerous infection, so that to remove the tumor was simply to remove thevisible manifestations of a disease which was bound to crop out soon again. All statistics show that properly selected cases live longer after the removal of the primary tumor, providing that it is done early and in a thorough manner, and in quite a respectable number the patient is practically cured. The earlier and the more freely a cancer is removed, so much the more surely is the operation likely to prove successful. When this is thoroughly known it is probable that more patients will consent to an early operation. Hofmeier reports the results in Schroeder's clinic in Berlin, showing that at the end of four years 41.3 of the patients operated upon, in which the cancer was removed by the high amputation of the cervix, remained well. Out of forty-six cases of total extirpation of the uterus not a single one was known to be living.

The prognosis of cancer with and without operative treatment is bei previously stated by different authors. In some cases true cancers (sccrures) are of long standing, or seem to lose their malignancy. Hence, we can say, that they are not absolutely and invariably fatal in their course. Cases have been reported where cancers underwent fatty degeneration; cicatriciation of the surrounding tissues occurred and there was apparent cure. So rare, however, are such results that they seem to establish exceptions to the general rule. Crosser states that removal of the breast is followed by a permanent cure in about twelve per cent of the cases. These were not selected cases, but in many the disease had involved the regional lymphatic glands. He legitimately predicts that when the operations are done earlier and thoroughly the percentage of cures will be double. Now, death from amputation of the breast is almost unheard of. Formerly 25-30 per cent succumbed to the operation alone. We must take into account the immense difference between the present results of antisepic surgery and those of a few years ago, in giving our prognosis after operation.

Notes of Practice.

MY EXPERIENCE WITH CATGUT IN ABDOMINAL SURGERY.

BY ROBERT T. MORRIS, M.D.,
OF NEW YORK.*

American gynecologists use more silk than catgut for sutures and ligatures, probably because they have too often put their faith in the prepared catguts of the market.

Catgut is peerless as a material for sutures and ligatures, but, of course, we are to know something about the particular sort that is to be used for our trusting patient—otherwise we expose a weak point for our critics. Silk? silver wire? silkworm gut? are, in my opinion, inferior to catgut. Kangaroo tendon is good, and also hard to get. As a general surgeon I have used nothing whatever for any suture or ligature excepting catgut for nearly three years past, save for the purpose of wiring bones; and among my cases there are a fair number belonging to the province of gynaecology. The list of abdominal operations is hereby appended, and it includes all the laparotomies in which I have used catgut to date of writing. There are many ways of preparing catgut satisfactorily, but my favorite plan is similar to Kocher's. I buy the bunches of one metre length catgut, raw and unprepared, which are found in the dealers' shops. The sizes are 5, 7 and 9. These are placed in oil of juniper berry for a few days, for the purpose of dissolving out fixed oil and killing micro-organisms. Catgut can remain in this oil of juniper berry for many months without deteriorating. On removing the bunches of catgut from the essential oil they are placed in large-mouthed bottles of 95 per cent. alcohol, to which is added nitric acid to the proportion of four grains to the pint. The catgut is taken out of the alcohol as needed at the operating table. It will remain strong and firm in the alcohol for months and probably for years without becoming weak. I use the one metre length bunches, because that is for me the most convenient shape. Quod homines tol suavitatem.

The No. 9 catgut prepared in this way will be absorbed in about six days. I use it for ligating all blood-vessels smaller than the radial artery, for intestinal sutures, and for skin sutures where there is not much tension. The No. 7 catgut will be absorbed in about twelve days. I use it for ligating the largest blood-vessels, for skin sutures, for peritoneal sutures, for general intra-abdominal ligating, and for suturing the wounds made for repair of the cervix and vagina. The No. 5 catgut I use in only one place in abdominal work regularly, and that is for approximating the fibrous structures of the abdominal wall. It is absorbed in about eighteen days.

The above description of sutures indicates that I put three tiers of sutures in the abdominal wall as is customary. We are taught that like structures must be neatly and separately coated in the reverse order in which they were divided if we are to expect good firm primary union and a secure scar. If for any reason we wish a catgut that will resist the absorptive powers of the patient for a longer time than Kocher's lasts, take some of the bunches of prepared catgut out of the alcohol and put them in a 5 per cent. watery solution of carbolic acid, to which has been added bichromate of potash in the proportion of fifteen grains to the pint. Leave the catgut in this solution for forty-eight hours, and then put it back in the alcohol again. After this treatment it will resist absorption nearly twice as long as before.

What could be more simple or more satisfactory than the above-described methods of preparing catgut? And now for a word of warning. If we have purchased any of the raw catgut that manufacturers have been at great pains to make smooth and pretty, it should be rejected. It has been sandpapered, probably, and the rough edges that have thus been taken off have narrowed the original ribbon that was twisted just so much, and we cannot tell how long the thin part is going to hold out in the tissues.

If we buy any of the elegantly prepared bottles of catgut in the market we do not know who was responsible for the sterilization of the preparation, and many of the various antiseptic media in which the catgut is put have a tendency to weaken it so that it snaps when an artery is being ligated, or disintegrates ahead of time in the tissues.

I think it well for the surgeon to use the chromated gut frequently, until by experience he has learned how to use the more quickly absorbed Kocher's gut.

BROMIDE OF GOLD IN EPILEPSY.*

In 1888, Dr. Goubert, of Paris, published some observations relative to the efficacy of bromide of gold in epilepsy. He described eight cases of this intractable malady which had been apparently cured by the internal administration of this drug. He claimed that the remedy proved effective in comparatively very small doses, not exceeding one-sixth of a grain. He also stated that the drug was free from all those unpleasant effects which so frequently interfere with the continued use of the other salts of bromine.

In the Proceedings of the St. Petersburg Society of Psychiatrists, a case of hysteria
Gravis is recorded, in which the aëric salt of bromine proved highly beneficial, after many remedies had signally failed. Professor Danilo, also of St. Petersburg, has recently published a number of cases in which bromide of gold, in doses of one-fifth of a grain, was likewise promptly efficacious in suppressing epileptic seizures. A further favorable report concerning the use of this remedy is given by Professor Rosenbach, of St. Petersburg. Bromidism was not observed by any of these physicians, even when the drug was administered continuously for a long time.

Acting on these favorable impressions, Dr. Alexander E. Sitcherba, of Professor Mierzejewski's laboratory (Vratch, No. 9, 1890), has recently undertaken a fairly long course of experiments on dogs with exposed cortical motor area, the principal point being to study anti-epileptic effects of the drug in comparison with bromides of potassium and sodium. The gold salt was introduced either under the skin or into the femoral vein or into the stomach. The essential results may be condensed somewhat as follows (The London Medical Recorder): 1. Bromide of gold undoubtedly inhibits the cortical motor centres, and that even when administered in far lesser doses comparatively than the other bromides. 2. The most marked effects are observed when the drug is injected into veins, when even 0.005 gr. pro 1 kilogramme totally inhibits the fits. 3. Irritability of individual motor centres, as determined by the appearance of contractions in corresponding muscular groups, is depressed by bromide of gold in a but trifling degree. 4. Excitability of the white substance of the motor region remains intact. 5. The drug seems to affect merely the tracts of communication between individual motor centres as well as between the latter and remote areas of the cerebral cortex. 6. It does not appear to possess any particular cumulative action comparatively with the other bromides. 7. Of accessory effects there are observed only vomiting (very rarely, and that solely on internal use) and some depression of pathic sensibility only on the use of larger doses, such as 0.15 gr. pro 1 kilogramme. Even prolonged administration never gives rise to unsteady gait, general depression or languor, and emaciation, all of which symptoms are observed in the case of bromide of potassium.

The physiological effects of bromide of gold (and their being different from those of the other bromides) cannot possibly be attributed to the proportion of bromide present therein, since the strongest of the three, bromide of gold, contains the smallest amount of bromine (55 per cent. by weight, while the weakest of them, bromide of sodium, shows the richest proportion of the element (77.7 per cent.), the potassic salt standing midway, with 67.2 per cent. of bromine.

With so much testimony in favor of bromide of gold, it seems reasonable to bespeak for it a further trial by clinicians. Even if only a part of the claims made for it will be realized, we may confidently add the drug to the list of remedies that may be used, in alternation with other salts of bromine, to subdue the many conditions associated with exaggerated cerebral activity. In true epilepsy it may be found to be at least as serviceable as most of the remedies now at our command.

ELIGIBLE VEHICLES FOR QUINE.

How can we administer quinine in solution or suspension—particularly to children or delicate ladies—without causing a disturbance in the family every time a dose has to be given? To children quinine may often be given advantageously by inunction, and the olate of quinine especially, applied to the surface in this way, is readily absorbed and produces promptly the characteristic effect of the drug. Suppositories must not be forgotten in cases where the stomach is particularly irritable, and the hypodermic injection presents itself as a dernier ressort when a prompt and powerful influence is required. But in ordinary cases quinine may be administered by the mouth.

One plan is to mix the quinine with some alkali or astringent so that the bitter sulphate or muriate becomes converted into the tasteless salicylate or tannate. Another plan is to combine with the quinine a mixture having a bitterness of its own, which shall blend with and modify the intolerable bitterness of the quinine, some aromatic being generally added to still further disguise the objectionable taste. It is on this principle that cascara cordial operates, and many of those who have tried this vehicle, declare that it is the best that has yet been offered. The especial advantage which it possesses over all others is the fact that it is a laxative agent, and so renders more efficient the action of the antiperiodic.

Lorice has been long known as having a remarkable power of covering the taste of bitter medicines. This property is due to a peculiar principle called glycyrrhizin, a glucoside, insoluble in water and in acid solutions, but readily dissolved by the aid of alkali.

Where quinine is given in powders, it may be rendered nearly tasteless by simply rubbing it up with a small quantity (one-fourth its weight) of ammoniated glycyrrhizin (ammonium glycyrrhizate).

Fluid extract lorice, for quinine mixtures, is one of the most efficient of all the preparations employed for covering the bitter taste of quinine. The best way to use it is to drop a dose of the powder into a little of the fluid extract contained in a spoon, mix it thoroughly and swallow at once.

Aromatic elixir of lorice is to be used in the same way as the fluid extract, but is especially useful in the drug store when a single dose of quinine is called for to be taken at once.

Yerba santa contains a principle analogous to glycyrrhizin, which renders quinine in its presence as tasteless as starch. It appears to act like glycyrrhizin by producing a peculiar impression upon the gustatory nerves: it does not, as stated by some, produce with the quinine an insoluble compound. Unless the mouth is thoroughly rinsed after taking the mixture, a bitter taste will gradually develop as the nerves recover from the influence of the yerba santa. To some persons the taste of yerba santa itself is disagreeable, and when this is the case licorice is to be preferred.

Bartering, however, idiosyncrasy in this respect, we can recommend the preparations of yerba santa as the best means of rendering quinined tasteless. Aromatic syrup of yerba santa renders it possible to give little children full doses of quinine without the vigorous remonstrances which physicians and parents have learned to regard as inevitable.

SUBSTITUTE FOR THE NASAL DOUCHE AND KINDRED PROCEDURES.

Dr. Alberth H. Buck, of New York (Med. Record, Sept. 6th), answers the question, "What safer and yet equally efficient plan of treatment would you recommend to take the place of those which you characterize as objectionable?" (meaning nasal douche and other mechanical applications to the nose), by stating that, except in a single particular, the objects sought to be attained by these objectionable procedures may be equally well secured by the free use, in the form of a spray, of such fluid mixtures as

<table>
<thead>
<tr>
<th>B.</th>
<th>Eucalyptol.</th>
<th>Oil of wintergreen,</th>
<th>Menthol,</th>
</tr>
</thead>
<tbody>
<tr>
<td>gr. 3</td>
<td>gr. 7</td>
<td>gr. 1</td>
<td>gr. 9</td>
</tr>
<tr>
<td>M.</td>
<td>Benzoinol.</td>
<td>Water,</td>
<td>Water,</td>
</tr>
<tr>
<td>3 parts.</td>
<td>one part.</td>
<td>three parts.</td>
<td>M.</td>
</tr>
</tbody>
</table>

Or, if the patient dislikes an oily preparation, the following may be prescribed:

B. | Listerine, | Water, |
|---|---|---|
| one part. | three parts. | M.

In the absence of an accumulation of viscid mucus or of crusts, a stream of flowing water will doubtless be found a more effective cleansing agent than a stimulating spray; but it is only in this respect that he can perceive any superiority of the douche over the sprays formulated above. Furthermore, if the latter are used freely—that is, several times a day, and each time during the inhalation (by the patient) of a deep breath, with closed mouth, crusts and tough mucus will

* Northwestern Pharmacol.
speedily cease to play a part in the therapeutic problem.

In not a single instance has he known the freest introduction of the mixtures named to be accompanied by any unpleasant aural symptoms. The immediate effects are very gratifying to the patient, and in a brief time a permanent diminution of the nasal and naso-pharyngeal irritation can generally be noted. The use of sprays, however, must be looked upon only as a valuable method of supplementary treatment, and not as a therapeutic procedure of the first order. The removal of hypertrophied glandular tissue and the local application of silver nitrate are the only remedial measures that are at all worthy of being considered fundamentally curative of the conditions which usually lead the physician to prescribe the use of the nasal douche or one of its substitutes.

THE LOCAL TREATMENT OF DIPHTHERIA AND SCARLET-FEVER THROAT.

Dr. W. Cheatham, in a recent issue of the New York Med. Journal, gives the following suggestions as to local treatment of these affections:—I have lately had much experience with the treatment of these affections, and have found that hydrogen peroxide, fifteen volumes strength, alone or combined with bichloride of mercury, gr. 1 to 8, gives me better satisfaction than any other remedy. Hydrogen peroxide is a thorough antiseptic, besides acting mechanically in getting rid of the membrane; it does the latter in the later or most dangerous stage, for it is at this time that septic infection is more liable to occur. When the membrane begins to slough, the peroxide will, when applied with a mop, or in a spray, or as a gargle, get behind it, and, by its action on the pus, free oxygen and carbonic-acid gas, thus displacing it; the membrane appears under its action to lose all its toughness and crumble. If used in the nose—and it is here where we get wonderful effect—the peroxide had better be made of about ten volumes strength, and if the bicarbonate is combined with it, make it only gr. ⅙ to ⅓, or in very young children still weaker. I must add that but a small quantity of the medicine should be bought at a time, as it degenerates rapidly unless kept on ice in a dark place, and not agitated. The hydrogen peroxide losing strength so rapidly makes it very difficult to get pure, so any one who should be disappointed in its action should not give up the use of it until he has surely tried the pure article. It will not, of course, cure all cases. Another point in its favor is, that when used in the throat it causes no pain.

The action of the hydrogen peroxide, its thorough antisepsis, and the beautiful mechanical action in forcing pus from cavities, is well known. It should never be used in a cavity unless there is free vent, and especially when this cavity is about the neck; as such a volume of gas is liberated, such an accident as I came very near having is quite possible. An abscess of the parotid gland following scarlet fever had been opened by a small incision. I thought I would wash it out with a little hydrogen peroxide, which I proceeded to do. As a result, I had a tremendously distended sac, the child blue in the face, and nearly suffocated. A large, free incision set matters right in a moment. As an application, and, when the patient is old enough, as a gargle, pure or half and half with lardine, it is the best application in scarlet fever and follicular amygdalitis I know of.

OPERATIVE INTERFERENCE IN GOITROUS TUMORS.

Dr. W. W. Van Arsdale, of New York, thus concludes an important and interesting paper in the Annals of Surgery for September:—We may now present the choice of a method of operation for all kinds of goitre (excepting exophthalmic goitres) in the following manner:—

Large nodes in simple goitres: enucleation; in case this operation proves impracticable, resection is to be substituted for it.

Nodes in immovable goitres, where there is some danger of suffocation: enucleation; in case the danger increases, eviendum is to be substituted.

Very soft nodes in simple or immovable goitres: eviendum (for the sake of dispatch).

Large nodes of small nodes: partial excision. If no sound tissue is present which may be left, resection is to be substituted.

Vascular tumours: ligature of arteries.

Cysts: enucleation.

Diffuse hyperplasia: partial extirpation; if no sound tissue is present which may be left, resection is to be substituted.

Malignant goitres: total extirpation—for which amputation may be substituted.

Acute thyroiditis in simple goitre: total extirpation.

Acute thyroiditis in cystic goitre: enucleation; if dispatch is necessitated, incision and drainage may be substituted.

When the nature of the tumor is not diagnosed, or if the chosen operation proves impracticable, resection.

Injection are to be reserved for cases where from one or other reason an operation is not deemed advisable. Of the many fluids proposed for injection, iodine tincture, Lugol's solution, arsenic, ergotine, Fowler's solution, osmic acid and iodoform, the latter appears most worthy of trial since its warm recommendation by von Mosseth-Moorhof. The method was used principally for soft parenchymatous or follicular goitres, and gave excellent results. The solution consisted of iodoform, one gram; and ether and olive oil, equal parts, seven grams. One or two grams or more (⅔ to Ⅲ) were injected at intervals of from three to eight days, in all from five to ten times.

The indications for operative interference in goitrous tumors have been given as follows:—

1. Salivatory symptoms. 2. Difficulty of respiration; even when laborcd respiration only appears after exertion. 3. Rapid growth of the tumor. 4. Difficulty in swallowing. 5. Interference with the patient's usefulness, or his enjoyment of life. (Maas.)

Age does not form a contra-indication to the operation.

THE TREATMENT OF TYPHOID FEVER, (100 CASES).*

BY R. L. MACDONNELL, B.A., M.D.,
Of Montreal, Canada.

I have no faith whatever in the effect of medicines on the fever. Antiseptics are unpleasant to take, and in my opinion no more effective than so much water. To talk of disinfesting an abdomen full of typhoid excreta with small doses of carbolic or sulphurous acid seems to me as absurd as homoeopathy.

Though all my patients have taken small doses of the mineral acids, I have prescribed these merely as a placebo, and I do not believe they have any action whatever.

To purge at the outset, if constipation is present, is good practice, and I have frequently given two grains of calomel every two hours until the bowels moved. After that I follow Todd's advice, and when the bowels are fairly locked up I keep them so, merely ordering an injection every two or three days.

Diarrhoea itself seems to be dangerous, and no one can watch the course of many cases without being struck with the fact that it does not tend in any way to mitigate other symptoms whether abdominal or cerebral. Diarrhoea accompanies the worst cases of tymanitis, and in hemorrhagic cases it is often present.

Antipyretics.—Cold sponging was practiced in all cases in which the temperature went above 102°. I have had no experience with the use of cold baths.

On the medicinal antipyretics I do not place any reliance. I remember well the days when no typhoid fever patient could die without heavy doses of quinine. And where are they who now advocate quinine? A case in which temperature alone is killing the patient calls for antipyretics, but such cases are rare.

Looking over my sixteen fatal cases, I see that but four died with no other formidable symptom than high temperature. In Oeler's fifty-three autopsies there were but sixteen cases in which some such definite lesion as perforation, hemorrhage, etc., was not pre-

* Medical News, September 6th, 1900.
sent—that is, but sixteen cases on which antipyretics might have exerted a beneficial influence. It would appear in some cases that, if we could overcome the hyperpyrexia, the patient would get well. Take, for example, the case of Matilda R.† This was a very severe case, and there were no symptoms beyond those which might have been attributed to the effects of heat. Now in this case there were found most extensive lesions in the bowel which were evidently keeping up the temperature. It seems to me that the use of antipyretics can have no better effect in typhoid fever than they would have in the fever of an internal abscess. In cases where other symptoms are bringing about the fatal result, symptoms such as extreme meteorism, exhausing diarrhea, or severe brain symptoms, they are more than useless. Some of the best recoveries from hyperpyrexia have taken place in cases in which no antipyretic was given.

We have come to regard confidently a morning fall and an evening rise as of regular occurrence—e.g., in a private patient we have the temperature taken at 8 P.M., and if it be normal then we assume that it has been normal for the preceding twenty-four hours. This is a great mistake. If the temperature is taken hourly it will be found to vary greatly. In the case already described, as an instance of genuine relapse, the temperature was found very high when registered every four hours; being higher in the early part of the afternoon than in the evening, so that had we depended merely upon observations at 8 A.M. and 8 P.M. it would have entirely escaped our notice that hyperpyrexia was present. The truth is that remissions and exacerbations take place at any period in the twenty-four hours. "Generally the minimum temperature occurs between midnight and noon, and the maximum between noon and midnight."—Colley.

And in this way we deceive ourselves in the matter of antipyretics. For example, the case is running smoothly until we find that the temperature at 8 P.M. is too high; we accordingly give, say, antipyrine, and then, and not until then, we begin making observations every four hours. Consequently it is just possible that our observation after 8 P.M. may show a fall which we hasten to ascribe to the effect of our medicine.

I have found antifebrin more satisfactory than antipyrine. It has been given in three grain doses every three hours.

**ANTISEPSIS AND ASEPSIS IN SURGERY.**

At the recent meeting of the French Association for the Advancement of Sciences (Session of Limoges, August 13th), Terrier of Paris, read a communication on "Antisepsis and Asepsis in Surgery." Like Lister, he has abandoned the spray, or if he uses it at all, it is before abdominal operations, when he " pulverizes" a certain quantity of water in the operating room to facilitate the dispersion of the particles of dust contained in the air.

As antiseptic, he employs exclusively the bichloride of mercury, a 1-1000 or 1-2000 solution. With these solutions he washes the part that is to be the seat of the operation; his own hands and those of his assistants, after having previously been scrubbed in hot soapsuds, and the nails scraped, were washed in the same solutions. The sponges are boiled, and otherwise rendered aesthetic.

For ligatures, he employs only pressed silk, boiled before each operation in a 1-1000 bichloride solution.

All the instruments, except the bistouries, are sterilized by dry heat, the dry stove of Poupinel being employed for this purpose; in this apparatus the instruments are kept without injury for fifteen to thirty minutes at a temperature of 160°-180°. As for the cutting instruments, they are first soaked and washed in chloroform, then boiled in sterilized water. The compresses which serve to protect the parts surrounding the field of operation, to cover coils of intestines, etc., are sterilized in the autoclave at a temperature of 120° C., according to the directions of Pasteur; before being used, if found too hot, they may be dipped into tepid water which has been boiled, and thus sterilized.

Terrier says that by means of these precautions he has performed a great number of grave operations (ablation of abdominal tumors, cholecystectomies, gastrotomies, etc.) with no untoward result.

As for the dressings which he uses, they are extremely simple. He employs exclusively sterilized wadding—not antiseptic, but prepared by heating in the dry stove, according to the method of Quenu.

**THE DISINFECTING POWER OF CHLORIDE OF LIME.**

Contrary to the previous statement of Koch, Sternberg, and, later, Jäger, found that chloride of lime possesses decided germicide power. In consequence of these contradictory results, Nissen undertook, at the suggestion of Koch, a new experimental research to decide the question. The result of this shows that, as a matter of fact, chloride of lime has very great disinfecting power. At first microorganisms without spores, and having comparatively little resistant power, were tested, in bouillon culture, by Esmarch's method. As chloride of lime solution gives an abundant precipitate with bouillon, the cultures were first diluted. The chloride of lime solution was added, either filtered or not filtered. The result was the same in either case. The bacillus of typhoid fever was demonstrated in bouillon cultures, at the end of five minutes, by 0.12 per cent. of chloride of lime; the cholera bacillus and anthrax bacilli without spores by the same proportion usually in one minute. Anthrax spores of moderate resisting power (killed in three minutes by flowing steam), dried on silk threads, were destroyed in fifteen to thirty minutes by a five per cent. solution of chloride of lime.

Putrid fluids and feces were very quickly disinfected by the addition of chloride of lime. Bouillon which had become putrid was, as a rule, thoroughly sterilized in five minutes by the addition of 0.1 per cent. In diarrheal feces an addition of 0.5 per cent. of chloride of lime, either in solution or as a powder, destroyed the typhoid bacillus inside of ten minutes. Nissen thinks, therefore, that chloride of lime is especially suitable for the disinfection of bed-pans.*

**NOTE ON THE USE OF SKIN FROM PUPPIES IN SKIN-GRAFTING.**

By M. E. Van Meter, M. D.,
Of Red Bluff, Colorado.

A boy, aged fourteen years, having in April last sustained severe and extensive burns, under treatment had accomplished the healing of them all except certain granulating regions beneath the chin and lower jaw, and the right arm from elbow to fingers. Upon these surfaces skin grafts were finally placed. For the neck grafts were obtained from the arms of the father and brother of the patient, but for the arm grafts were taken from two young puppies of the same hairless breed, whose soft, white, hairless skin seemed to offer itself for the purpose with good prospect of successful result. The result was all that could be desired. The puppy-grafts proved to be superior to the human grafts; a greater proportion of them "took," and their subsequent rate of growth was much faster.

**PUERPERAL MANIA TREATED WITH FULL DOSES OF CHLORAL.**

Dr. Charles Meigs Wilson (Annals of Gynecol. and Pediatri, Aug., 1890) reports a case successfully treated with this drug. He
SURGERY OF THE LATERAL VENTRICLES OF THE BRAIN.

BY PROF. W. W. KEEN, M.D.,
Of Jefferson Medical College, Philadelphia.

1. Injuries involving the ventricles, the result of compound fracture or of trephining, and involving great disturbance of the cerebral substance, are not necessarily fatal, for ten of the twenty-six cases here reported have recovered. In these few cases compound fractures and extensive injuries, unless primarily fatal, seem to be less dangerous than rupture of the ventricle from simple fracture. They should be treated antiseptically by drainage and the usual treatment of wounds in other regions. If pus follows, or if the cerebro-spinal fluid becomes dammed back, causing symptoms of pressure, incision and free drainage should be resorted to.

2. In cases of simple fracture involving the ventricles, experience would seem to indicate that it would be wise not to attempt any operative procedure unless threatening symptoms supervene. If necessary to interfere, the cyst containing cerebro-spinal fluid should be continuously and slowly drained by a small bundle of horsehairs, rather than by free evacuation. In the majority of cases constant pressure, and but little active treatment, may be all that is necessary.

3. Abscess of the brain bursting into the lateral ventricle has been thus far uniformly fatal, and demands the promptest treatment possible. The suggestion made for immediate bilateral trephining and irrigation of the ventricles can, at least, do no harm, although the possibility of its doing good is but slight in so serious a condition.

4. Hydrocephalus, whether acute or chronic, is usually a fatal disease. Surgical procedures for tapping the ventricles for its relief are easy, and certainly do not per se involve great danger. Whether they will cure the disease is, as yet, not determined.

5. In acute effusions, tapping with or without drainage, as may be thought best, will certainly save some lives otherwise doomed to be lost; and, in the chronic form, long continued slow drainage at an early period is at least worthy of a trial, with a reasonable hope of success in a few cases.

6. The methods here described for performing the operation, especially by the lateral route, are at least worthy of a trial, with a view to determine the value of such surgical procedures.

7. After trephining and tapping the ventricles, irrigation of the ventricular cavities from side to side is not only possible, but it does no harm. In abscess involving the ventricle, and possibly in other conditions, it may possibly do good. The fluid used for such irrigation should not contain anything which, if retained and absorbed, might do harm. An artificial cerebro-spinal fluid, or a simple boric acid solution, would seem to be the best for such use.

8. Convolusions, due to too rapid withdrawal of the cerebro-spinal fluid, may be checked by injecting an artificial cerebro-spinal fluid, or such other innocuous fluid that is available.

9. In either irrigating or injecting the ventricles it is probably desirable that the air should not enter, but such entrance of air does not seem to be productive of mischief.

10. In the discharge into the lateral ventricle, at least of traumatic origin, immediate trephining and evacuation of the clots should be done, which in a few cases will probably be followed by a cure, unless the injury of the cerebral tissue is so great as to be incompatible with life.

—A "Surgeon," who had used alum, belladonna, bismuth and boracic acid for Sweating Feet, with little good result, wrote to the Brit. Med. Jour. (quoted in N. Y. Med. Abstract), and received the following replies: 1. Wear low shoes, wool socks, and dust the feet over twice a day with iodol; they will soon be as hard, sweet and comfortable as one could wish. 2. Wash the feet at night with very hot water, put on white cotton socks, and immerse the feet, thus covered, in methylated spirit, poured into a basin; wear the socks all night; they will soon dry in bed. During the evening wear cotton socks and common felt slippers, and keep the socks constantly saturated with spirit. In a week the cure will be complete. The best ventilated boots are made of stout canvas.

B. Liq. plum. diacet. Acid. carbolic. 6d 5. M. One teaspoonful to be mixed with a pint of warm (hot) water, and the feet washed every morning and dried with a soft towel.

C. Wash the feet night and morning with soap and water, and after careful drying sponge them over with the following lotion:—


I have found this so efficacious that I use no other treatment. Shoes are preferable to boots, but whichever are used I recommend those of buckskin, which is very soft and easy to the feet. The inner sole has several perforations communicating with the outer air by a tube in the heel. Patients have expressed the greatest comfort from the use of these boots.

Class-Room Notes.*

—Dr. Joseph Hearn presented to the surgical clinic, a few days since, a boy of eleven years, suffering from gonorrheaea, who had contracted it through intercourse with a girl of about the same age.

—A drug now being used to a limited extent for purposes of local anaesthesia is Rhigolene. It is kept in a small apparatus made for the purpose, which is so constructed as to allow the drug to be thrown upon the part to be anesthetized in the form of a spray. As it is very expensive it is supposed it will not be used to any great extent.

—Dr. Sajous advised the application of the following in a case of simple chronic rhinitis:—


—Professor Keen's method of drainage after amputation of the breast is as follows: Carry your drainage tube through from side to side, or if the wound is very large, use more than one tube. Alongside of this place a small bunch of aseptic horsehair to allow oozing to escape. At the end of twenty-four hours remove the tube, or tubes, and redress, using as strict antiseptic precautions as at first. Then don't touch again until the fifth day, at which time you remove part of the sutures and part of the horsehair, and on the seventh or eighth day remove the remaining sutures and horsehair. In removing the horsehair drainage, draw out one hair at a time so as not to disturb the tissues that have begun to unite.

—The late Professor Gross, after advising the class of the utility of koumis as a nutrient during the inflammatory process, gave the following directions for preparing it:—

* We are naturally grateful to our Class-Room Notes Editor for the following note which he has kindly allowed us to publish, as it is rather rare that they should add a new issue to this Journal, which some of them do not.—EDITOR COLLEGE AND CLINICAL RECORD.
Dissolve a half ounce of grape sugar in four ounces of water. Dissolve twenty grains of yeast cake in four ounces of milk. Pour both into a quart bottle and fill nearly to the top with milk. Cover tightly, fanning the cork with wire. Put into a cool place and shake two or three times daily for three days. Keep for use no longer than six days.

—Prof. Keen selects the following points for the passage of the needle in the operation of paracentesis. In paracentesis thoracis the place of election is between the eighth and ninth ribs in the line of the axilla. In paracentesis abdominis the needle should enter in the middle line, the patient being in a sitting posture and the bladder having been previously emptied. In paracentesis pericardii the patient should be in the recumbent posture and the needle should enter at the fifth interspace in front, due regard being had for the heart and large vessels.

—Prof. Barthold recommends the use of pomegranate or pap in the treatment of tinea. If the former is used, a strong decoction should be made by placing four ounces in a pint of water and boiling down to one pint. Of this give a teaspoonful two hours. If this by itself does not purge, follow with a brisk cathartic. If papo is used, the seeds of a fresh pumpkin should be mashed in a mortar with some water. This should be strained and drank, the patient keeping perfectly quiet to avoid vomiting.

A great deal of the success depends upon the quality of the medicament used and upon the preparatory treatment. The pomegranate must be fresh, not a year old, and to insure success only the bark of the root should be used. The patient should fast for forty-eight hours preceding the treatment, taking only some bread and milk, and the intestinal canal should be thoroughly evacuated.

—In a case of phthisis which came before the class, troubled with an afternoon rise of temperature, night sweats and considerable nervousness, Professor Da Costa prescribed the following:

<table>
<thead>
<tr>
<th>B. Antippirin.</th>
<th>Quinine sulph., gr. 3</th>
<th>Quinine sulph., gr. 1</th>
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</thead>
<tbody>
<tr>
<td>Camphor, monobromat.</td>
<td>gr. 1</td>
<td>M.</td>
</tr>
<tr>
<td>Fiat capsula.</td>
<td>5 gr.</td>
<td>Use one or two times daily.</td>
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</table>

For the tuberculous process he recommended the administration of creosote, in j. t. d. and the use of plenty of nitrogenous food, such as meats, eggs, etc.

—Prof. Keen gave this table to the Jefferson Medical College class, as of use in making the differential diagnosis of the following varieties of tumors:

<table>
<thead>
<tr>
<th>ENCEPHALOID.</th>
<th>1st. Soft, elastic, not uniform.</th>
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<tr>
<td>2d. Rapid growth, large size, adhesions early.</td>
<td></td>
</tr>
<tr>
<td>3d. Pain slight and lasting, after ulceration severe and fixed.</td>
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<tr>
<td>4th. Veins enlarged.</td>
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<tr>
<td>5th. Ulceration deep, foul, undermined and bleeding.</td>
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<tr>
<td>6th. Glands involved early.</td>
<td></td>
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<tr>
<td>7th. Occurs at any age, usually before 45th year.</td>
<td></td>
</tr>
<tr>
<td>8th. Occurs most frequently in the breast, testicle and uterus.</td>
<td></td>
</tr>
<tr>
<td>9th. Death occurs in from 9 to 12 months.</td>
<td></td>
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<tr>
<td>10th. If in breast there is no retraction of nipple.</td>
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<tr>
<td>11th. Family history is bad.</td>
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<table>
<thead>
<tr>
<th>SUCRUS.</th>
<th>1st. Hard and inelastic.</th>
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<tr>
<td>2d. Slow growth, small size, late adhesions.</td>
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<tr>
<td>3d. Pain early, sharp, fixed and lancinating.</td>
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<tr>
<td>4th. Veins slightly enlarged.</td>
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<tr>
<td>5th. Ulceration deep, edges hard and abrupt.</td>
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<tr>
<td>6th. Glands involved late.</td>
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<tr>
<td>7th. Occurs after 45th year.</td>
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<tr>
<td>8th. Breast, uterus, stomach.</td>
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<tr>
<td>9th. Death in from 9 to 18 months.</td>
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<tr>
<td>10th. There is retraction of nipple.</td>
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<tr>
<td>11th. Family history is bad.</td>
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<tr>
<th>SARCOMA.</th>
<th>1st. May be soft and fluctuating, or hard.</th>
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<tbody>
<tr>
<td>2d. Growth irregular, adhesions early.</td>
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<tr>
<td>3d. Very little pain until ulceration takes place.</td>
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<tr>
<td>4th. Veins slightly enlarged.</td>
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<td>5th. Ulceration tender or later quite deep.</td>
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<tr>
<td>6th. Rarely if at all involved.</td>
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<td>7th. Occurs in adult middle life, 20th to 40th year.</td>
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<td>8th. Connective tissue anywhere.</td>
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<td>9th. Death occurs early or late, simply a matter of time.</td>
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<tr>
<td>10th. No retraction of the nipple.</td>
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<tr>
<td>11th. Family history good.</td>
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<tr>
<th>ADENOMA.</th>
<th>1st. Soft and elastic.</th>
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<tbody>
<tr>
<td>2d. Slow growth, no adhesions.</td>
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<tr>
<td>3d. Pain very slight and neurotic; mental if tumor affects the breast.</td>
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<tr>
<td>4th. Veins normal.</td>
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<tr>
<td>5th. No ulceration.</td>
<td></td>
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<tr>
<td>7th. Occurs from 20th to 30th year, usually.</td>
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<tr>
<td>8th. In breast or other glands.</td>
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<tr>
<td>9th. Never kills.</td>
<td></td>
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<tr>
<td>10th. No retraction of nipple.</td>
<td></td>
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<tr>
<td>11th. Family history good.</td>
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The College and Clinical Record.

A MONTHLY MEDICAL JOURNAL.

RICHARD J. DUNGLISON, A.M., M.D., Editor.

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ANTISEPSIS IN MIDWIFERY.

One of the most interesting subjects discussed in the Section of Obstetrics at the recent meeting of the Tenth International Medical Congress was that which forms the caption of this article; interesting alike to the Medical profession and to the community at large, who receive the benefit from all measures that may be adopted by thoughtful and humanitarian practitioners to prevent disease and suffering. An esteemed journalistic contemporary has been fortunate in obtaining a judiciously prepared expression of the views of one of the recognized obstetric and gynecological authorities of this country upon the present status of the subject, as exhibited at this great international conference. We quote them with personal pleasure and profit to our readers—

The discussion was chiefly valuable as showing how widely the introduction of thorough antisepsis in midwifery has spread, and how it has everywhere been followed by the same beneficent reduction of puerperal mortality and morbidity, and by a distinct improvement in the health of the women of all nations. From Russia to America, and from Sweden to Italy, the representatives told the same story of the cessation of epidemics of puerperal fever which often used to carry the mortality to fifteen or eighteen per cent. of the puerperal women, so that now one-half per cent. to one and one-half per cent. is all that is expected, and in hospitals, these represent not cases developed in the institutions, but those brought in already infected. A considerable part of the discussion related to the measures to be introduced and enforced among midwives.

As for the procedure to be employed in hospitals and in general practice, as far as may be required, it may be said that nothing new has been discovered since the general introduction of the use of solutions of bichloride of mercury, which can efficiently replace the latter. The whole principle, which is sufficiently familiar to your readers, being to make the vagina and external parts of the mother thoroughly clean and aseptic at the commencement of labor, preferably by the use of a sublimated solution, to have the hands and clothes of the accoucheur and nurse and all the surroundings of the patient perfectly clean and aseptic; and then the woman not being infected locally, will have no puerperal fever. Vaginal injections after delivery are, therefore, unnecessary, except in cases where owing to the want of the above precautions or want of thoroughness in carrying them out, either a considerable fever has supervened or the lochia have become offensive. This is substantially what I wrote to the Journal in 1885, as the treatment then introduced into the hospitals in Berlin.

The only new fact emphasized at this Congress was that in many cases it is entirely unnecessary to make any digital examination whatever, for the position of the child can be quite sufficiently determined by palpation of the abdomen, and if everything is normal there is no use in complicating matters by digital examination. This is only a logical deduction from the principle once so pithily described by Credé, "He who has not examined a woman has not infected her."
safety, both for mother and child, and are in many respects preferable to small institutions where the patients are under the care of local midwives, such as were established before aseptic times, in order to avert the danger of puerperal fever.

The only problem which now remains is to secure for women who are delivered at home any approximation to the security which they enjoy in well regulated institutions.

SPECIALITIES AS THEY MAY BE.

Subdivision to extreme minuteness has been the modern tendency in pathology, in the description of morbid processes and of all departures from normal conditions. On account of the sublimation and refinement to which it has been subjected, that subject has been generally regarded as one which was not sufficiently attractive to become popular. The same tendency to subdivision has been apparent in the department of surgery, and to a certain extent this is unavoidable, because that important department necessarily requires a regional apportionment of its study and practice; but the result is that specialization is thus allowed to invade and appropriate to itself several distinct and separate fields.

While the general surgeon is improving and perfecting operative procedures upon all the important organs and cavities, the surgical specialist seems to be concentrating his skill upon regions bordering, in the two sexes, chiefly on the natural outlets, rectal and genito-urinary. While the value of their services in this direction must not be underrated, we trust that the time may be far distant when, with the present tendency to subdivision of surgical labor or of localities for special operations, it may become necessary to set apart organs, instead of regions, for special operative interference, and thus to still further increase the number of specialties.

And we are now reminded that we have more than once expressed the view, editorially, that it was not a happily chosen designation of one important and useful class of practitioners of a surgical specialty, that they should be denominated "Genito-urinary Surgeons." In what respect, we have inquired, are they, as individuals, more "genito-urinary" than any other surgeons, or, indeed, any others of their professional brethren? If membership in the "Association of Genito-urinary Surgeons" is not limited to the 'male persuasion,' would not the admission of the female element produce a confusion of terms—for are not the latter quite as "genito-urinary" as the other sex, and would not the Association, so far as anatomical construction and physiological capabilities are concerned, be composed of two distinct classes of genito-urinary members?

But this is only a passing thought. What we wished to say, before we entered upon this diversion or divergence from our theme, was, that there is danger, in time, that the subdivision of specialties may become so minute that each organ of a series or apparatus—say the genito-urinary chain of organs—may become the central figure of a specialty. Is it possible that in those days we may have bladder surgeons, urethral surgeons, perhaps penile surgeons? Then, too, it is not beyond the range of possibilities that we shall have vaginal surgeons, who will call the uterine surgeon into consultation should the disease under treatment invade the precincits allotted to that specialist? Judging, from the rapid advances of specialization in the past, what may we not expect from it, in its various ramifications, in the not very distant future?
published in this country or available to the English-reading medical public. It is not only a complete modern manual, but is a great improvement upon the original work of the authors, as it omits all irrelevant or superfluous matter, unessential reference notes, etc., and the formule are adapted to the requirements of American practitioners.


This work aims to present a systematic and condensed course of instruction on the subjects named. The portion devoted to organic chemistry relates to matters of everyday interest to the practitioner, such as analysis of urine, chemical and microscopical; examination of spuata, bile, blood, bacteria, etc.; methods for quantitative estimation of urinary constituents, normal and abnormal, etc. The work gives plans for definite instruction, with such manipulatory details as will enable students to practice urine analysis with a minimum of assistance. Plates are introduced to assist in elucidating the text.

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**PAMPHLETS RECEIVED.**

- "An Analysis of some of the Ocular Symptoms Observed in So-called General Paresis." By Charles A. Oliver, M.D., of Philadelphia.
- "Longevity and Climate." By F. C. Remondino, M.D., of San Diego, Cal.
- "Functional Nervous Diseases of Reflex Origin." By Albert Rufus Baker, M.D., of Cleveland, Ohio.
- "Influenza—La Grippe." By William B. Dewees, A.M., M.D., of Salina, Kansas.
- "Dosimetry in Colorado." By J. E. MacNeill, M.D., of Denver, Colorado.
- "Reformation in the Practice of Medicine by the Dosimetric Method of Practice." By J. E. MacNeill, M.D.

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- "Colitomy." By Dr. Harris.
- "Malarial Affections." By William B. Dewees, of Salina, Kansas.
- "The Vaginal Tampon and Its Uses." By William B. Dewees.
- "Description of a Series of Tests for the Detection and Determination of Subnormal Color Perception (Color Blindness)." By Charles A. Oliver, M.D., Philadelphia, Pa.
- "The Use of Commercial Milk; and Sugar in Infant Feeding." By E. F. Brush, M.D., Mt. Vernon, N. Y.
- "An Explanation of the Phenomena of Immunity and Contagion." By J. W. McLaughlin, M.D., of Austin, Texas.
- "Address in Hygiene." By Thomas J. Mays, M.D., of Philadelphia.
- "The Relation of Eye-strain to General Medicine." By George M. Goold, M.D., of Philadelphia.

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- "For Earache, the following may be applied on cotton, and then introduced into the ear:"

  **B.**
  - Chloral, camphorated, p. v.
  - Ov. amygdal. dulce, p. x.
  - Glycerin, p. xxx M.

- "For SOFTENING EAR WAX, La Clinique recommends a solution of boric acid, 0.6 gram, in glycerin 15, and water 15 grams. The solution is warmed, and 5 to 10 drops of it are put into the ear twice a day.

- "In ECZEMA OF CHILDREN, Delapart (Central. f. d. gesam. Therap.) recommends:"

  **B.**
  - Acid. boric. gr. lxx
  - Balsam Peru, gr. viii
  - Vaselin, gr. iii M.

- It is said that good results have been derived in ERYsipelas from washing the affected part and the skin surrounding it with soap, and then applying each day a solution of carbolic acid (5 per cent.), dissolved in absolute alcohol.

- "For PRURITUS in any part of the body the following has been highly extolled as an application:"

  **B.**
  - Camphor, gr. viii
  - Chloral hydrat., gr. iv
  - Aque rose, gr. ii M.

- A very successful injection in GONORRHEA is said to be obtainable by adding a one per cent. solution of cresate in decoction of hamamelis, combined with boric acid. It is claimed that this mixture will destroy the gonococci in two hours.

- "Scott (Med. News, August) recommends the following for BROMIDROSIS of the feet, to be used as a wash three times daily:"

  **B.**
  - Sed. borat. gr. iv
  - Acid. salicylic, gr. xiv
  - Acid. boric. gr. xiv
  - Glycerin. (86 F.ahr.), gr. iv
  - Alcohol, gr. iv

- "For OZEMA, Cozzolini (Proc. Med. Journal, August, 1890) recommends the following powder for insufflation:"

  **B.**
  - Salol, gr. xiv
  - Acid. boric. gr. xiv
  - Acid. salicylic, gr. xiv
  - Thymol, gr. xiv
  - Talc pulv., gr. xiv M.

- For HEADACHE known as migraine, Med. and Surg. Reporter, Aug. 23, suggests the following:"

  **B.**
  - Caffein citrat. gr. iv
  - Phenicacetin, gr. xiv
  - Sacchar. lactis, gr. iv
  - Fiat charta.

SIG.—To be taken in a little milk.

- As a suppository for Cystsitis, Med. News, Aug. 23, suggests the following:"

  **B.**
  - Iodoform, gr. xiv
  - Extract. belladonnae, gr. xiv
  - Cacao butter, gr. xiv M.

- Pass this well into the bowel, and morning and night inject into the rectum hot water. If any inflammation of the urethra occurs or is present, gr. of terpine or salol may be given in pill twice a day.

- "Fübringer (Medicinis-chirurg. Rundschau, Aug. 1890, recommends in DROPSY from VALVULAR INSUFFICIENCY:"

  **B.**
  - Infus. digitalis, fij
  - Caffein citrat., gr. iv
  - Tinct. strophant., mlxxv
  - Liquor. potass. acetat., mlxxv
  - Extract. glycyrrhizae, gr. xiv M.

The amount is to be taken in two days.

- "Prof. H. C. Wood, in a letter in Lanphere's Kansas City Med. Index, Aug. 1890, states that there is no reason for believing that nitrate of potash would be of any service in a case of CARBOLIC ACID POISONING; that belladonna is not a chemical antidote, but might be of value in carbolic acid poisoning by stimulating the respiration; that the true chemical antidotes to carbolic acid are the true soluble salphates.

- "Naphthalin is one of the most perfect ANTISEPHTHS AND GERMICIDES (Med. and Surg. Reporter, Aug. 30, 1890.) One crystal in four ounces of urine will stay the conversion of urea into ammonium carbonate for days and even weeks. Its great insolvency makes it especially desirable in cases of typhoid fever. To obtain it in impalpable powder, which is the preferable form, it may be dissolved in alcohol and then precipitated by water. In spite of its pronounced odor, it is almost tasteless. It may be given in capsules. Small doses, perhaps 2 grains, given at frequent intervals, completely deodorize the fecal discharges."
An exceptionally good Coca Wine may be prepared (Pharm. Zeit., in Pharm. Record, Sept. 1, 1890), by macerating for several days 200 parts coca leaves, 100 cognac, 160 sherry wine and 400 sweet Hungarian wine (Tokay), dissolving 1 citric acid in the percolate, allowing to stand for a few days and filtering.

—Dr. J. E. Engstad (Therap. Gas., Sept.15th) recommends highly the use of Cactus grandiflorus in some of the Functional Diseases of the Heart. He also recommends it in convulsions from typhoid fever where the heart shows symptoms of failing; also in angina pectoris. The dose he has found to answer the best purpose is about 8 or 10 drops of the fluid extract, or 15 drops of Merck's tincture, three to four times a day.

—The following is said to be an excellent salve for Hemorrhoids (Medical Mirror, Sept. 1890):—

B. Cocain, muriat, \( g \) xx
Morphine sulphat, \( g \) v
Atropin sulphat, \( g \) iv
Acid. tannic, pulv, \( g \) xx
Oleor rosea, \( q. s. \)
Vesicula, \( q. s. \)
Sto.—Apply after every evacuation of the bowels. Of course, the contents of the bowels should be kept in a soluble condition.

—Dr. F. C. Curtis (Albany Med. Annals) contends that the Therapeutics of Diseases of the Skin should be on the line of general, non-specific treatment, and by the application of the common knowledge of disease and by the use of common remedies. Certainly there are some of these diseases that need no internal treatment whatever, such as those of a parasitic character, which are only local in their origin and existence. Much is accomplished by special treatment—that is, that which is not applicable to diseases of any other organs of the body. But the number of internal remedies that are of value in dermatological practice alone is exceedingly limited, and these are very often misused and harmful rather than beneficial. A vast deal may be accomplished by the general practitioner in a considerable number of diseases of the skin if he shuts his eyes to the special existence of the lesions of the skin and sets himself faithfully to put to right performance the organs of the body generally, and by means of common remedies and sanitary measures restores the body in general to health.

—As a gargoyle in Tonsillitis, the following formula is mentioned in the Canada Med. Record:—

B. Tinct. guaiaci ammoniat, \( fiv \)
Tinct. cinchonae comp., \( g \) iv
Potass. chlorat, \( g \) j
Mellis, \( g \) j
Acac. pulv., \( q. s. \)
Arsen. acqua, \( q. s. \)
Sto.—A half a teaspoonful to a teaspoonful every two hours.

—Of all the newer remedies for Whooping Cough, Talamon (Therap. Gaz., Sept. 15th) gives the preference to terpine, especially if it is accompanied by an abundant catarrhal secretion. The following formula, in which terpine is associated with antipyrin, is recommended:—

B. Terpine, 1 to 1.5 parts.
Antipyrin, 1 part.
Syrup of orange-peel, 50 parts.
Linden water (or maceration), 50 parts. M.
Dose, from one teaspoonful to two teaspoonful several times a day to a child of from one to four years of age.

—A leading article in the Med. Record (Sept. 6th) thus summarizes the action of salol in Acute Tonsillitis and Pharyngitis:—1. It acts beneficially in acute angina of whatever cause. 2. It quietens the pain and dysphagia with the greatest rapidity. 3. In quieting the pain it may shorten the duration of quinsy. 4. It lowers the temperature. 5. In nearly all cases it diminishes the duration of the angina. 6. In order to attain these results, the dose should not be less than sixty grains daily.

—Dr. Witkowski (Gaz. Therap., in Proc. Med. jour.), considers pilocarpine almost a specific for Jaundice, and if the disease continues after from ten to fifteen days' treatment, a malignant growth may be suspected. The mode of administering the drug is by hypodermic injection of one-sixth grain (0.01 gramme) once or twice daily. Dr. Witkowski has succeeded in over thirty cases, and has only failed to derive benefit in cases of malignant disease of the liver.

—Dr. Burbank (N. Carolina Med. Journal, Augist) states that the relief given by the administration of large doses of Sweet Oil in Hepatic Colic and the subsequent passage of dark green masses led early observers to relegate a specific action to this remedy in causing the expulsion of gall-stones. The ease with which we obtain cholecystin from gall-stones and the quantity they contain (70 to 80 per cent.) and the difficulty encountered in obtaining it from the masses, and the quantity they contain (less than 1 per cent.) prove conclusively that the masses are not gall-stones; and the palpation of the abdomen of a patient, with thin walls, who has taken large doses of sweet oil for hepatic colic, reveals gall-stones in the gall-bladder.

—Dr. C. D. Roy, in The Dixie Doctor, gives us a new method of treating Buboes, practiced in several hospitals of New York City: The treatment is only applicable to those cases where the bubo has suppurated and there is evidence of distinct fluctuation. Having found the above conditions present you make a slight puncture at the most dependent part of the bubo and allow what pus and detritus there is to be evacuated from the opening made. Then take the nozzle of an irrigator and enter it at the seat of puncture, which has been made just large enough for the stream and the antiseptic solution. Now irrigate the cavity with a solution of corrosive sublimate, 1-8000 until the fluid comes away in a perfectly clear condition. This step having been completed a mixture of iodoform and vaseline, a drachm of the former to an ounce of the latter, is melted together and introduced into the opening so as to fill the entire cavity. The mixture, of course, is allowed to cool down to the temperature of the body before its introduction. The cast thus made remains until removed by the gradual granulation of the cavity. The method is a simple one and may prove a much more conservative plan than cutting and scraping.

—Dr. C. M. Penn, of San Diego, California, writes as follows to the University Medical Magazine, August, 1890, in regard to the employment of Bismuth and Soda in Tonsillitis and Coryza: I can testify to the prompt effect of bismuth of soda in aborting many cases of tonsillitis and coryza, not only from personal experience, but also from the observation and treatment of others. At the first onset of an attack, recognized by rapid enlargement of the tonsil and difficulty of deglutition, I prescribe a saturated solution of the salt (the English preparation is to be preferred), and endeavor to saturate the patient therewith as soon as possible. To be more exact, I would suggest a tablespoonful of the solution every hour or two for twelve hours, after which the intervals may usually be increased to three or four hours for a similar period, or, perhaps, twenty-four hours. It is seldom necessary to continue the remedy beyond forty-eight hours. Even when they seem to be indicated, a mixture of bark and iron, with a little chlorate of potash, will supplement the treatment very nicely.

—Under the name "Glycerinum Saponatus," Prof. Hebra has suggested a new modification of a glycerin jelly as an Ointment Base in Skin Diseases (Pharm. Zeit., in Pharmaceutical Record, August 18th, 1890):—

A neutral soap is made by taking cocoanut oil or melted tallow, adding exactly enough of a caustic soda solution, sp. gr. 1.3-1.349 (this solution must be free from all carbonate), to neutralize the fatty acids; stir well and let it stand twenty-four hours in a covered vessel. The product is a neutral soap containing the glycerin. The product is cut into thin shavings and dried at 80° C., then dissolved by water bath in pure glycerin. The jelly is odorless and melts at the temperature of the body. (In this form, but varied by using a neutral transparent soap in lieu of making it as here suggested, it has long been in use as a solidified glycerin or glycerin
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jelly for chapped hands among American pharmacists."

Among the formulas he suggests of this basin are: 95 parts to 5 of salicylic acid; 90 parts to 5 of salicylic acid and, when cooling, 5 parts of resorcinol; 90 parts to 5 of salicylic acid, 5 of creosote; 87 parts to 3 of salicylic acid and 10 of tar.

—Dr. Mackintosh (Ohio Med. Clinist) suggests the following ointment as almost a specific in Eczema:—


Or—


The latter ointment mixes into a beautiful enamel-like cream, which is cooling and acts as a balm to the irritable skin. When constant tinging and irritation disturb the patient's rest at night, the following lotion is said to be valuable:—


Sto.—Shake up, and apply with a camel's hair pencil.

—The Paris correspondent of Archives of Pediatrics, September, 1890, writes as follows in regard to the use of Alcohol in Children's Diseases:—

We notice somewhat of a reaction in regard to this form of treatment. The medicinal value of spirits is probably overestimated by physicians who so often prescribe wine or cognac in the belief that it would strengthen the constitution of delicate children. This is certainly an error and contrary to all experience. Spirits, coffee, tea, and even chocolate ought to be rigidly excluded from a child's diet. Up to its twelfth to fourteenth year it should get nothing but water, milk, and plain nourishing food with plenty of fresh air.

This simple dietary rules are all the more necessary nowadays, when the nerves of children are so much affected by the prevailing hot-bed system of education, when every further irritant must lead to weakness and disease. Professor Nothagel lately showed a boy of ten, who was suffering from liver complaint, brought on by regular doses of spirits given to strengthen him.

—Dr. Thomas More Madden, F. R. C. S., Ed., read a paper before the Obstetric Section at the late meeting of the International Congress, in which he reported a plan employed by him in a very large number of cases of Cystitis in the Female treated in the gynecological wards of the Mater Misericordiae Hospital, Dublin. It consists firstly in the full dilatation of the vesical canal with the instrument exhibited, so as to paralyze the contractility of the sphincter vesica and canal, and thus produce a temporary incontinence of urine; and secondly, in the direct application through the same instrument of glycerine of carbolic acid to the diseased endo-vesical mucous membrane. Any pain thus caused may be prevented by the previous topical application of a solution of cocaine. The procedure recommended seldom requires to be repeated more than once or twice at intervals of a week or ten days; and combined with the internal use of boric acid, rarely fails to effect a rapid cure in any ordinary case of cystitis in the female.

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 дней he would call again to see if anything further was needed. In three days he called. His patient's brother met him at the door with a long face and said, 'I have bad news for you doctor, brother is dead.' John stood there for a minute and thought, 'Well, how am I going to get out of this. I have got to let myself down easy.' He began to run over in his mind all the causes that might produce a sudden death, and finally decided on one that he thought would do. He said, 'Such things happen now and then. Sometimes one cause and sometimes another brings it on. Now, I expect that, with your brother, a clot of blood suddenly stopped in the heart and killed him.' He rattled this off, and kept talking for several minutes without giving his listener time to say a word. He stood with his mouth open, and gazed at the doctor as the latter fired technical terms at him. Finally, as John stopped to take a breath, he said in the most serious tone: 'No doctor, that ain't what killed brother. He went down to the canal and fell in and was drowned,' John did not say a word, but left, and he never had the heart to send in his bill.

—A course of lessons in massage and the simpler Swedish movements will begin at the Move- ments' School, 1532 Pine Street, Philadelphia, on Monday, October 6th, at 2.30 P.M. The course will extend over a period of two months, attendance daily (except Sundays), from 2.30 to 3.30 P.M. Classes will be limited to six. The practical instruction will be given by a graduate of the Medico-Gymnastic Institute at Lund, Sweden. Applicants, other than physicians or medical matriculates, must present a certificate of good moral character from a respectable physician. Fee for the course, $100.

—In a recent issue of a leading daily paper of New York Bill Nye parodies the story of incidents in the career of the distinguished African explorer. As the Chief of the Rear Guard of the Emn Inter- viewel Relief Expedition, he thus details his experience in the remote jungles of Coney Island and Far Rockaway.

We had only proceeded a little way to the westward," he writes, "when one of our Wangwana was taken with violentretchings and paroxysms, caused, as I afterwards learned, by over-eating the lascivious but unripe dingle dangle fruit of the Island, which grows in great abundance to the southward, and resembles our American popcorn ball. I administered a box of large navy blue pills made by a dealer on Broadway, whose name and check I did not get in time for use in this report. These pills are about the size of a brass thimble, and I think are called the ne plus ultra, or seek no further pill. It is by far the most difficult and painful pill, I think, that I ever used in my African explorations. No matter how I would go into the interior, this pill was there, like my good angel, urging me and cheering me to go still further."

—Dr. J. H. Baxter has recently entered on the duties of Surgeon-General of the U. S. Army. The Medical Record, referring to the fact, states that the appointment comes in the natural line of promotion, since he is the senior next in rank to the retiring officer whose place he is to fill. Dr. Baxter entered the military service in June, 1861, as Surgeon of the Twelfth Massachusetts Infantry. In April, 1867, he was transferred to the United States Volunteers, and at the close of the war entered the regular service with brevet rank of colonel. In July, 1869, he was appointed Assistant Medical Purveyor, with the rank of lieutenant-colonel, and five years later was promoted to be Chief Medical Purveyor, receiving at the same time a colonelcy, and has held that office and rank ever since. The records of the department contain numerous references to Dr. Baxter's faithful and meritorious services, both during and since the war.

—The Second Annual Meeting of the Tri-state Medical Association of Alabama, Georgia and Tennessee will be held in Turner Hall, Chattanooga, Tennessee, on October 14th, 15th, and 16th. It promises to be one of the most successful, profitable and entertaining meetings ever held in the Southern States. Membership is not restricted to the three States; by furnishing proper credentials and remitting one dollar to the Secretary, any graduate of a recognized medical college may be enrolled as a member of the Association. The officers are the following: President, Dr. J. B. Boyd, Tennessee; Vice-President, Dr. Andrew Boyd, Alabama; Dr. James B. Edge, Georgia; Dr. Llewellyn P. Barber, Tennessee; Secretary, Dr. Frank Trester Smith, Chattanooga, Tenn.; Treasurer, Dr. B. S. West, Tennessee.

—The Sixteenth Annual Meeting of the Mississippi Valley Medical Association will be held at Louisville, Ky., Wednesday, Thursday and Friday, October 8th, 9th and 10th, 1890. The programme is now completed and embraces the names of a number of prominent medical men. The programme is delivered the public ad-
dress. A banquet will be given at the Galt House; also public receptions and private dinners by the citizens and members of the profession. The social feature of the occasion will be made prominent. Half-rate fares have been secured on all railroads. The Galt House will be the headquarters. The meeting will be held in Liederkrans Hall. The programme contains the titles of seventy-five papers and addresses.

Lovers of rational and reputable pharmacy will learn, with regret, that one of Reed & Carnrick's extensive factories at Goshen, N. Y., was destroyed by fire on the 10th of September. According to the Dietetic Gazette, this factory was devoted entirely to the production of their Soluble Food and Lacto-Preparata, and contained extensive and valuable machinery. They had a considerable stock of these Foods at their New York office, and consequently there will be no delay in filling orders. The factory will be at once rebuilt, three times the size of the one burned, with machinery correspondingly enlarged.

Dr. Robert P. Harris, of Philadelphia, contributes to contemporary medical literature an interesting and well-elaborated paper on "Colliotomy," with the view of establishing the fact that this term, and not Laparotomy, is the proper Greek synonym of abdominal section, laparotomy being an incision of the flank only. Dr. Harris presents abundant evidence upon which to base this claim, and lexicographers and other medical writers should give the subject the attention it so well deserves, after perusing this important and timely pamphlet.

One of the most interesting and readable descriptions of the late meeting of the International Medical Congress was that written by Dr. Edgar M. Green, of Easton, Pa., to the Daily Free Press of that city.

Dr. A. N. Williamson has a home and school at New London, Conn., for backward and invalid boys who are unfitted, from ill health or other causes, to enter the classes of ordinary schools.

PERSONALS.—Dr. T. J. Whitten (J. M. C., 1867), of Nokomis, Ill., has bought the David Prince Sanitarium at Jacksonville, Ill., and will take charge November 1st, 1890.—Dr. W. B. Shuttleworth (J. M. C., 1887), who has been a resident of Martin's Ferry, Ohio, in successful practice since the fall of 1887, is Health Officer of that city.—Dr. George E. Porter (J. M. C., 1859), is at Hollister, California.—Dr. Lorenzo P. Gibson (J. M. C., 1877), is managing editor of the new monthly Journal of the State Medical Society of Arkansas, the first number of which has just been issued, presenting a very attractive and creditable appearance. The editor and the other estimable gentlemen who are active in its publication have our sincere good wishes for the successful issue of their self-imposed labors.—Dr. H. A. Sherman (J. M. C., 1888), has removed to Webster, Mass.—Dr. D. M. Koetz (J. M. C., 1889), has removed from Johnstown to Allentown, Pennsylvania.—Dr. G. Walter Barr (J. M. C., 1884) was recently elected Professor of Public Hygiene and State Medicine in the College of Physicians and Surgeons, Keokuk, Iowa.—Dr. George H. Flett (J. M. C., 1884), is now in Sisson, California.—Dr. J. S. Haile has removed from Chatham to Roanoke, Virginia.—Dr. Theo. P. Pfeiffer (J. M. C., 1888), is at Excelsior Springs, Missouri.—Dr. John Dennis (J. M. C., 1890) has removed to Newark, New Jersey.—Dr. Robert B. Judge (J. M. C., 1887), formerly Resident Physician at the Jewish and Episcopal Hospitals, has been appointed Surgeon of the Eighteenth Police District of Philadelphia.—Dr. James A. Lydaton, Ph.D., late Chief of Eye and Ear Department, Pension Bureau, Washington, D. C., has been elected to the chair of Chemistry in the Chicago College of Physicians and Surgeons.

Deaths.

Barr.—At Ocean Grove, New Jersey, August 31st, of tetanus after burns, Susan D., wife of D. M. Barr, m.d. (J. M. C., 1864), of Philadelphia.

Bond.—At Philadelphia, September 15th, 1890, Monroe Bond, m.d. (J. M. C., 1879), aged thirty-eight years.

Cooper.—Suddenly, September 25th, 1890, at Homburg, Pa., Joseph H. Cooper, m.d. (J. M. C., 1863), aged fifty-two years.

Green.—At Decorah, Iowa, June 27th, 1890, Joel M. Green, m.d. (J. M. C., 1873), aged seventy-nine years.

Mullen.—Suddenly, September 14th, 1890, Letitia A., wife of Henry Mullen, m.d. (J. M. C., 1864).

Rooker.—Suddenly, at the Pennsylvania Hospital, Philadelphia, September 3d, 1890, Herman S. Rooker, m.d. (J. M. C., 1884), of chronic opium poisoning.

A cynical Frenchman declared that the treatment of consumption was "opium and lies;" and at times we are tempted to say that the treatment of dyspepsia is the same minus the opium. If we confine our judgment to the numerous proprietary "sure cures for dyspepsia" now so widely advertised, this conclusion would probably be nearly correct. I hope, however, that the methods of rational medicine may so commend themselves to our favor as to escape condemnation to this category, especially when we may see our patients, by adopting them, cured safely, quickly and more or less pleasantly.

It is proper to state, at the outset, that our present consideration of the subject is limited to dyspepsia solely as related to the stomach; no reference is attempted, or intended, to be made to intestinal indigestion, or to the so-called, intestinal dyspepsia.

It must be obvious to all that dyspepsia occupies a very important place in popular nosology; it is as familiar as household words. On the contrary, there is a strong disposition among many of our systematic writers on medicine to ignore the term dyspepsia, or simply to discuss it as a synonym of indigestion. This may be due to the fact that the pathology of the disease which Trouseau called a subject "vast and obscure," has hitherto been very little understood, on the principle that the proper way to treat a disease which we do not understand is to treat it with contempt. Most of our text-books disappoint the anxious inquirer by paying very little attention to dyspepsia, or merely mentioning it as a symptom, or as synonymous with gastric catarrh or simple indigestion. Some authorities—Clifford Allbutt, for example—are skeptical of its very existence, and declare it a disease of imagination. It resembles a convenient cloak for a host of sins of omission in the way of overlooked diagnosis of organic disease. I am willing to admit that many cases of gastric inflammation, gastric ulcer, even gastric cancer, may remain for a long time latent, or occasion merely some disturbance of digestion; but this only illustrates the well-known difficulty of diagnosis of disease affecting the viscera, and certainly is no proof that indigestion or dyspepsia may not exist where no organic affection is present. Time clears up the diagnosis of most stomach disorders, just as it does those of supposed ovarian cysts or of some uterine fibroids in young persons of appropriate sex.

It is true that indigestion, or laborious, slow and painful digestion, may be only a symptom; but, when this symptom is of constant recurrence, and seriously impairs the patient's capacity for work or his enjoyment of the amenities of life and effectually destroys his comfort and ease, substituting discomfort therefor, it is hard to convince him that it is not fully deserving of the title of disease,—by brevet, at least. Does it not seem that habitual indigestion and suffering after partaking of food, in an individual, is, at least, something very much akin to disease? One of the Hippocratic aphorisms reads as follows: "Such constitutions as suffer quickly and strongly from errors in diet are weaker than others that do not; and a weak person is in a state very nearly approaching one in disease." Here is a definition of a dyspeptic, 1200 years old: one with a weak constitution, who suffers quickly and strongly from errors in diet. Unfortunately, the poor dyspeptic is surrounded by pitfalls which he only discovers by tumbling into them; he is forever finding out that he has committed errors in diet, and is eternally encountering new trials and committing more errors, until he is ready to exclaim, in his extremity: "Wretched man that I am! Who will de-

* Read, by invitation, before the Mississippi Valley Medical Association, at its sixteenth annual meeting, Louisville, Ky., Oct. 8th, 1890.
liver me from the body of this death?" It is a fact, and a very sad one, by no means unfamiliar to readers of the daily press, that the condition of the dyspeptic sometimes becomes so intolerable that his mind is temporarily unbalanced, and he seeks succor from sorrow and suffering by suicide. Let no man judge him harshly for the dreadful deed:—

"What's done we partly may compute, But know not what's resisted."

With reference to the pathology of dyspepsia, I would consider it at least as much entitled to recognition as a distinct disease, in the present unsettled condition of medical nomenclature, as consumption or chorea. Like them, it is characterized clinically by manifestations of nervous disorder; so that Cullen was not very far wrong in considering dyspepsia as a neurosis under the class of Adynamia. Like pulmonary phthisis, also, its most marked symptoms are produced (I believe) by the absorption of the products of parasitic microorganisms. Just as Philip has shown that the symptoms of phthisis are due to the absorption of toxic products of bacilli tuberculosis, I think that many of the clinical manifestations of dyspepsia are caused by poisoning by ptyomains or leucocains. For when bacteria and other microorganisms have been accidentally swallowed with the food, if they find the conditions favorable in the stomach, they will rapidly multiply there and make it a centre of infection. When this occurs, and symptoms of disorder appear, I think it permissible to follow the general rule and apply to it the term infectious dyspepsia. By this I do not imply that it is also contagious, in the ordinary sense, but merely that the morbidity manifestations are directly connected with infection by microorganisms and their products.

Lauder Brunton has gone over this ground in his papers on "Indigestion as a Cause of Nervous Depression," and on "Poisons Formed from Food, and their Relation to Biliousness and Diarrhoea;" and Sir Andrew Clark has similarly traced the cause of anaemia and chlorosis in young girls to digestive disturbance, or what he terms "fœcal intoxication."

We now accept, without reservation, Pasteur's demonstration that there can be no fermentation or putrefaction without the presence of micro-organisms; and I think Lister's corollary, that they are also responsible for the occurrence in the living body of inflammation and suppuration, is also generally received and daily acted upon;—at least, by those of us who practice surgery. Therefore, when Abernethy bluntly said that "men eat so much that the food actually ferments in their stomachs," he went at once to the root of the matter, and indicated the true cause of the symptoms in many cases of dyspepsia. Leared has shown that heartburn is due to the presence in the stomach of butyric acid,—a product of lactic fermentation; and nearly thirty years ago Milne Edwards declared, as the result of his study of acid dyspepsia, that "the phenomena of lactic and butyric fermentation, which are manifested in the digestive tube, may well depend upon the action of infusoria, which live and multiply in the interior of this canal,—a hypothesis which explains the production of two gases found here, viz., hydrogen and carbonic acid." Of late years the science of bacteriology has made wonderful advance, and especially in the department of bacterial parasitism, or infection, and its relation to disease. It is known that certain microorganisms, under ordinary circumstances, are harmless to the human system; others possess virulence, and produce more or less disturbance of the bodily functions, or give rise to the different varieties of specific diseases. Under normal conditions, microbes, principally harmless, constantly find their way into the air passages and into the stomach, and, indeed, certain varieties are always found flourishing among the contents of this organ. Abbeau, a recent investigator of this subject, found 16 species existing normally in his own stomach, of which two were micrococi, 13 bacilli, and 1 vibrio. (Of these the sarcina ventriculi, the bacillus pyocyanus.

bacterium lactis ærægenæ, bacillus subtilis, bacillus amylobacter, bacillus megabacterium, and vibrio rugula had been recognized previously by other experimenters.) The presence of saprogenic microbes in the stomach, therefore, being constant and not incompatible with health, it becomes necessary to inquire why fermentation or putrefaction of the food does not occur after every meal? In other words, how is practical antisepsis obtained by natural processes? Three things are to be considered in this connection.—(1) the food, (2) the digestive fluids, and (3) the physical conditions attending the act of digestion. With regard to the food, we observe that effort is made to have it fresh and suitable for digestion; experience has shown that tainted food, or, as we commonly say, spoiled food, very promptly causes serious disorder, both of the digestive organs and the nervous system. The food is also, as a rule, required to be mainly of the kind that the individual is accustomed to eating, as unaccustomed food often produces sickness. The well-known antiseptic character of the digestive fluids is of great utility in preventing the development of microorganisms, but they vary, both in their quantity and quality under morbid conditions. The muscular contractions of the stomach, owing to deficient innervation, or to other causes, are often lacking in energy and efficiency, thus producing what has been called motor dyspepsia, and the movements may also be attended by pain.

With regard to the personal equation or digestive capacity of different individuals, we rarely give sufficient consideration in therapeutics to actual anatomical differences in stomachs. Some persons have stomachs many times larger than others, thus requiring more bulky food and less frequent feeding than the latter, and this difference exists even early in infancy.

As already stated, during healthy digestion fermentation and putrefaction of the food do not occur; but let digestion be retarded, or let the amount of gastric juice be insufficient in quantity or deficient in its essential elements, or let certain germs be present in unusual quantity, and indigestion, sour stomach, and the usual symptoms attending painful and tardy digestion will be produced. On the contrary, in a case of habitual indigestion, or dyspepsia, if proper measures be taken to keep the puerperic activity of the microorganisms in check, at the same time securing by hygienic and tonic treatment a proper innervation of the stomach, and especially a full supply of gastric juice of good quality, the nervous symptoms, both local and systemic, will at once be ameliorated, and by continuing this plan of treatment (which I have ventured to call the antiseptic method on account of its results), and the selection of a proper dietary, the dyspepsia may be restored, if not to perfect health and happiness, at least as near as he can hope to come to them in this world.

I cannot help digressing a little just here, to note the precautions that civilized man has been taught by experience to take, in order to prevent septic infection of the contents of his stomach. He cooks his food at a comparatively high temperature, and, generally, it is eaten at once, or means are taken to preserve it by refrigeration or hermetic sealing. In thickly-inhabited parts of the world it is the custom to boil the water used for drinking purposes, and, very commonly, some aromatic or slightly stimulating herb or berry is added to make it more palatable. In fact, coffee after roasting has also decided antiseptic effects, and its infusion markedly retards the development of microorganisms in the stomach. Tea exerts a similar action, though to a less degree, but it has the disadvantage of retarding the digestion of albuminoids. Chloride of sodium is a constant feature upon all of our tables, and, doubtless, is one of the great agents in permitting advance in civilization, as it helps digestion, and is a valuable antiseptic. Alcohol has this action also, but possesses the additional advantage of stimulating the nerves of the stomach, thus increasing the rate of its movements, and also the amount of the gastric juice. When used to assist digestion, alcoholic stimulants are considered by Ringer to be invaluable, when
used medicinally and with discretion. In the
treatment of weak digestion, I often find the
judicious use of old Bourbon to be attended
by the most happy effects. It is the most
reliable form in which to administer stimulants,
and is infinitely preferable to adulterated
French wines for this purpose.

It might be mentioned here, with regard to
the question of treatment, that many of the
drugs of established reputation in relieving
the symptoms of dyspepsia are also known to be
antizymotics. For instance, we may enumerate
the cinchona salts (quinine is very prominent
among bactericidal agents), hydrochloric
acid, nitrate of silver, the volatile oils, strychnine,
arsenic, the mercurials, iodine and carbo-
ic acid, creasote, beta-naphthol, salicylic acid,
salol, resin, charcoal, not forgetting alcohol,
which is the basis and essential ingredient
in the various mixed essences and bitters.
The alkalies, particularly the bicalcium of
sodium, act indirectly as antiseptics,
by changing the reaction of the fluid contents
of the stomach and preventing the growth of
those bacteria which flourish only in an acid
medium.

A very prompt and efficient method of pre-
venting the undue development of micro-
organisms in the stomach is by irritation of
its cavity with antiseptic solutions. Washing
out the stomach, or lavage, is a very
old method of relieving the symptoms of indiges-
tion, and does not require special apparatus
for its performance. All that is necessary is
to swallow large quantities of water, or other
detergent solution, and then make the stom-
ach empty itself by the act of vomiting. This
was in use among the ancient Romans, and
probably is among the few therapeutic expe-
dients coming down to us from primeval man.
The treatment of dyspepsia by emetics is
similar to it, though attended by more nausea
and disturbance of the general system. The
method, which Kussmaul introduced in 1867,
is a great improvement upon either of these.
He uses a soft esophageal tube, attached to
a stomach-pump, for the purpose of washing
out the stomach, and surprising results are
obtainable by adopting this treatment. I have
generally caused by lactic, acetic, or butyric
fermentation, due to the presence of appro-
priate forms of bacteria in the stomach. The
object of treatment of infectious dyspepsia is
to prevent the excessive development of
micro-organisms during the digestion of food.
This is sought to be accomplished by (1) the
use of articles of diet which are not in a fer-
menting condition nor readily fermentable;
(2) by adopting such hygienic and tonic
measures as will invigorate the bodily powers
and especially bring the gastric juice up to its
normal standard of quality and quantity, and
increase the muscular power of the stomach;
and (3) by local antiseptic treatment, includ-
ing the administration of drugs which retard
fermentation, and especially by lavage, or
irrigation of the stomach, with weak disinfec-
tant solutions, or simply recently-boiled
water.

OBSCURE INJURIES TO THE SKULL.*

BY W. C. SHAW, M.D.,
Of Pittsburgh, Pa.

A boy, eleven years of age, was picked up,
injured in the collision of a buggy with an
electric car. He was bleeding profusely from
his nose and left ear. He had laceration of
both ears and a scalp wound. I remarked at
the time that the boy might pass for one
suffering from a fracture of the base of the
skull. Two or three days after there ap-
ppeared an ecchymosis on the left of the eye-
lid, and extending up over the forehead. I
was dressing his ear and made a little press-
ure over the meetsus, and he complained of
severe pain in his ear. He was also deaf in
the left ear; could not hear a watch tick a
inch from his ear. He gradually recovered,
and did not have serious complications, if he
had fracture of the base of the skull. But
now, to-day, I called at the house to make
my last visit, and his mother spoke of his
going down last evening from the steps to
the pavement, and as he stepped on the pave-
ment he complained of a jarring in his head
again, and of quite a severe pain in that ear.

* Reported to the Allegheny County Medical Society, September,
1879.
should differ with the doctor. It does not appear the symptoms were severe enough to venture an opinion of that kind. The vital centres are most likely affected in fracture of the base, and death is almost certain to result. I would mention here that a series of extremely interesting articles have been recently published in the Lancet, on fractures of the skull. In Dr. Shaw's case, I think some slight hemorrhage was the nature of the trouble. With regard to the case on which Dr. McCann did not operate, it was certainly an interesting one, and shows the importance of going slowly with regard to using instruments for cutting into the brain. I suppose many surgeons would at once have proceeded to operate. I am rather inclined to think there was in this case a little hemorrhage.

Dr. McCann added: The case was one in which there was probably a minute hemorrhage, or that condition which is recognized as commotion or concussion of the brain. At the time I saw it, the child had paralysis and loss of speech, but still there was nothing which warranted brain proceedings. We therefore deferred operation, with the result the doctor has stated. The bones of a child are so very flexible, breaking with such great difficulty as compared with the bones of an adult, that you can readily understand how a certain amount of bending or yielding under force might occur without an absolute fracture of the skull, and still lead to commotion of the brain substance, which would bring about a paralytic condition more or less permanent, but which is liable to be gotten rid of in children. The brain is likely to accommodate itself to pressure. In a simple fracture of the skull, even with some depression and without symptoms, I should hesitate about applying the trephine in a child, whereas in an adult I should not hesitate if there was a marked depression. Of course, in a compound fracture of the skull in a child, I should not hesitate resorting to operation to remove the depressed fragments of bone, if necessary, to give outlet to any blood which might be concealed, and should not hesitate to open the dura for the purpose of relieving the pressure. But where you have to deal with a simple fracture with marked symptoms, but without any positive evidence of fracture at a given point, I think it is well to go very slowly in operating upon a child.

I remember an instance where the parietal bone was driven down upon the brain over the ear, in which the child lay insensible for three days, and in which after elevation and removal of the bone, the cerebral symptoms passed off and the child recovered entirely. I reported to this society a few years ago, an instance in which a large portion of the parietal bone was driven down on the right hemisphere of the brain, destroying the right motor centre for the arm and for the leg and face, but not destroying the speech centre, in which there was, I think, half an ounce of brain substance torn from the brain, with an immense tear in the dura, leaving a cavity into which I passed my little finger to search for fragments of bone in the brain. Without any expectation of recovery, I introduced a drainage tube into the brain and stitched the wound up. Very much to my astonishment, my patient recovered, and with power in the leg sufficient to enable him to walk. He has never recovered power in the arm. His speech has not been seriously affected.

I cannot see that there is any necessity for treating a fracture of the skull as an open wound. The dangers of sepsis are very greatly increased, whereas by closing the wound and draining, thereby giving exit for any fluid which may flow out as a consequence of the damage, certain sources of danger are eliminated, and at the same time you can protect your wound effectually, so that you leave your patient very much as if he suffered from a simple fracture.

—Mr. Jonathan Hutchinson, of London, England, recommends, for the treatment of Epyaxis, the plunging of the feet and hands into water as hot as can be borne. The most rebellious cases are said to yield to this treatment.

A NEW METHOD OF DELIVERING THE FETAL HEAD.*

BY BENJAMIN T. SHIMWELL, M.D.,
Of Philadelphia.

Nature's manner of delivering the fetal head has been followed by obstetricians from time immemorial; recognizing the fact that the occiput is borne under the symphysis pubis in normal labor. The face and chin stretch the perineal body, then force their way out, requiring an especial amount of time to prevent tearing of the vulva. The extent of injury to the pelvic floor is not properly appreciated; if the superficial tissue of the perineum is safe the attendant congratulates himself on his possible skill; or if aware of deeper injury, feels grateful that no apparent injury is shown to the watchful eyes of the nurse or patient's friends. Thus do thousands get out of the confinement-bed ruined in health, carrying into the future injuries that must of necessity bring ill results. Various plans have been suggested to support and accommodate the perineal body to the oncoming head. It is strange how often the anatomical construction of the perineum is overlooked, and considered merely as a space-filler. It is by this that so much injury is done. The gynaecologist's specialty lives by these results.

These are the reasons, hastened probably by experience gained in the above manner, that has induced me to write this paper. The theory that will be advanced, backed by my application of it in a great number of cases, is evidently new; if not, it has not come to my knowledge by reading or otherwise. The advantage of this method is the saving of the pelvic floor from injury either superficial or deep. No attempt is made to show exposition, but a modification of the ordinary method of labor changing the direction of the impinging force. Naegle says that 70 out of every 100 vertex presentations are in the first position, the other 30 are occiput to right and posterior. The remaining positions are exceedingly rare.

When the head presents in the first position the body of the child must not be over

* Read at a stated meeting of the Philadelphia County Medical Society.

looked. The back of the child must present to the front and left, the chest to the back and right; therefore at right angles with the vertex presentation of the head at the superior strait. The important point in this theory is the rotation of the head to the symphysis pubis. The manner of rotation of the head is mooted. Pajot claims that the shoulders participate in the rotation, but contradicts himself when he further says: "That it is above all the shape of the child's head which decides the character of the movement;" also, "That the occiput will, therefore, be carried forward less on account of the direction of the forces which impel it, than because of the necessity for accommodation of the cephalic surfaces to the pelvic surfaces. All writers admit that after expulsion of the head occurs restitution takes places, that in a case of first position, after the head is delivered, the head turns with its occiput to the left thigh—that is, in the direction that the head presents at the superior strait; this is an unswisting of the neck.

Gerdy claims that this is an "external expression of a movement of the shoulders within the pelvis, by which the biacromial diameter passes from the transverse to the antero-posterior diameter, the head following the internal rotation." The folly of this assertion is on its surface. The head is free and the neck and body are constricted by the vagina and uterus, and if rotation does take place, can we overlook the anatomical relation and action of the atlas vertebra? Would not the weight of the head allow of the rotation internal without its external manifestation?

Penrose (Hirst, vol. i, p. 571) says: "While the head has rotated, the body of the child, still in the cavity of the uterus, has been tightly grasped by the firmly contracting walls of the uterus, and has not participated in the movements of the head; hence the shoulders are still oblique at the superior strait, consequently the neck of the child is twisted." The latter theory, according to my experience, is the true one. The fact of the anatomical construction of the cervical vertebrae of the child cannot be overlooked. This arrangement
allows of a rotation of one-fourth of its circumference to take place without injury to the spinal cord. Therefore, if Pajot's theory of the accommodation of the cephalic surfaces to the pelvic surfaces, rather than the application of the force, is true, then it can be seen that rotation of the head is possible without the shoulders.

Then, again, the head is not free to wobble around the pelvis when it has reached such a condition of flexion, neither is the neck a rigid body depending on the shoulders for its position. If the theory of shoulder rotation is so, then nature's method is superfluous; for why should the biconcave diameter be changed from its oblique position, which is nearer the antero-posterior diameter, to the transverse, then rotate back again beyond its former position to the antero-posterior.

Playfair believes in partial rotation.

Believing, then, that the shoulders still maintain their oblique position through all the stages of the delivery of the head, what occurs when rotation brings the occiput directly antero-posterior? This has been accomplished by the rotation mentioned of the atlas on the axis vertebrae to this one-fourth of its circumference; this having occurred, the delivery of the head takes place, then immediately external rotation or restitution occurs, that is, the neck untwists.

The outlet of the female pelvis is four inches antero-posterior and transverse. The antero-posterior is possibly increased a half inch by extension of the coccyx. These measurements are decreased by the soft tissues; this is more marked in the antero-posterior by the rectum and perineal body. As the head in the last act of delivery begins to extend, we have presenting the cervico-frontal diameter, which is four inches: this has to pass through a space that is but four inches, possibly four and a half inches, lessened by the perineal body, which is at this stage excessively stretched and attenuated. As the safety of the perineum is an exceedingly important matter, it occurred to me that this might be accomplished by lessening the size of the impinging body and transferring the extending head into another direction. It is the nose and chin that rupture the pelvic floor, therefore if the direction of this force can be changed to some other point than the junction of the levator ani muscle, it can be easily seen how injury to this muscle can be prevented.

When the labor has reached this stage, I place the woman across the bed on her back, knees well drawn up, then compel her to breathe with the mouth wide open to prevent bearing down. As the head presents in the oblique direction and to reach the antero-posterior diameter it rotates, twisting the neck, the first step in the method is to reestablish the direction of the first impingement; this is not done until the cervico-frontal diameter is reached; this must be complete, then forcing the head into extreme flexion by grasping the presenting occult by the hand (in non-instrumental labors), I begin my rotation; the first step is to untwist the neck; this accomplished, the head presents cervico-frontal to the left anterior. I then take advantage of the same anatomical construction of the cervical vertebrae that allows of the normal rotation, and rotate one-fourth in the opposite direction, that is, to the left. The cervico-frontal is then transverse, the neck lying on the labia of the left side, the forehead beginning to engage the soft tissues of the right labia. What is now presenting to the antero-posterior diameter, or, what is more important, to the perineum? The biparietal diameter, which measures three and one-half inches, therefore less tension on the perineum. The possibility of delivering the head in the transverse diameter has been questioned. The articulation of the head to the spinal column is wisely arranged; if no other object than birth was intended, it has well served its purpose. The diameters of the extending face are those of a right-angle triangle, the hypotenuse of which is four inches, the perpendicular three inches, the base two and four-fifths inches. The mechanical advantage of this is apparent. If the measurements had been those of a triangle, the impinging vertex of it may be seen, the head could not be born as long as the perineum existed. The sweep of the extending head would be the same at the chin as at the forehead, and the perineum would be torn in every case and in every succeeding labor; but the measurements are those of a right-angle triangle, and of a necessity the chin must recede when complete extension takes place, when extension is made in the transverse diameter of the inferior strait the chin does not impinge on the ramus of the ischium.

Having got the head into this position, I begin the last stage of the delivery of the head. The head has been all this time in extreme flexion, then extension is performed, the soft tissues of the labia push aside, and nose follows on forehead, chin on nose; delivery is complete, and the pelvic floor is safe. The head then untwists to its normal position.

An interesting discussion followed the reading of this paper:

Dr. J. M. Baldy said: In almost everything in which we have attempted to interfere with physiological processes, we have found that they have been carried on a great deal better by Nature herself than by any so-called improvement that we have made on her. If Nature had meant that the head should be delivered in the transverse diameter of the outlet, she would have given us some indication of such desire. On the contrary, she has shown us so clearly and distinctly that the head was to be delivered in the antero-posterior diameter. It is probable that the head can be delivered in the transverse diameter, as Dr. Shimwell has pointed out, if all the measurements are of average size; but all of us know perfectly well that it is the exceptional head that we come across, and not the typical head. Many of the heads are large, and the higher we get in the stage of civilization the larger the head. The normal head may go through, but I doubt not that Dr. Shimwell will run across many cases that he will not be able to deliver in the transverse diameter. Unless the head will pass easily, we have here no room for extension of the outlet. It is a fixed quantity bound by bony walls—the ramus of the ischium on both sides—and there can be no distortion.

On the contrary, in the natural methods of delivery we have free room for extension taking place through the perineal body and the soft part of the lower part of the pelvis. Now, it may be that there is danger to the levator ani muscles from over-distention, but at the same time I conceive, and it has been my experience, that the danger to these muscles is greater in proportion to the amount of interference we give to the perineum. In other words, we have here a hard body starting from a given point and progressing at a certain angle to a certain point at which it meets a plane of resistance, that plane of resistance being the soft parts of the pelvic floor, and, if you will, principally the levator ani muscles. There is a well-known physical law, that any body moving in a given direction and meeting with an obstacle, will be deflected at a certain angle. We have this occurring in delivery of the head. The head comes down and meets a resistance, which, although not a fixed resistance, is sufficient to cause deflection in the line of least resistance. This line of least resistance is the opening of the vulva. If resistance is given to the head at that point, the head is prevented from bulging through the vulvar orifice, and the vis a tergo being still active, must be spent at some place, and that place is at the point of contact of the head with the pelvic floor. Taking the head, which is bulging the perineum and presenting at the vulva, we hold it back by pressure on the perineum, or by some other method; then we are going to have the greater part of the vis a tergo exerted at this one point. These soft tissues of the pelvic floor are capable of yielding to a certain point, and, when they come to that point, they are going to give, and there will be a tear of the levator ani muscles and the other tissues involved. This is where, I believe, the vast majority of tears of the perineum occur. My experience teach that the head should be held back in some way or other, so that the vulvar orifice is not allowed to expand and the head protrude, as Nature intended;
and by this misapplied force we bring about the accident we are trying to avoid. I have found in the cases in which I allowed Nature to take her course almost entirely, keeping the fingers from the head and perineum, excepting to make slight pressure and lift the head up against the pubic arch, that they have done better and I have had fewer tears, and those that have taken place have been of a minor degree as compared with those where I tried to prevent injury by supporting the perineum. Any support of the perineum whatever is pernicious. I believe that all the teachers and all the books are at fault in that respect. Nature did not mean to have the head held back and have the whole force spent on one part, when we have the elasticity of all the soft parts well anchored, so as to yield and to give room for the head to pass. Supporting the perineum prevents the proper stretching of these tissues, and prevents any good they may do in bulging the perineum and forcing the vulvar orifice open.

Dr. Shinnwell said: I am exceedingly sorry that some of my friends who have used this method successfully have not spoken. Dr. Baldy has raised the objection that a large head could not be born transversely, but the same objection applies to the antero-posterior position as well. He overlooks the fact demonstrated by the mathematical figure, that we gain, as the chin is delivered, a fraction over one and a quarter inches. The head is born without impinging on the soft tissues of the pelvis. I have tried this method successfully for a year and a half, both in primipara and in multipara. I have used it both in cases terminated without instruments and in those where the forces have been required on account of loss of tone or from malformation on the part of the head or of the pelvic outlet.

In regard to Nature—Nature is not always a good worker. If so, why should we have a disproportion between the head and the pelvis? The outlet should be made equal to the head. With regard to the increase in the size of the head with advancing civilization, I know that; but is the pelvis unchanged? Is it not rather lessened? Has it not changed its size and shape? The points advanced are, I think, no argument against the method. It is a safe method; it is an easy method; and the delivery is accomplished with perfect safety to the child and to the mother.

AN INTERESTING CASE OF OBSTRUCTION OF THE BOWELS.*

BY MORDECAI PRICE, M.D.,
Of Philadelphia.

Mr. S., Dr. Dundor's patient, sixty-eight years old, suffering from obstruction of the bowel from distention, the result of paralytic ileus. There were inflammatory bands at the sigmoid, but not sufficient, I think, to be the cause of the trouble. On June 4th I was asked by Dr. Dundor to see the patient in consultation. Dr. Dundor had only just been called to attend the case; he had had two previous attacks almost identical with this one, though not so long nor so serious in character.

We found the patient, a man over six feet in height, lying on the floor of his back, with his abdomen distended almost to bursting, suffering great pain from the distension; no vomiting. He was taking at this time small doses of calomel; forcible injections had been used, but the bowel would retain but little fluid, showing the obstruction at the sigmoid.

This was the eighth day without a movement of the bowels. The patient's condition did not indicate an inflammatory condition. We considered it safer, owing to his present condition—no vomiting, pulse but little accelerated, temperature but little above normal—to wait rather than proceed with abdominal section. Epsom salts were ordered in one ounce doses, to be given every four hours until the bowels were moved or symptoms of a more serious character made their appearance. Four ounces of salts were given before I saw the patient.

Dr. Dundor was to see the patient early next morning and sent me word as to his condition. He was detained with a serious case of labor, so we did not see our patient until the evening. I then asked my brother, Dr. Joseph Price, to look the case with us. He heartily abused me on the way to the patient's house for not operating when I first saw the patient. After a thorough examination, he agreed with us that it was better to wait even then for daylight, rather than operate in the dark. We left him, with the understanding that if there was no favorable change we were to be called at 5 o'clock in the morning, when I would do abdominal section.

At 5 o'clock sharp I was notified by the messenger that the patient was rapidly growing worse, and wanted something done for his relief. At 6 o'clock, with the assistance of Dr. J. Price and Dr. Dundor, I opened the abdomen midway between the pubis and umbilicus, making an opening three inches in length. So great was the distention that the mere tons of the knife made a great gaping wound. On examination, the large intestine was found distended to the size of my thigh, the small intestine empty.

A short examination, finding we could make nothing out of the condition, the incision was enlarged, and the bowel brought out and an opening three-quarters of an inch made in it. Gas and feces were driven with great force through the window into the street. We removed a large old fashioned tin basinful of liquid feces, all the gas and all the contents of the bowel that we could remove, probably two gallons. The bowel was thoroughly washed and examined, the adhesions at the sigmoid were torn away, wound in bowel closed with fifteen Lemert sutures, and again thoroughly washed. The estimated length of colon when returned was ten feet. Patient put to bed in moderately good condition, suffering but little that day and night. On the following morning, at 9.30, I found him taking a bath in a bucketful of liquid feces, from his head to his heels; he was quite comfortable in every way barring his filthy condition. I was delighted to see the salts having such a happy effect. I scarce need tell you that I cleaned him; both Dr. Dundor and myself had to continue to do so every day for a week. The salts taken previous to the operation unquestionably saved our patient. He went on without intermission to a rapid recovery.

I wish to call attention to the fact of the immediate close of the intestinal wound. It must have been immediate, or there would have been leakage.

I gave Dr. Agnew a short history of the bowel case, and he told me that in the Wistar and Hornsby cases there was a large colon which had contained sixty-seven gallons of fluid. The man had died of ruptured bowel without operation.

In regard to securing a movement of the bowels, it is pretty well established that where you have peritonitis, or any condition of the bowel where peristalsis is interfered with, you have constipation from paralysis. This is most marked in cases of strangulation. In the earlier operations in these cases it was not much noticed because then the desire was to secure rest of the bowels. We now do not wish that, but begin the use of purgatives as soon as the patient rallied from the ether, and the stomach will retain medicine. I have had eight or nine cases of obstruction of the bowel, and all have recovered but one. In that case the patient was moribund when I saw him, and I operated only at the patient's urgent request. In that case there were eight inches of gangrenous intestine. In one case I had to give as much as six ounces of Epsom salts before securing a movement of the bowels, showing that the intestine was in a paralyzed condition.

In regard to operation in apparent obstruction of the bowel, I think that we can establish a law. If we are called to a patient with apparent obstruction, with great distention and no movement probably for a week or even weeks, and that patient has no fever and a pulse that does not indicate any grave or serious lesion, we have no right to interfere with the knife. I was called to Chester County, to see, with Dr. Ewing, a lady sixty-five years of age, with obstruction of the bowels of eight days standing. She had been treated with
enemata and internal remedies without result.
I examined her carefully and noted the stupid appearance of her face, the expression of absolute want of mental capacity which was present. There was freedom from pain and no fever. The bowels could be seen like knuckles of sausage under the skin. There was no positive indication of mechanical obstruction. I advised injections of warm solutions of Epson salts, and the use of calomel.

Before the trouble with the bowels had commenced, the woman had had a severe epileptic convulsion and had several light attacks of the same character since. I have no doubt that the bowels were paralyzed owing to the condition of the spinal cord, or the brain, or some lesion in the abdomen of a nervous character. Under the treatment suggested she began to have free movements of the bowels and they were thoroughly emptied. When a man has a case of bowel trouble, or of peritoneal trouble, with high temperature and threadless pulse, and does not at once proceed to use Epson salts or other saline, provided vomiting does not occur, and attempt to get rid of the trouble, and failing in that, does not go ahead and operate, does not do his duty to his patient. The moment that the patient begins to vomit anything resembling the contents of the bowel we should operate. I have never seen an abdomen opened in which something was not found to justify the operation.

**Notes of Practice.**

**A POSSIBLE CURE FOR PULMONARY TUBERCULOSIS.**

BY SAMUEL O. L. POTTER, A.M., M.D.,
Of San Francisco, Cal.

I have long held the opinion that the only efficient microbicid for pulmonary disease of microbe etiology is to be found among the volatile antiseptics, of which ether and chloroform are the most familiar members. Some personal experience with chloroform vapor as a destroyer of micro-organisms in cavities like the antrum, to which it is almost impos-
sible to gain access without a surgical operation, first turned my attention in this direction. I have already obtained some very valuable results from the use of a mixture of the vapors from several antiseptics, but so far, I have found that putrefactive chloroform to be the most deadly to the etiological factors of the purulent catarrh of mucous membranes of inaccessible cavities, epidemic coryza, hay-fever and similar affections.

I have made some experiments, also, with the same agents, in order to test their action upon the bacillus tuberculosis; and while I am not yet prepared to publish the result of my work, I feel convinced that this bacillus may be destroyed, and its victims saved, by the continued use of chloroform-inhalation, systematically carried on, day by day, by means of suitable apparatus, and with the care necessary to prevent injurious results or accidental poisoning. There is no need for the anaesthetic action being induced; but the inhalation can be kept up continually for several hours daily, and maintained short of general anesthesia.

I intend to devote myself this coming winter to the study and development of this subject in London and Paris, and hope to be able to give you a detailed account of my experiments before many months have gone by.

In the meantime, I will be very glad if any members of the profession will communicate to me the results of the experience they may have with these agents used by inhalation for the destruction of pathogenic micro-organisms.

**PODOPHYLLIN AND MERCURIC CHLORIDE IN DIARRHEA.**

BY HOBART A. HARE, M.D.,

The purpose of this brief note is simply to call attention once more, as has been done so frequently by others, to the advantages gained by the use of both the drugs named above in diarrhea, a trouble which the physician is constantly called upon to treat during all the months of the year, particularly in children. As with many other things in medicine, the knowledge that these drugs are employed by the unintinitiated without specific information as to the time of their employment, renders their use almost impossible in this way.

Two forms of diarrheas exist which should be treated by their use. The first is that dependent upon deficient secretion of the various intestinal juices; the second upon fermentation and irritation of the intestine, with the formation of mucous in the alimentary canal. In the instances where secretion is defective, podophyllin in minute amounts is of value, and the indication for its employment is a history of constipation accompanied by the occasional passage of slightly colored or grayish stools, which has ended in a sudden reversal of symptoms, consisting in a watery diarrheas of a more or less profuse type, containing particles of curdled milk or pieces of food semi-digested. These passages are often somewhat mushy or moldy in odor as the case progresses, and the entire attack is one in which the patient rapidly wastes, has persistent vomiting, and almost uncontrollable watery purging, which, if it be retarded briefly by powerful remedies, seems, to renew its vigor through delay. Under these circumstances the following prescription is of service for a child of from 16 months to 2 years:

B. **Resina podophylli**

Alcohol,

M. Strept—One drop in a teaspoonful of water every five hours.

In an older child two grains may be placed in the prescription instead of one. As soon as the passages begin to show slight evidences of intestinal secretion, as may be noted by the appearance of some tinge of yellow or brownish color, the physician will recognize that his remedy has not failed, and with the employment of proper diet can regard the child as on the way toward recovery. Generally, persistence in the use of this drug in the manner named for a day or two longer will bring the intestinal movements to a natural state without producing constipation, an extreme generally arrived at if astringents are employed.

The second form of diarrheas is that in which the mercuric chloride is of value. It is characterized not by watery stools, but by mucous passages in which flake or masses of mucus float in a little watery liquid, or are passed from the bowel alone or mixed with threads of blood. Sometimes particles of food are seen embedded in these masses of mucus, which by their toughness prevent the digestive juices from acting on the food, which they envelop like the gelatine coating of an old pill.

The following prescription is now of value:

B. **Hydrarg. chlor. coros.**

Aqae distill.,

M. Stirr. One teaspoonful every six hours.

The physician must insist on the druggist using distilled water, as if tap-water is employed the mercury salt will be decomposed, and a precipitation will occur, rendering the treatment both useless and harmful.

The writer has not described this treatment as one which is new, but because he has found it very useful, and thinks that many members of the profession do not recognize its value. It will not succeed in every case, but will often give relief in obstinate attacks in which ordinary measures have failed.

**ANTISEPTIC MANAGEMENT OF OBSTETRIC CASES IN A NEW YORK HOSPITAL.**

BY C. D. ROY, M.D.

On coming in, all the patients are vaccinated and a thorough ablution taken before they are transferred to the waiting pavilion, there to remain until labor commences, when they are transferred to the delivery room. As soon as their entrance as possible, the patients are examined, so that a general knowledge of their condition may be ascertained before labor sets in. The following points are ascertained in the examination:

- Period of first menstruation, of last menstruation, of quickening, number of pregnancies

* The New York Maternity Hospital. (Extract from a letter in The Dixie Doctor, Oct., 1899.)
A great many text-books teach that as soon as the placenta is grasped it should be twisted, and at the same time traction should be made. What has proven to me a better plan is to express the placenta, and having grasped it with the other hand, to keep it moving until the whole is expelled. Never let it stop moving, but use continuous traction without twisting.

No after douche is given unless instruments have been used or the hands introduced into the vagina. The genitals are now washed with the same bichloride solution and the urine drawn by means of a catheter. An antiseptic pad is placed over the vulva, to be changed every six hours during the puerperal state. The pad is made as follows: (1) A piece of lint six by eight inches, folded lengthwise so as to be three inches wide; (2) a piece of oiled muslin nine by four inches; (3) a pad of borated cotton; (4) a piece of muslin eighteen inches square. The lint is wrung out in a lukewarm solution of bichloride (1:2000) and carefully applied over the vulva. The oiled muslin is washed in the same solution and applied over the lint, bending the edges forward on the inside of the thighs. The cotton is placed inside the muslin, which is folded diagonally so as to form a kind of boat five inches wide and fastened tightly to the abdominal binder by four pins, both in front and behind. These dressings are continued as long as the patient is in bed. No antiseptic vaginal douches are given except where the lochia becomes offensive in character.

This gives in detail the methods of antiseptic management, and while some may say that it is a very good one in a hospital, where you have all the conveniences necessary, but not in private practice, to all such I would say that, with the convenient form of the bichloride tablets, and the small space occupied by an ounce bottle of pure carbolic acid, the physician may easily go prepared to treat antiseptically all cases which come under his charge, and the precautions thus taken will prove most valuable in the end.
When only a general tonic effect of galvanism or faradism is required, it is sufficient to paint, so to speak, all the muscles and nerves of the body with the electrodes, which should be large, making the muscles contract if possible. Passing the electrodes up and down the spine is very useful for this purpose. Sometimes as a result of nerve-degeneration, the nerves and muscles will not respond to faradism. Galvanism must then be used. As a general tonic, static electricity is often to be preferred to either.

In conclusion, I would say if you wish to obtain success in using electricity never put the battery into the hands of the patient to use himself; never entrust it to a nurse; never employ a student if you can help it. Always apply it yourself.

Before closing, I would say a few words regarding electrolysis. I cannot say anything regarding this treatment of uterine tumors, pelvic inflammations and other gynecological affections about which we have heard so much during the past few years, as I have had no experience with them.

I can, however, strongly recommend electrolysis for many affections.

Hair can be removed from the face without injuring the skin or leaving any blemish behind. As satisfactory as this operation is, I cannot believe that its possibilities are as well known as one would suppose, nor is it a case, judging from the instances of this affection one observes in the streets.

Vascular tumors of the skin, such as cavernous angiomata and naevi can be removed as well as warts and other facial blemishes.

Port wine stains can be greatly improved. I have for a long time been experimenting with the treatment of this deformity, and I hope soon to be able to report a greatly improved method of using electrolysis.

The dilated veins which often in advancing years deform the face, particularly that prominent feature, the nose, are easily and satisfactorily cured.

Goitre is one of those new growths which, it is claimed, can be cured by electrolysis. The best method is to insert the needles from both the poles into the gland, and to pass through them a powerful current of from forty to eighty milliamperes. The needles should be insulated where they pass through the skin, and moved about in different directions. The whole process should include several settings of twenty to thirty minutes each. Dr. John Duncan reports having treated fourteen cases by this method. Three were under treatment at the time of the report. Four had been lost sight of. Of the remaining seven, six were absolutely cured. The seventh case was not changed by one operation. The treatment is one well worth trying.

For vascular tumors just referred to, such as naevi and cavernous angiomata, it is by far the best method of cure that we have, particularly where it is desirable to avoid disfiguring scars. The scar left by electrolysis is white and does not contract. The operation is bloodless, safe and free from after-pain. The only drawback is that it may require several sittings to obtain the best results.

THE DRY TREATMENT FOR OPEN WOUNDS AND ULCERS.

BY HENRY T. BFFORD, M.D.,
Of Chicago.

The following experiments were undertaken for the purpose of finding a method of cure for open wounds that would operate somewhat in the same manner as the closure and healing of incised wounds by primary union, viz., without sepsis and without suppuration. I had been disappointed with germicides, because they neither prevented suppuration in an open wound, nor rapidly checked it. I therefore discarded them, and strove to imitate the natural method of healing of small superficial wounds when left alone, viz., to dry the wound and keep it dry; or, failing in this, to drain off the fluid so constantly that the same fluid would not remain in contact with the wounded surface for the development of germs in it. Having accomplished this to my complete satisfaction, I applied the same methods to suppurating wounds, and was equally well satisfied.


2. Change the dressing often enough to prevent an accumulation of moist discharge.
3. Dry off the surfaces at each dressing as perfectly as possible.
4. Place absorbent material firmly against every part of the raw surfaces, but leave the packing loose in the middle so that the cavity may more readily contract.
5. Place an abundance of absorbent material over the wound, so as to be in direct contact with the packing—no powder or drug intervening.
6. Use clean absorbent cotton for small wounds, gauze for the larger ones.
7. Cleanse the neighboring skin at each dressing with dry absorbent material, or wash it with alcohol, but allow no water, or watery solution to come in contact with the wound or its surroundings.

BINODIDE OF MERCURY WITH IPECAC IN SYPHILIS.*

BY H. HOLBROOK CURTIS, M. D.,
Of New York.

The addition of an eighth of a grain of pulverized ipecac to a sixteenth of a grain tablet triturate of binodide of mercury, will effectually prevent the unpleasant action of the drug upon the mucous membrane. Looseness of the bowels and gastralgia are prevented, and this dose may be given in from three to twelve pills per day. It has been the custom of the writer to continue this treatment for two years without iodide of potash. This method is particularly applicable in the case of singers, upon whom the exhibition of iodide of potash causes hoarseness; and in the case of travelers, who may carry in small bulk enough tablets to last the entire course of treatment. Over thirty cases have been treated in this manner without any potash whatever during the last ten years, with not a single temporary symptom.

It is a fact not generally appreciated that the iodide of potash eruption and unpleasant symptoms may be prevented by the simple means of a hot bath morning and evening.

* Journal of the Respiratory Organs, September, 1890.
THE INFANT'S FOOD DURING THE FIRST YEAR.*

BY OLIVER P. REX, M. D.,
Lecturer on Pediatrics in the Jefferson Medical College.

The nursing-bottle should be as simple as possible in construction, with a black rubber nipple. After every nursing the bottle should be scalded out with a solution of bicarbonate of soda or sal soda, and the nipple should be everted over the thumb and scrubbed with a brush wet with the same solution. In the intervals between nursing the nipple should be kept in a solution of bicarbonate of soda or salicylate of soda.

Speaking broadly, the whole medical treatment of the first year of infancy comes down to a question of proper feeding. How few diseases come naturally to the infant in its first year! It leads almost a charmed life, provided its feeding be properly carried out.

The constant presence of food in the stomach causes a constant activity of its glandular structure. Increased vascularity means increased secretion, and thus is produced a catarhral condition. Rational treatment must commence at the starting-point of the disease. Let us begin with the blandest and most acceptable food to the stomach—albumen water. Take one pint of boiling water and cool it until tepid. Into this stir by degrees the white of one egg. Be careful to add a very little white at a time, stirring constantly until the whole has been dissolved in the water. This makes a mucilaginous mixture, which may be flavored with a pinch of salt, or sugar, or, as is preferred in the Paris hospitals, with orange-flower water. A teaspoonful to a tablespoonful of this drink given every five, ten, or fifteen minutes will quickly stop vomiting, and now the diet can be supplemented by the addition of barley-water. Take one to two tablespoonfuls of thoroughly-washed pearled barley, put in a pint of water, and keep at boiling-point for an hour. This gives a gelatinous liquid, to which the white of an egg may be added as before, with a teaspoonful of brandy, a pinch of salt, and a little sugar. At this stage the diet may be varied by using rice-water or equal parts of barley-water and lamb broth. From this rather restricted diet we can soon proceed to the use of sterilized milk. If the child is constipated, Mellin's food may be employed with advantage, while a tendency to looseness can be best controlled by the peptogenic milk powder. Thus, step by step, without the use of any medicine at all, the child's digestion can be brought back to a natural condition.

—The late Dr. George M. Beard devised a mixture which he employed successfully in HEADACHES OF ALL KINDS, and which has lately received the endorsement of Dr. E. F. Hurd in his monograph on Neuralgia (St. Louis Med. and Surg. Journ.) The prescription is as follows:—

B. Potassium carbonat, ½ l. Sodii chloridi, ½ l. Aquæ aurantii flor., ½ l. Aquæ rosae, ½ l. Sto.—Lotion. To be used morning and night.

—Prof. Keen, in speaking to the class of antiseptic preparations, said that in boiling instruments for the purpose of sterilizing them, the rusting and discoloration which always follows when boiled in pure water can be prevented by boiling in a one per cent. solution of carbonate of soda.

—In cases of alopecia resulting from some continued fever, Prof. Bartholow advised the use of the following as a local tonic:—

B. Ext. Jaborandi fluid., ½ l. Tinct. cantharidis, ½ l. Glycercini, ½ l. Olei vaselini, ½ l. Sto.—Apply locally with a sponge at night.

—Prof. Parvin said that in the exudation of the vulvo-vaginal gland, in Paris, the operators melted paraaffine over a water-bath and injected it into the gland, immediately placing a small piece of ice over it. This fills the sac, making the extirpation, otherwise difficult, comparatively easy.

—In a case of catarhal jaundice, Prof. Da Costa prescribed small doses of calomel with bicarbonate of soda frequently repeated. In the mornings the patient was to take a half ounce of Rochelle salts and drink some of the mineral waters. Saccharine and starchy substances were to be avoided, and a blister was placed over the enlarged gall-bladder.

—Prof. Roberts Bartholow recommended in cases of impotence the following:—

B. Zinc phosphidi, ½ l. Coniæ rosæ, ½ l. Ergotini (aq. ext.), ½ l. Plant. pité. ½ l. Sto.—One to three pills thrice daily.

—Prof. Parvin, in his clinic at the Hospital, suggested a new mode of suture to be used in colporrhaphy. Instead of tying each suture as it is inserted, he thinks it a very good idea to place a needle on each end of a long catgut suture, and after inserting at one end of the demended part and drawing through to the middle of the catgut suture, to tie. Then, without cutting, begin to sew from each side, tying at each insertion of the two needles. In this way you take a "cobbler's stitch," which not only holds the parts thoroughly in apposition, but is quite strong.

—In a case of parenchymatous nephritis, in a boy six years of age who had been taking Basham's mixture, followed by infusion of digitalis and acetate of potash with no result (the accumulation of fluid becoming so great that his abdominal cavity had to be tapped, and his scrotum pricked with a fine needle),
The College and Clinical Record.

A MONTHLY MEDICAL JOURNAL.

RICHARD J. DUNGLISON, A.M., M.D., Editor.

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NO. 11.

MINOR GYNECOLOGY AS A DEFENDANT IN OPEN COURT.

Minor Gynecology was recently put on trial by its elder brother, Major Gynecology, before the Philadelphia County Medical Society. The charges were plain and explicit, but as the verdict has not yet been rendered, the case will probably be continued, or, if the decision of the medical profession sitting as a jury is unfavorable to the defendant, a new trial will doubtless be ordered.

The main specifications presented by the prosecutor, a prominent operative gynecologist,* may be summed up in the following quotation from his remarks:

There are abundant proofs, he stated, from the cases that have come out from under their hands, with one treatment or another, that manifold really major surgical affections arise merely from treatment recognized as orthodox from the standpoint of minor gynecology. So far as his own experience was concerned, he did not hesitate to put minor gynecology in a causal relation with a vast amount of the necessary major pelvic surgery coming under his attention.

First among these causes may be mentioned the Emmet cervical operation. Like many other surgical operations, this, when first explained by its distinguished originator, was done in season and out, by every one, without the least consideration of its contraindications. Very many minor tears of the cervix, in which a cosmetic effect only is obtained by operation, are made distinctly worse by operative interference. In many cases the pain becomes insufferable, from the lighting up of a dormant or unrecognized pelvic trouble, and operation is required to undo the mischief of an unnecessary cervical closure. This fact has been recognized by Emmet himself, and he has counselled the careful selection of cases in order to escape these disastrous results. It should be set down that wherever there is preexisting pelvic disease, even though slight, no cervical operation ought to be tried unless absolutely required by the condition of the patient.

Another operation which has met with much approval in many directions, and which some measure of success seems to follow in some cases, is the forceful dilatation of the cervix. It is clear that there is anecedent inflammation of the pelvic viscera, that of the genito-urinary system, such an operation as surgical dilatation of the cervix cannot be free from danger. In order to relieve dysmenorrhea by this procedure, it must evidently be due to stenosis of the os or cervix. The question here arises, can it be told, in dysmenorrhea, wherein its causes lie? Sometimes, but not infallibly. The fact is, that in many women where a stenosis would be diagnosed, there is no difficulty whatever attending the menstrual flux. This being the case, it is evident that a diagnosis cannot be made by simple observation without a careful study of all the symptoms. Again, in many women the causes for this condition are complex. It will not do to lose sight of this, and conclude that because a flexion exists dilatation will remedy menstrual pain. It is to be remembered that if there is co-existing pelvic inflammation dilatation will increase it, and, under certain conditions, cause it if absent. Rapid dilatation of the cervix is a distinct traumatism, and along with it runs all the dangers incident to septic absorption that attend any other violent procedure, and where traumatism incident to

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*Paper read by Dr. Joseph Price, of Philadelphia.
natural causes is confessed to be the cause of so much subsequent mischief, it ought not to be expected that operative injury can be harmless. In a number of cases with a history of preceding dilatation, the after-operation had exhibited an inflammatory condition of affairs as complicated as any other in his experience. Some of the dilatations were done with preexisting disease, which was made worse by this interference, while others were done simply to relieve the dysmenorrhea, and resulted in the establishment of a complicated surgical disease in which operation was necessarily purely to save life.

All in all, he believed that, judged simply by its remoter effects, the operation of rapid dilatation is a dangerous one, and results often in subsequent harm than in lasting good. The surgical injury to the cervix is, in many of these cases, more pronounced than the tears of the cervix which it is the intention to remedy by Emmet's operation. In this case there is operation at each horn of the dilemma, and the results are often equally bad at both. Simple closure of the cervix, in cases of pelvic disease, is always sometimes acceptable. The necessary inflammatory action set up in the suture tract is transferred along the lymphatic or venous channels to the seat of the earlier inflammation, this is lighted up anew, and goes on in its development until a pelvic peritonitis is kindled or rekindled, which at last entails a major operation. The minor gynecologist, as such, who has no regard for or appreciation of the relation of the commonly advocated general closure of perineal and cervical tears to major surgical complications, cannot but be a great factor in the causation of the same.

That the inconsiderate use of the uterine sound has been responsible for much inflammatory pelvic trouble, is scarcely to be disputed. This is not because the sound is of itself a dangerous instrument, but because it is put into the hands of every tyro as an instrument of diagnosis. If used at all, it should be in the hands of those with whom its application, by reason of their skill, will be

exceptional, not usual, and the rule should be, that in the hands of the non-expert it should be forbidden. The more expert and experienced the specialist, the more rarely will the instrument be required. In cases in which it might at first seem indicated, a little patience and diligence will obviate the necessity of employing it. The indiscriminate use of the sound and electrode is the most serious mechanical objection to the employment of electricity. Every sitting for the electrical treatment is prefaced by the use of the sound, and followed necessarily by the introduction of an electrode of some form. This is by a class of men who, in the main, have had no previous gynecological training or education whatever. In such hands such methods can only be harmful, and we are now reaping the fruits of their work in a class of pelvic operations not surpassed in the complications presented. Along with the sound may be placed the curette in the same category. Dilatation and curetting of the uterus, have placed to their credit a long series of major operations.

Another class of cases coming under this head are those in which there has been a long time during which intra-uterine applications have been made. All the caustics in the catalogue have at one time or another been in favor as cure-alls in intra-uterine therapeutics—Nitric acid, chromic acid, nitrate of silver, and the rest. For a woman to have undergone a routine treatment with this list, and to have escaped pelvic inflammatory trouble, is little short of a miracle. A careful inquiry into many of the cases coming under his care, directly and indirectly, revealed the history that all sorts of minor procedures were tried, only to fail and apparently hasten the necessity for operation.

Such was the main testimony adduced by the prosecution, but Minor Gynecology had something to say in its own defense. Indeed it established a firm conviction in the minds of many of the jury that it would be difficult for the profession to get along without it. Certainly it would be rather a serious matter to the patient, as another skilled practitioner suggested, if all these cases were handed over to Major Gynecology, to have the abdomen opened and the tubes and ovaries removed, without any previous attempt at relief being made by measures less harsh and violent. Many protracted pelvic troubles are not due to gynecological treatment; the pelvic trouble is already there, and the practitioner—even the Major Gynecologist is liable to error—sometimes commits the mistake of treating the uterus rather than the uterine appendages. The dangers from operative interference are often due to want of good, sound judgment in the practitioner, and not so much to the operation itself.

A number of witnesses testified for the prosecution, some of them quite forcibly, others with a qualification. Certainly the defendant Minor Gynecology was unprepared, and some of its material witnesses not on hand. The plaintiff, Major Gynecology, had so frequently been before the Court of Public Opinion under charges of practicing unnecessary operative interference and of adopting decidedly severe surgical measures, that it was something of a novelty to find the burden transferred to the shoulders of his younger brother. We hope the trial will be continued, so that the witnesses on the other side in this interesting case may have a fair hearing.

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Therapeutic Briefs.

---For Painless Tooth Extraction, the following is recommended (Pharm. Era, Oct., 1890):---

**B.**

- Cocain, hydrochlorat, gr. xx; Morphine sulph., gr. xx; Chinalat hydrat., gr. xx; Acid. carbolic, gr. x; Aquae rose, 15 gr. M.

Dissolve and inject with a hypodermic syringe into the gums.

---Tessilian (Brit. Med. Jour.) highly recommends in Scabies carbolized oil, 1 to 15, as preferable to sulphur preparations.

---Monteau Thérap. states that Local Anaesthesia, lasting perhaps five minutes, may be readily induced by discharging the contents of two or three siphons of aerated water upon the part.

---It is said that a teaspoonful of finely powdered charcoal in half a glass of warm water will sometimes relieve Sick Headache by its action as an antifermative.

---Kaposi recommends the following pomade for Prurigo:---

- Acid. boric., p. x
- Cer. album., p. xx
- Paraffin., p. xx
- Ol. olive, p. ix.

---The statement that has gone the round of the medical press that tincture of the chloride of iron, added to the urine of an opium habitué, will give a blue tint, as an evidence of morphia, is denied by Dr. S. J. B. Mattison (Ctin. Lancet-Clinic).

---For Chapped Hands, Dr. Steffen, of Regensdorf (Health Monitor), recommends the following:---

- Menthol, gr. xxis
- Solan., gr. xxx
- Ol. olive, 3 ss
- Lanolin, 3 s.
- Fiat unguentum.

Sto. — Rub into the hands twice daily.

Another application, suggested in the Jour. of Cutan. and Genitourinary Diseases, is the following:— Dissolve boric acid, 1 part, in glycine 24 parts, add to this solution anhydrous lanolin 5 parts and vaseline 70 parts. The mixture may be colored and perfumed.

---Dr. Geo. C. Irwin recently reported in Archiv. of Pediat., a case, giving his experience with Phenaecin in Pertussis. He now writes as follows (A. of P., Oct., 1890):—

Since that time I have passed through a severe epidemic of the disease, and have administered it to all ages, with relief in every case, and in some, beyond my expectations, giving relief where the paroxysms threatened suffocation before its administration. In no
THE COLLEGE AND CLINICAL RECORD.

Alopenia Areata is thus treated by Quinqua (Med. News, Oct. 18th):

The general treatment consist in the employment of cod-liver oil for three or four weeks, and after this the administration of 5 to 6 drops of Fowler's solution daily. The local treatment consists in washing the parts thoroughly with soap, and immediately after applying to the affected surface the following mercurial solution:

<table>
<thead>
<tr>
<th>Component</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bismuthi mercuri</td>
<td>3 grains</td>
</tr>
<tr>
<td>Bicarbonate of mercury</td>
<td>15 grains</td>
</tr>
<tr>
<td>Alcohol</td>
<td>1 3/4 ounces</td>
</tr>
<tr>
<td>Water</td>
<td>8 ounces</td>
</tr>
</tbody>
</table>

Following this, friction is to be made with the following limen:

<table>
<thead>
<tr>
<th>Component</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balsam of Floravent</td>
<td>6 each of 4 ounces</td>
</tr>
<tr>
<td>Camphorated spirit</td>
<td></td>
</tr>
<tr>
<td>Tincture of nux vomica, 1/3 drachms</td>
<td></td>
</tr>
</tbody>
</table>

Dr. O. P. Rex prescribed the following in a case of Epilepsy, in a child seven years of age, at Jeff. Med. College Clinic (Arch. of Pediatrics, Oct. 1890):

<table>
<thead>
<tr>
<th>Component</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potassium bromide</td>
<td>1/3 m.</td>
</tr>
<tr>
<td>Sodii bromidi</td>
<td>1/5 m.</td>
</tr>
<tr>
<td>Ammonii bromidi</td>
<td>1/10 m.</td>
</tr>
<tr>
<td>Syrup</td>
<td>1/5 m.</td>
</tr>
<tr>
<td>Aquae gauthieria</td>
<td>q.s. ad 1/3 m.</td>
</tr>
</tbody>
</table>

Stig. — A teaspoonful t. d.

If the child had another seizure, the dose would be increased by a half, and if this is ineffectual, the dose must be doubled. The bowels must be regulated, and a meat diet forbidden, for meat boiled and half digested is apt to set up reflex irritation.

News and Miscellany.

SUCCESS OF VACCINATION IN GERMANY.—Under the law of Germany making vaccination compulsory and providing for revaccination at stated periods of life, says the Sanitary Inspector in Scientific American, smallpox is almost completely disappearing from the German empire. A late official report states that in 1888 only 110 deaths from smallpox occurred in the whole empire, and that this number is 56 fewer than occurred in 1877, and 87 fewer than in 1886. Of the 110 deaths, 88, or about four-fifths of the whole number, occurred in those parts of the empire immediately bordering other countries not well protected by vaccination, and in which there is constant intercourse between the vaccinated and the unvaccinated sides of the boundary. More than one-third of all the deaths occurred in the Prussian State. Comparing the smallpox death rate of the large cities of other countries with that of the larger cities of Germany, it was 136 times as great in the cities of Austria, 30 times as great in those of Hungary, 16 times as great in those of England, 24 times as great in those of Belgium, and twice as great in those of Switzerland as in the German cities.
—The following epigram on a well-known physician and preacher has been going the rounds again (Med. Record, Oct. 18th, 1890):

Drums and Dovers joined in one
Most wofull we do see
The drum is the thrum of war
The Dover touches the sea.
The drum is the way to heaven;
And then, with tender care,
The Dover consummats the work;
And gis the patients there.

—The Oliver Wendell Holmes Sanitarium, at Hudson, Wisconsin, dedicated three years ago to the treatment of chronic intractable ailments, chiefly of a nervous type, by Dr. Irving D. Wil- trot, at present its efficient head, is now offered for sale, to a professional man in good standing, Dr. W. is desirous of studying abroad, and for this purpose, will sever his connection with it.

—George Keil, 1214-20 Filbert Street, Phila., publisher of the "Medical and Dental Register-Directory and Intelligencer of Pennsylvania, New Jersey and Delaware," will issue, about January 1, 1891, a second edition of this useful work of reference for the medical profession.

—The Southern Surgical and Gynecological Association will hold its next session in Atlanta, Georgia, November 11th, 12th and 13th, 1890. An excellent programme will be offered.

—The Baltimore Medical and Surgical Record is the title of the latest new monthly medical journal, issued in October.

PERSONAL.—Dr. Sam'l O. L. Potter (J. M. C., 1832), of San Francisco, Calif., intends to leave that city about November 1st, to spend the winter in Paris and London, pursuing certain special professional studies and investigations which have engrossed his attention for several years past. He expects to return to San Francisco, and resume the practice of his profession and his college work, about May 15th, next.—Dr. Joseph R. Cason (J. M. C., 1889) is now at Jackson, Tennessee.—Dr. J. C. Hearne (J. M. C., 1872), of Hannibal, Missouri, is Chief Surgeon of the Hannibal and St. Joseph Rail Road.

STROUD.—At Camden, New Jersey, October 30th, 1890, Frank G. Stroud, M. D. of Morris- town, N. J. (J. M. C., 1889), and Mattie R. Shimp, of Camden.

WEAVER.—At Norristown, Penna., October 16th, 1890, John D. Weaver, M. D. (J. M. C., 1889), and Ella M. Detwiler.

DEATHS.

HOLLAND.—On September 12th, 1890, Daniel J. Holland, M.D. (J. M. C., 1879), of Atchison, Kansas, aged thirty-six years.

ROBERTS.—Suddenly, at Carbondale, III., July 30th, 1890, James Roberts, M. D. (J. M. C., 1855), aged 76 years, a native of Philadelphia and father of Dr. Heber Roberts, Health Officer of Butte City, Montana. Dr. R. was a friend of the late Dr. J. Marion Sims, having graduated in the same class.

SIBALD.—At Philadelphia, October 8th, 1890, James Eric, son of James Sibald, M. D. (J. M. C., 1881), aged five months.
ordinary applied dressings, movable or immovable, necessary or even of advantage? They are intended, of course, to prevent the injurious effects of muscular action and the weight of the hand. But the former practically does no harm, but rather good, and the latter really tends to keep the fragments in that position in which there is least likelihood of their separating. Why, then, subject the patient to the annoyance of fore-arm and hand splints.

Can we not with safety trust to the retaining pressure of a wristlet or an adhesive plaster band, which gives comfort by its steadying action, and at the same time answers as well as any other dressing in limiting that spreading of the wrist which results from the tearing loose of the fibro-cartilage and its necessarily more or less imperfect re-attachment to the ulna?

In a very few cases I have, discarding splints, employed this method of treatment, and have had no occasion to regret doing so; and similar testimony has been given by a limited number of surgeons in various parts of the country. But such simple treatment must be largely tested and favorably reported upon before it will be safe for any of us to make its application general.

It is for this reason that I have ventured to trespass upon your time in the consideration of so trite a subject; hoping that those of you who have had experience will give us the benefit of it, and that many others may be induced to try the method; so that if it is a proper one and the best (and such is my own opinion) it may take its place, and the common consent of the profession may be to the effect that he who employs it exercises due care and diligence.

But if it is to be employed, it is absolutely necessary that not partial but complete replacement of the fragments be primarily effected.

—According to Hospital Gazette, the suspension treatment of Progressive Locomotor Ataxy is likely to follow Berger's recto-insufflation treatment into retirement.

Notes of Practice.

**TREATMENT OF CANCER OF THE STOMACH.**

**By Prof. Dujardin-Beaumetz, Of Paris, France.***

It is your duty to give your cancerous patient the benefit of the best possible treatment, and as a mistake in diagnosis is always possible, there is hope that your patient may be benefited more than you expect; and, indeed, patients have now and then got well whose condition seemed hopeless. I may remind you of a case, which is to-day a matter of public talk, the subject of which is a coachmaker, well known in Paris, who was cured of a so-called cancer of the stomach, as reports say, by a quack prescription, in which a principal element was wearing shirts of a certain color; an appropriate dietetic regimen was, however, insisted upon. You should, then, never despair of the recovery of a patient affected with cancer of the stomach. If you succeed, it is a proof that you were mistaken; if you fail, it is because your diagnosis was correct.

The treatment includes several particulars,—a general treatment, which is applicable to the cancer when it does not affect the orifices, and a special treatment for each of the varieties which I have mentioned, cancer of the cardia and cancer of the pylorus.

To meet the first indications it is necessary to practice antisepsis of the stomach, and order an appropriate dietetic regimen. Antisepsis of the stomach should have for its basis salicylate of bismuth, naphthol, or salal. You may give before each meal some one of the antiseptic powders, whose formula I have given you on several previous occasions. Formula No. 1 consists of salicylate of bismuth, English magnesia, and bicarbonate of soda, of each five grains, in one powder; to be given in capsule, before meals.

Formula No. 2 consists of salicylate of bismuth, beta-naphthol, and charcoal, of each five grains, in one powder; to be taken as above indicated.

Formula No. 3 consists of salicylate of bismuth, salol, and bicarbonate of soda, of each five grains, in one powder; also to be taken in capsule, before meals.

The second indication is to alleviate the often atrocious pains of the disease. For this all the opium preparations may be employed. You will use then the English black drops (acetum opii), paregoric elixir, opium pills, especially injections of morphine, which you will associate with atropine, injecting, for instance, a hypodermic syringeful of the following solution:

B. Morph. mor. (or sulph.), 10 centigrammes (1/2 grain);
Neutral sulphate of atropine, 10 milligrammes (1/2 grain);
Sulfured water, 20 grammes (3 drachms). M.

If the injections of morphine should have the evil result of producing morphomania, this is of comparatively little consequence in a carcinomatous patient, and in these incurable and painful affections we cannot get along without this incomparable analgesic.

Then you will indicate the dietetic regimen; this should be absolutely vegetarian. It is, in fact, a rule of therapeutics to let a sick organ rest. The stomach is an organ doomed to almost constant activity; but what we can do is to reduce to a minimum the work of digestion, and this is the more indicated, since, in the majority of cases of cancer, there is a diminution in the digestive activity of the gastric juice, and you will attain the desired end better with a vegetable than with a mixed diet.

When the cancer is seated at the cardia, the indications are the same as in stricture of the esophagus; that is to say, apart from the surgical procedures,—of which I shall further speak,—it will be necessary to nourish the patient with liquid or semi-liquid food. It is in these cases that the meat-powders render us important service.

Cancer of the pylorus, when it is accompanied by dilatation, may be treated by lavage of the stomach. I do not mean by this that lavage is curative, but it enables us to dress the mucosa, to rid it of ichorous products secreted by the cancer, and even to calm sometimes the gastric pain provoked by the ulceration. You can employ naphthol solutions, to 10cc, for lavage, or the mixtures of salicylate of bismuth and salol, of which I have before spoken.

As for the question of surgical interference, it is sure at some time to come up in connection with cancer of the pylorus or the cardia. For pyloric cancer, ablation of the pylorus—gastrectomy—has been recommended. This operation, proposed for the first time by Péan, was formerly attempted by several surgeons, but was speedily abandoned because of the grave disorders which it entails. Bilroth has proposed the much more sensible operation of establishing a communication between the stomach and a point of the intestine near the duodenum. He has thus perfected the operation advised and executed for the first time in my service by Surmay, of Ham, who made an opening from the stomach into the duodenum.

As for cancer of the cardia, besides catatherism, whether permanent, as proposed by Krishaber, or temporary, by intubation of the esophagus, recently counselled by Berger, besides electrolisis, advised by Fort, surgeons have proposed the operation of gastrotomy,—i.e., the formation of an artificial fistula, through the wall, and may be directly conveyed to the stomach.

All these surgical procedures, however skillfully they may have been performed, have given but sorry results in cancer of the stomach, for such operations can only be proposed at an advanced period of the disease. The patient is then in a condition of inability to rally from the surgical traumaism, and even if he does rally, he generally obtains a new lease of life for only a few months or a few weeks, for, as pathological anatomy has shown, cancer of the stomach is rarely less than twice.

* Therapeutic Gazette, Nov. 19th, 1890.
THE METRIC SYSTEM AND THE SEVENTH DECCENIAL REVISON OF THE U. S. P.*

BY H. M. WHELFLEY, M.D., PH.G.

Among the new features of the revised work will be the adoption of the metric system of weights and measures in the manufacture of preparations. The system of "parts" in the previous revision was more conveniently handled by the metric system than any other, but the new work will have the decimal system itself prescribed.

There seems to be some misunderstanding among the pharmacists of the country as to just what it means to thus adopt the metric system. Some have formed the idea that the doctors will then be obliged to write prescriptions in that system, and have even talked with those who had conceived the idea that patients must give up the old-fashioned drops, tinctures, etc., for cubic centimeters. Let such persons learn, once for all, that the pharmacopoeia is not a guide in prescription writing or dosing. The adoption of the metric system signifies that druggists are to use it in manufacturing the official preparations made in the drug store. They can buy them, sell them, dispense them, and dose them out in any manner they see fit, for it in no way affects the manufacture. The convention at Washington recognized the system as being the most convenient for druggists to use in this man- ner, and perhaps it will be many a day before the medical profession becomes sufficiently advanced to adopt it in prescription writing.

Still less excusable is the complaint that some druggists have made when they objected to the new system, as it would cause them to throw away their old scales and balances and buy new ones. Only those ignorant of the first principle of weights and measures could stumble into such a shallow complaint. As far as the weighing goes only the new set of weights must be added. I do not think that any scales or balances are sufficiently stubborn in their innate nature to refuse to respond to metric weights.

* Read before the Missouri State Pharmaceutical Association, 1890.

Again, some one has objected to the metric system and refused to learn a new language for the sake of it. I think they must have studied "French in Twenty Lessons," or "German in Two Weeks," and become scared at the mere mention of a foreign word. It is, indeed, strange that it is necessary to answer such an objection as this, for the terms in the metric system are from the Latin and the Greek. These two languages go far toward making up all words we learn in pharmacy and medicine. Then, when we come to realize that the words "milligram," "gram," "cubic centimeters," "kilo" and "liter" are all that a druggist or doctor need learn, it is strange that any one should for a moment object to the system on the score of the language. In this connection I must quote from a committee of the American Association for the Advancement of Sciences, where it says: "For the use of these professions (medicine and pharmacy) six lines contain all that is necessary," as follows: --

1000 milligrams make 1 gram.
1000 grams or cubic centimeters make 1 kilo or liter.
1000 kilos make 1 ton.
65 milligrams make 1 grain.
15 1/2 grains make 1 gram.
31 grams make 1 ounce troy.

I advise those who object to the metric system to devote a few minutes to its study before they continue to condemn it.

THE LOCAL ADMINISTRATION OF BICHLORE OF MERCURY IN DISEASES OF THE FEMALE PELVIC ORGANS.

BY A. LAPTHORN SMITH, M.D., M.R.C.S., ENG.
Of Montreal, Canada.*

I have been employing the local administration of bichloride of mercury in doses of one-tenth of a grain every three or four days, on a boro-glycercide tampon, during the last two years, about five hundred times in about fifty cases of vaginitis, endometritis, salpingitis, ovaritis, and pelvic peritonitis, and I feel sure that the duration of treatment, before relief has been obtained, has been very much less than was the case before I adopted this method. Exactly how much of my success is due to the bichloride alone, I am unable to say, for the simple reason that, at one time or another of the treatment, in every case, I employed other remedies and measures in addition to it. One of my reasons for attaching so much value to the bichloride of mercury employed in this way, is that nearly every one of the diseases above mentioned is due more or less directly to septic absorption, and that the more or less constant production of septic matter is necessary to keep up the disease.

The method in which I prepare these tampons is as follows: I make seventy of them at a time, of different sizes, from the best absorbent cotton, which I then plunge into a pint of distilled water colored with aniline dye, and in which a seven-grain bichloride tablet has been dissolved. If a pint is too much liquid, a little more water may be added, but I find that a pint can be taken up quite easily by seventy of these tampons. Each tampon will, therefore, contain one-tenth of a grain of bichloride. Care must be taken that too strong a dose is not employed, otherwise the discharge becomes irritating to the mucous membrane of the vulva. I employ these tampons in every case in which tampons are required, sometimes using as many as three or four of them either dry or after soaking them as well, in either glycerine or ten per cent. boro-glycercide. Although I believe that this quantity is quite sufficient to have a very material effect upon the germs of putrefaction, as well as on gonococci, the dose is quite harmless, there being not at any one time in the vagina more than an ounce of a ten in thousand solution, or one-half an ounce of one in five thousand. I have noticed in every case in which I have employed them that the unpleasant odor of the discharges of which the patient had previously complained, has been completely removed, which alone would be enough to make it well worth while employing them. Another advantage is that tampons so prepared may be left from four days to a week without decomposing, which is greatly to be desired in cases which cannot be seen by the attendant every two days. I rarely, if ever, use pessaries, as I find, especially in cases where there are adhesions, that these tampons are painless, never light up inflammation, and are very effective in keeping the uterus and ovaries in healthy position until the cause of displacement has been removed by other means.

* Canada Medical Record, Oct., 1890.

* Extract from a Clinical Lecture in Medical Mirror, Nov. 1890.

THE COLLEGE AND CLINICAL RECORD.

BY PROF. WILLIAM GOODELL, M. D.,
Of Philadelphia.*

This woman I am told is suffering with severe uterine hemorrhage both at and between the times of her menses, constituting what is known respectively as menorrhagia and metrorrhagia. Such severe bleeding occurs from enlarged uterine glands which, however, are not really new tissue. They are found in old maids, in married women who are trying to avoid pregnancy or when they have passed the menopause. I cured this woman last July and the operation has been repeated twice since by Dr. Taylor—the last time only ten days ago, since then she has been bleeding more or less constantly and, in addition to this, she has been dodging her periods for several months.

This circumstance reminds me of a case I now have under observation of a bad tear of the cervix uteri resulting in ectropion which I considered benign and in which I cuttered the endometrium; the results of it remain to be seen.

The results of such operations as this depend upon their being done with perfect antisepsis. I am now letting my instruments stand in a deep conical glass case so that they can the more easily be covered with the 1-1000 solution of the bichloride of mercury solution, although this fluid is very hard on the cutting edges of them. I now swab out the endometrium while Dr. Taylor syringes out the vagina with this same fluid.
After these precautions, the surface of the uterine cavity is curdetted. The mass that comes away is red and jelly-like and, were I not afraid of shocking your appetites, I would say that, it reminds one of colored tapioca pudding.

I wish now to be certain as to whether there is a polypus present and, therefore, I feel around in the uterine cavity with a pair of dressing forceps that I am in the habit of using for this purpose. There is none present and, just at this point, I take note that the uterine cavity gives a measurement of three and one-half inches. Having finished scraping off the endometrium I now wipe the cavity of the womb with a piece of cotton on the end of a probe. This cotton is saturated with a 1-1000 solution of the bichloride of mercury solution, and then, after again syringing out the vagina and making myself doubly sure that all is clean, I introduce into the vagina two five-grain suppositories of iodiform, and to-morrow the nurse will begin to syringe out the vagina twice daily with a 1-4000 bichloride solution of mercury.

To keep the uterus contracted and unirritated, I shall give her three times a day ten minims of the fluid extract of ergot together with ten grains of chloride of ammonium and five grains of bromide of sodium in half a tumblerful of water. If the exhibition of ergot and injections of hot water into the vagina are insufficient to control uterine hemorrhage, one of the most unfail ing procedures is to curettte the uterus and then continue these two former remedies, if they be necessary. It is a good plan, too, to resort to the curet tte in the case of a fibroid tumor when you want to tide a woman over the period of her monthlies. The possible danger in its use is that in old women when the walls are thin you may go through into the peritoneal cavity. I can recall two cases in which the side of the uterus was perforated. I anxiously watched for the results. Fortunately in neither case was there any rise of temperature. The younger woman got well all right and the older lady with metrorrhagia, which in old ladies generally means malignancy, died some time after of another disease.

Dietetic Treatment of Diabetes of Arthritic Origin.

By Prof. Dujardin-Beaumetz, Of Paris, France.

You will first prescribe the dietetic regimen which is likely to give the best results, along with the lithiated arsenical treatment.
1. Let the patient take before breakfast and dinner 5 grains of carbonate of lithium in a tumbler of Vichy or Vals water; 2 drops of Fowler's solution should be added to each dose.
2. Give after meals, in a little coffee sweetened with saccharin, 1 gramme (15 grains) of antipyrin.
3. Sponge the body all over every day with warm water containing a little eau de Cologne. Energetic dry friction with a hair glove after the sponge-bath.
4. Require the patient to rinse the mouth, after carefully brushing the gums, after meals, with the boracic acid mixture above given.
5. Pursue with rigor the following dietetic treatment: A diet exclusively of eggs, meats of all kinds, fowl, game, mollusks, crustacea, cheese. All green vegetables are permitted except beets, carrots, and turnips.
6. Urge the free use of fatty foods, such as sardines in oil, tunny-fish with oil, sour herring with oil, pork, butter, filet de sole gras, rillettes, bacon, fat, etc. For soups, recommend principally cabbage soups, bouillon with poached eggs, chicken broth, onion soup, mutton broth, clam broth, etc. All these soups should be taken without bread or crackers.
7. For bread, allow gluten bread, soja bread, fromentine bread; with each meal allow three ounces of boiled potatoes. To sweeten drinks, use pastilles of saccharin. Tea, coffee, maté, kola are permissible.
8. Prohibit all amylaceous foods, bread, potato, macaroni, rice, pies and cakes, custards, puddings, sugar, sweetmeats, chocolate, preserves, all fruits.

Milk is forbidden, unless taken in very small quantity. All sauces and gravies containing flour are also forbidden.

* Thr grasp Gazette, Oct. 15th, 1890.

For drinks, allow with the meals wine diluted with Vals or Vichy water, but little pure wine, no brandy or other distilled liquors.
6. Regular daily exercise to be taken. All bodily exercises are favorable. Insist especially on walks in the open air, mountain excursions, fencing, boxing, joinery.

Electrolysis in the Treatment of Lupus Vulgaris.

Dr. G. T. Jackson (Journ. of Cutan. and Genito-Urin. Dis., Nov., 1890), concludes an interesting paper on this subject as follows:

The advantages that this method of treatment offers, as compared with other and older ones, are as follows:
1. It is comparatively painless, and there is no need of putting the patient under an anesthetic.
2. There is not the slightest loss of blood, and thus there is no dread of a surgical operation on the part of the patient.
3. The patient is not kept a moment from his regular business, as there is no deformity caused by the operation. The part looks no worse after the operation than before. As no after-treatment is required, he is not obliged to go about with a patch of more or less unsightly plaster on his face. He is also spared the discomfort of a swollen face and eyes, the ordinary attendant on the arsenical or pyrogallol-acid treatment.
4. The treatment goes to the root of the disease, to the bottom of the tubercle, with far more exactness and less damage to the surrounding skin than any other caustic or surgical method.
5. The scar left is smooth and not unsightly.
6. The result obtained is as good if not better than that by any previous method.

Sufficient time has not elapsed for me to speak as to the possibility of the recurrence of the disease in the scar. At this time I would only incite you by this paper to try the method for yourselves, feeling sure that if you do so you will have good cause to be pleased with it.
VAGINITIS IN CHILDREN.

Dr. Charles McCallum states (Harper Hospital Bulletin, October, 1890) that, in several cases under treatment, the younger the patient and the more cleanly the habits, the more virulent the vaginitis seemed to be. It is a striking fact that vaginitis in young children is apt to be exceptionally severe. Rarely is so high a grade of inflammation seen in the adult female. To differentiate specific from simple vaginitis is sometimes extremely difficult. It is claimed by Martineau that the reaction of the secretions of vaginitis determines the diagnosis of its specific or non-specific character. He claims that the pus of specific vaginitis is always acid, while in the simple form it is alkaline. I do not think it would be advisable to trust to this test alone. In one case considerable irritation of the urethra was produced, proving the virulence of the disease, as susceptibility of the vulva, and external parts to the products of inflammation is not particularly strong. The process does not readily extend to the meatus. It never does in the simple variety, and whenever in the course of a vaginitis urethritis develops, with or without cystitis, it is positive proof that the disease was primarily due to infection. The treatment adopted in the cases cited, was isolation of the patient, scrupulous cleanliness, combined with the free use of antisepic and astringent solutions.

CREASOTE IN PHTHISIS.*

Creasote in phthisis now has an established reputation; unlike most of the therapeutic measures that have been vaunted as infallible for the cure of consumption, this one has really kept its place for a considerable time, and although it has never aroused much enthusiasm or figured conspicuously in the daily newspapers, it is undoubtedly of real value. Dr. Wm. H. Flint, of New York, has recently published his experience with the drug in seventy-three cases of phthisis in all stages. He has given the creasote by the stomach, by the rectum and by inhalation. Pure beechwood creasote has been used, by

mouth, in doses gradually increased until the limit of tolerance was reached, usually about ten or twelve minims a day. For inhalation a mixture of equal parts of creasote, alcohol and spirits of chloroform was used, beginning with fifteen drops on a Robinson's inhaler. Dr. Flint's opinion of the remedy was distinctly favorable, and his judgment is confirmed by that of many observers on both sides of the Atlantic.

GANGRENE CHECKED BY IMMERSION IN ALCOHOL.

BY L. W. ALLINGHAM, M.D.,
Of Bishop, Cal.*

I had a case of gangrene of the third finger which extended rapidly into the hand in spite of all I could do by following the directions of all authorities I have seen on the subject. The purplish color advanced steadily under the serous bleb, until it reached the middle of the metacarpal bone. In the palm this color was not perceptible, owing to the thickness of the skin, but it presented a peculiar tallowy color to a corresponding extent.

Believing that any further advance would entail a loss of part, if not the whole, of the hand, I felt justified in inducing in an experiment that seemed to me likely to succeed. I immersed the hand in alcohol, contained in a large pitcher suspended over the patient, as he lay in bed, elevating the hand to prevent swelling of the arm. The alcohol was kept warm by means of a coil of rubber tubing in the bottom of the pitcher, through which hot water was kept flowing.

The advance of the dreaded purple color was checked. The already gangrenous tissue assumed a hard, cooked appearance. I continued this plan of treatment for about sixty hours, when I replaced the alcohol by a boric acid solution, kept hot by the same apparatus. This acted as a most efficient poultice, and in a short time the dead tissue was cast off, fortunately leaving enough live tissue next the bone to throw out granulations. In time the hand and finger made a perfect recovery.

THE COLLEGE AND CLINICAL RECORD.

PULMONARY CONSUMPTION.

BY BENJAMIN WARD RICHARDSON, M.D., F.R.S.,

In many parts of provincial England it was once a practice, hardly yet abolished everywhere by the common people, to treat persons affected with consumption of the lungs by making them swallow live snails. The vulgar idea of the modus operandi of the measure was, that the snails found their way to the lungs of the patient and ate the black worms which lived on the lungs and caused, by their depredations, the disease. The snail treatment got a great reputation, for which it probably depended on two collateral causes. The persons who were benefited by it were led to seek the remedy in purer air than they had been accustomed to live in; and in addition to the snail, which had neither good nor ill, they partook freely of new milk and cream, rich foods likely to be important adjuncts to the cure. Of late the idea that pulmonary consumption is a parasitic disease is revived. The lung infested with hosts of a specific bacillus is supposed to be destroyed by them or by the secretion which they eliminate; and the mode of cure is expected to be found in a lymph or poison which shall kill the bacillus without injury to the patient.

At the present moment the general press is filled with reports and anticipations of such a kind that the initiated in the mystery of disease are beginning to see an immediate future when phthisis pulmonalis, which next to alcoholic disease stands highest as a cause of mortality, will practically be wiped off the blackboard of death, and one of the most fatal maladies of past ages be known no more. This would indeed a consummation devoutly to be wished, and he would be a most unjust steward to medical tribes who would not magnify a mode of cure proving to be one of the grandest gifts the art of heaven has ever bestowed on mankind. But scientific medicine is conservative and careful before she speaks a word; and the more so because in her too ready acceptance of speculative practices in former days she has seen reason to become wary and chary of belief. Some of her children ren after new remedies and false gods fast enough; and many, no doubt, will run after this new promise long before there is sufficient evidence either for its establishment or for its relation to the shades of departed fallacies. Letting these pursue their own course for success or discomfiture, the prudent will not wait weeks nor months only, but years, before they come to a conclusion that shall mean an affirmative and historical success or failure. For the success of the mode of treatment, attributed to Dr. Koch, but claimed already by some rivals of his school, can be proved by one proof alone, namely, the effect of the practice on the death-rate.

Up to this time pulmonary consumption has had a high though declining death-rate, on which no defined line of curative treatment has had a decided influence. The figures which indicate the death-rate will show, therefore, from date, the effect of the new mode of treatment.

In order to arrive at perfectly correct returns, many details will, however, have to be taken into account. First and foremost, it must be remembered that consumption is now on the decline from sanitary improvements alone. In 1881 the late Sir Edwin Chadwick joined me in making a calculation, by which we estimated the mortality from consumption in England in the year 1880, in order to compare it with the mortality of the disease in England during the year 1837, the space of thirty-three years being marked by moderately advancing sanitation. From that comparison we learned that pulmonary consumption had decreased in the proportion of three and a half per cent. of the deaths from all causes; that is to say, 12.57 persons died from it in 1847 to 9.12 in 1880. During the past ten years the decrease has been going on at a more rapid rate, although the figures are not yet at command. This must all be taken into account here, in estimating the assumed evidence of benefit from new treatment of a specific order.

To some minds it will occur that the proofs
ought to come directly from the clinical results. The expectation is fair, yet not altogether without alloy. At first it may be that there will appear a good result even though, in the end, there should be grievous disappointment. We are dealing with hypothesis so far, and hypothesis, leading to practice, invariably carries with it a certain measure of success. Hope is such a flatterer in trials in which hopeful reason is engaged, that, for a time, it misleads the greatest, touching sometimes the pessimistic fraternity itself. The true tests of success will have, in fact, to meet many diversions and obstacles. Those of us who remember the introduction of cod-liver oil into the treatment of consumption will realize all these difficulties. That famous treatment came to us on the highest authority. Moreover, it stood on a plausible theory, and at first cures upon cure were attributed to it. In course of time it turned out that, although the treatment had its value, it was no specific. The cases it was supposed to cure were good simulated cases of bronchial phthisis, not the veritable affection; cases which might have recovered, under favoring circumstances, without medicine, and which advertise the innumerable empirical "cures."

In the test that will have to be applied to the new era, as some call it, every kind of doubt will have to be overcome. We must know in what we believe. We must know whether the proposition is applicable to all types of the affection: to alcoholic phthisis, which strikes down the middle-aged, as well as to the encroaching malady which steals on the predisposed young. We must discover whether the predisposed are as favorably influenced as those free of constitutional taint.

Is the youth with delicate lung, the pigeon-shaped chest, and the hectic cheek, in whom the physical disease is pronounced, as amenable to the cure as the more favored person who comes under its influence? Granted, for argument sake, that one case is cured by the new treatment: how long will the cure hold good? Will the predisposed person, safely cured, be warranted from a renewed attack if he or she go out into the world, "take cold," and suffer from that localized pneumonia or acute tuberculosis which older observers look upon as the origin, in nine cases out of ten, of the fatal malady?

THE LATEST REPORTS ON THE NEW PROCESS.

While the above notice of the newly-proposed cure for consumption has been in the press, an official preliminary report has come from Berlin, supplying a certain number of details which call for serious notice. This report tells us that the new remedy is administered by subcutaneous injection, and that it is valueless when administered by the stomach. Whether it is a pure lymph or a compound of lymph with some chemical substance, or a chemical substance altogether, we are not informed; the inventor of it, Dr. Koch, wishing to keep the composition a secret for some time, in order that he may perfect it, if under experience it calls for modification. The substance is a brownish liquid, 0.25 cubic centimetre of which suffice to produce an intense effect. It is more active on man than on the guineapig, the 1500th part of the quantity which has no appreciable effect on the guineapig acting powerfully on the human being. The symptoms produced by the substance commence about three hours after the injection of it, and consist of pain in the limbs, fatigue, and inclination to cough, followed by a rigor, sickness, and elevation of temperature to 39.5° C., or 103.2° Fahr. The symptoms abate in about twelve hours.

The specific action of this treatment is claimed to be on tuberculous tissue only. It does not act by killing germs; it can only influence living tuberculous tissue, which tissue it kills, not other healthy or even diseased tissue. It claims to cure pulmonary consumption by destroying the tuberculous material, the mannerus morbi of tubercle,—a retreat back to the old theory of treatment, and dead against the so-called germicide method. But it is also claimed for it that it cures lupus and therefore we must assume that lupus is tuberculous; in a word, whatever it cures is of tuberculous type—a tremendous leap.

THE PEOPLE appear to be accepting all that is said as absolute proof. To the popular mind, at this moment, tuberculous disease is near its end in the world. A physician who has had forty years of experience on this subject must not be misunderstood if he cries "Wait and see!" before accepting so unqualified a decision. Some remarkable results may take record at first; but what next? We who are accustomed to observe without being enthusiastic, are forced to remember results which have astonished calculations derived from experiences in the main sound and certain. We see sometimes in practice certain spontaneous cures or recoveries. I have recently seen a young lady patient, whose sister died of phthisis, and who, two years since, was stricken with every indication of the disease,—dry crepitation in the left lung, hemoptysis, wasting, and night sweats, but who has made so perfect a recovery that if I had not, with my own eyes and ears, recognized the symptoms I should almost have doubted the diagnosis. For some time in my practice at the Royal Infirmary for Diseases of the Chest I introduced peroxide of hydrogen as a remedy, and with several such startling results I thought at first a specific had been discovered; but time corrected the hope. Three years ago I treated an extreme case of lupus of the face with sodium ethylate; scales formed on the ulcerated surface with free exudation of serous fluid, followed by complete recovery. It seemed specific treatment; but in three succeeding cases the same mode of treatment rendered no such effective service, although in one for a time there was the greatest promise. Under this new treatment shall we see similar successes and failures? Once more. We shall require to know in what manner the remedy operates. Is it through the nervous system, or is it by some chemical or chemico-vital action which it exerts in contact, in infinitesimal division, with the tuberculous living substance?

By the time the next Asclepius is due some measure of answer to these inquiries will probably be to hand, and by then we shall possibly be informed, as we ought to have been from the first, of the composition of a remedy possessing the virtues claimed for it under the bare name of paratuboloid.

THE RELATION OF CHOREA TO RHEUMATISM AND HEART DISEASE.

The relation of chorea to rheumatism and heart disease has always been a subject on which very divergent views have been entertained. The great frequency with which endocarditis is found in fatal chorea makes the theory originally advanced by Kirkes, that the disease is caused by emboli blocking the arterioles of the motor centres, at first sight a very plausible one. That this is the explanation of the mode of origin of a few cases of chorea is probable, but it certainly cannot be the cause of the great majority of cases, for we find that chorea generally sets in without any previous endocardial inflammation.

A recent writer (P. Meyer, in the Berliner Klin. Wochen.) gives an account of 121 cases of chorea treated in Henoch's clinic during the past five years. In 9 per cent. of the 121 cases there was a history of rheumatic symptoms, and in 10 per cent. heart disease without any rheumatic symptoms was made out. In 2 per cent. of the cases there was chorea and rheumatism were present. From these statistics Meyer concludes that chorea is merely a symptom which can be induced by the most varied causes. This, however, is only a partial representation of this subject. Any hypothesis which does not take into consideration the functional predisposition to chorea cannot be accepted as adequate to explain its nature. This functional predisposition is necessarily always present. It essentially consists in the want of a due stability in certain motor areas. It is the element in chorea that is inherited, and without which the disease cannot be brought about. It is true that it is possible to have an acquired instability of certain cortical areas, as the result of many diverse injuries influences.
Given this instability of the motor cortex, the causes that may induce choreic movements are very various. In one case it may be simple emotion, in another any internal or external poisonous agent. In the latter class we include the poison of rheumatism. This poison, then, induces not only this disease, but the chorea and endocarditis. There are no grounds for entertaining the opinion sometimes expressed that chorea causes endocarditis. When the three diseases appear in the one case, it is more probable that they are induced by some poison, either the rheumatic or allied poison, and in such cases the proper treatment is the treatment of the rheumatic state.

**ANTIPYRIN IN THE TREATMENT OF PULMONARY CONSUMPTION.**

*BY THOMAS J. MAYS, M.D.*

Of Philadelphia.

Antipyrin is probably one of the most useful drugs in our materia medica. I do not refer so much to its antipyretic action as I do to its influence as a general tonic in the adynamic stage of pulmonary consumption. It is indeed valuable in every stage of this disease, but it seems to give better results in the final stage than in any other. Of course it must not be regarded as a panacea, but whenever its beneficial action becomes manifest it gives rise to wonderful results. My attention was first called to its usefulness in this disease by a paper from the pen of Dr. J. Holland, of St. Moritz, Switzerland, which was published in the *London Practitioner* (Vol. xxxiv, p. 321). His results were so striking that I beg to abstract one of the cases which he relates.

In July, 1884, he was consulted by a lady who was in advanced consumption, and who had that morning spat up some blood. She had a cavity in the left apex with extensive softening all around it, together with softening in the other apex. She had a troublesome cough and considerable expectoration, and her evening temperature was as high as 103° F. He advised total rest in bed and small doses of morphia and digitalis, and on the following day her temperature was 101.4° in the morning and 103° in the evening. He now prescribed 15 grs. of sodium salicylate every three hours, and the next evening her temperature was 103.6°, and her cough was more troublesome. He administered 20 grs. of antipyrin every three hours until she had taken a drachm. She was less feverish and felt better one hour after taking the first dose. She slept well, her cough improved, she began to eat better, and altogether felt more comfortable than she had done for weeks. The next evening her temperature was 100.4°. She took the antipyrin two or three times a day, and on the sixth day her temperature was normal. In a month from the time he first saw her she had gained 3 lbs., and only coughed and expectorated in the mornings. The physical signs had improved in proportion, for the softening in the right apex had cleared up, and had conspicuously diminished around the cavity in the left side; the cavity itself showed signs of healing, and feeble breathing was heard all over the left lung. The following winter she spent at St. Moritz, gained 15 lbs., temperature nearly normal since the previous August; became able to walk ten miles with very little fatigue, her appetite and digestion remaining excellent.

In the *Medical and Surgical Reporter* for August 1885, he gives an account of a case which was treated with antipyrin, and in some of which I think the results were probably as striking as in Dr. Holland's case; and regarding this drug as an indispensable adjuvant in the treatment of phthisis, I have since then found abundant evidence to confirm the favorable impression which I gathered from my earlier experience with it. To demonstrate this I will abstract a few cases from my note book, which are not specially selected for this purpose. About four months ago I was called in consultation to see a young lady living some distance from the city, who had been found to be suffering from the last stage of phthisis. She had a large cavity in one lung, and another one forming in the other; she had a constant cough, a copious expectoration, hemoptysis, a high temperature, a very rapid pulse, extreme emaciation, no appetite, coated tongue, a dropsical effusion of the lower extremities and so much exhaustion that she was scarcely able to move. We agreed to give her 7.5 grs. of antipyrin every three hours and nothing else of importance. I heard nothing from the attending physician for three weeks, when he wrote that a remarkable change had come over the patient. The oedema had not improved, but she had lost her cough almost entirely, expectorated very much less, her appetite had improved, she gained in strength, and was able to walk about. The fever had also subsided, and the chief complaint she had then was a cutaneous eruption brought out by the antipyrin. While permanent results were out of the question in this case, I am quite certain, from what I have seen in other instances, that the amelioration in her condition was due to the antipyrin.

Another case is that of a young man aged 24, who consulted me last August. He had been ailing for some time, coughed, expectorated, lost flesh, had hemoptysis, and no appetite. His temperature at that time was 102° in the evening. There was found a cavity in his right lung, and crepitation in the opposite one. He was placed on antipyrin—15 grs. two or three times a day, and kept quiet for some time. After the temperature approached the normal point the drug was given in 7.5 grs. doses three or four times a day, and was alternated with 4 grs. of phencetin every four hours, every other week. He now weighs 10 lbs. heavier than he did, has a good appetite, and his cough and expectoration have almost disappeared.

The third and last case which I shall relate is that of a young man, aged 20, who was first seen about two years ago. He had lost his mother, father, and sister on account of phthisis, and he himself was suffering from the third stage of the same disease. In a short time he took the antipyrin he began to mend in symptoms and in physical signs. The cavity in his left lung became more quiet, his cough, expectoration and appetite improved, and in the course of two months he gained 9 lbs., and continues well up to the present time.

While it is true that antipyrin is given for the purpose of subduing the fever of phthisis, we must not lose sight of the fact that it has a capital influence on this disease after the fever has subsided. Phthisis is undoubtedly a constitutional and not a local disease, depending ultimately on a depreciated nervous system, and it is in virtue of its selective affinity for the nervous system, that antipyrin acts as an antipyretic and, associated with other well directed treatment, it yields the beneficial therapeutic influence in this as well as in all other nervous diseases. It should therefore be continued in smaller doses after the fever has gone. In conclusion it must be added, that if it is given for a protracted period it produces a rash of the skin, which can, however, be obviated by alternating it with phencetin.

**TREATMENT OF GONORRHEA.**  

The following methods of treatment of gonorrhoea are collected from the *Deutsche Medizinal Zeitung*, Nos. 83 and 85, 1890.

Friedrich 1 made a careful investigation of the effects of different injections in the dermatological clinic at Breslau. Of mercurial agents the best is hydrargyri salicylate 1-270.

The common astringents, zinc and lead salts, tannin and subnitrate of bismuth, have no antisepctic properties, and should not be used during the acute stage of the disease. Boracic acid, antipyrine, resorcin, salicylate of sodium, often influence the inflammation favorably, but are useless as germicides. He uses in the first stages a weak solution of nitrate of silver, about one to three thousand, four to six times per day; later, some milder agent.

Diday uses an injection of nitrate of silver solution, 1-20, and allows it to remain in the
urethra from fifteen seconds to two minutes, according to the amount of pain. Picard believes that nitrate of silver will abort a gonorrhea, and is harmless if given before pus appears; after that it may do harm.

O'Brien* uses injections of sea-water seven or eight times a day in the acute stage.

An injection given by Impamomenti, consists of a one per cent. solution of cresote in an infusion of camomile, with a little boracic acid added. Pyoktanin has been used by several observers with good results.

The ointment-carrying sound of Unna is recommended by several authors for chronic gonorrhea. Szadek uses an ointment containing nitrate of silver one per cent., and balsam of Peru two per cent. Sperling and Bender nitrate of silver one per cent. in lanolin. The sound remains at first three, later fifteen minutes in the urethra. For the second stage Lewis uses an ointment with lanolin as a base, and a non-irritating antiseptic, such as resorcin, four per cent.

Allen† calls attention to the use of the endoscope, through which a cotton-stick may be used, as a method of application to the urethral mucous membrane.

Internally, Lane‡ obtained good results in sixty per cent. of his cases in from two to seven days, with salol, in doses of from five to fifteen grains, three times a day. In chronic cases injections also must be employed. Dreyfous uses salol at the same time with the balsamic remedies.

Bird has obtained good results by the internal administration of calomel.

Stern§ recommends a thorough washing of the body in the neighborhood of the genitals, and the patient's clothes, with a one to two hundred solution of corrosive sublimate, to prevent an auto-inoculation, which he considers a common cause of recurrence of gonorrhea, symptoms, and of so-called chronic gonorrhea.

** TREATMENT OF GANGRENOUS WOUNDS AND DISEASES.**

BY BEDFORD BROWN, M.D.,

Of Alexandria, Va.*

Many years ago, before the late war, I determined to institute a series of experiments to ascertain the capability of local and general treatment of all gangrenous wounds and diseases that came under my care either for the prevention or for the arrest of the extension of gangrene.

The object was to find local agents possessing active properties as stimulants of vital action in the affected parts, also as means of disinfecting and deodorizing gangrenous sloughs, and of hastening their final separation, and the establishment of a healthy basis for granulation. In cases coming under my care I found the old deodorizers fail to accomplish these objects. I then employed a concentrated solution of zinc sulphate and dilute sulphuric acid as a local application, which seemed to meet all the requirements. The first case in which it was applied was in the following formula:—

\[ \text{R. Zinci sulphatis, } 5i \\
\text{Aqu. f3ss. M.} \]

After the free application of hot water, the solution was applied every three hours on raw cotton. In the course of two days the sloughs separated rapidly, leaving a perfectly clean, healthy basement for granulation. This solution evidently possesses active antiseptic properties. It is an admirable deodorizer, it is clean and it cleanses the parts effectively.

In cases of great loss of sensibility in the parts, weak circulation and reduction of vital action, I know no agent better calculated to arouse nervous activity and dormant vitality; for as soon as the sloughs are removed and the living tissue is exposed, it gives rise to intolerable pain. I have used this solution with benefit in all forms of gangrenous affection and wounds, some limited, others extensive and associated with septicemia. It possesses no caustic property, and it contracts and shrinks the sloughing tissues rapidly, while its action on the living tissues is to stimulate renewed action and sensibility where the capillary circulation is languid, the vasomotor action sluggish, the circulating blood about to become stagnant.

During the late war I had frequent opportunities of using this preparation, and since that time also. It was cheap, abundant, easy of application and exceedingly cleanly, and did good service in my field hospital practice in the Confederate Army.

Another most admirable antiseptic, disinfectant and stimulant of vital action, found by me invaluable in the local treatment of gangrenous affections, is bromine in solution. In cases of infectious gangrenous inflammation such as hospital or gangrenous erysipelas, where the process is propagated by an infection, bromine is especially applicable, as it destroys the infection, subdues the peculiar infectious inflammation and in this manner prevents mortification. However we may differ in regard to the peculiar nature or form of infection that causes gangrene of the infectious variety, it is a fact well established that bromine is one of our best correctives. I have in too many instances seen it correct sloughing wounds and diseases, by subduing inflammatory action and destroying the infection, to doubt it for a moment. I have used these different preparations with benefit.

I have used, advantageously, hot-water applications from 110° to 120°, made to the parts for fifteen minutes every one or two hours. Sterilized water at this temperature is grateful to gangrenous parts. Cold applications are unpleasant, because of the chilliness they impart. In one of my cases the patient was not satisfied when the water was below 130°.

I have used hot water on unhealthy wounds, with feeble circulation and reduction of neurosis and vasomotor action, before or after the development of sloughing tissue, for more than forty years, both in civil practice and during the late war in field hospitals. I saw this practice thoroughly applied and tested in the surgical practice of my preceptor, the late distinguished Dr. Benjamin W. Dudley, of Lexington, Ky. He applied hot water, that had been boiled and then reduced to the proper temperature, to all wounds of an unhealthy character, and to all sloughing affections, and always with benefit.

I have repeatedly seen Dudley apply hot water that had been boiled and reduced to 105° to the eye in cases of violent purulent ophthalmia, with the effect of subduing the engorgement and inflammation and of preventing that most untoward misfortune, sloughing of the cornea. This was more than forty years ago. I have never seen sloughing of the cornea where this method was faithfully carried out.

One of the chief objects in treating gangrenous affections or wounds is to improve the condition of the blood, to strengthen the circulation, and to counteract the tendency to collapse. Hence the importance of general sustaining treatment. An abundance of nutritious food, alcoholic stimulants, invigorating and vitalizing remedies I have seen, in army and private practice, tide over forlorn cases that would otherwise have died. Gangrenous patients—provided the stomach is in good condition—can take large quantities of alcohol with benefit. I have given ten grains of carbonate of ammonia and two ounces of whisky every one or two hours with marked benefit in establishing reaction in the threatened collapse from gangrene and in pyemic fever. In those cases of gangrene arising from embolism or thrombosis I have found carbonate of ammonia, strychnia and nitro-glycerine with iron the best combination for establishing a collateral circulation in connection with alcoholic stimulants and nutritious food. In cases occurring during recent years in my practice, I have found nitro-glycerine, in connection with the remedies mentioned, do well.

I have observed in sloughing affections that as soon as disinfection of the diseased tissues by means of bromine or the zinc and sulphuric acid solutions has been effected, the condition of the general system responds promptly, and not before. Hence in treating the sepsis of gangrene we must ever be active
in cleansing, disinfecting and stimulating the vital action at the seat of the local lesion.

In conclusion, I would urge discrimination in the adaptation of the method of treatment adopted in gangrenous affections to the variety, form and origin of the disease. There are many cases of gangrene purely septic in origin, in which the subacute dressing is thoroughly applicable. There are other cases, such as hospital or camp gangrene or gangrenous erysipelas, in which the bromine treatment surpasses all others. Then, also, there are cases of either a traumatic or idiopathic form, in which the vital and vasomotor functions of the parts are paralyzed and there is no tendency to establish the line of demarcation, and the tissues are rapidly broken down. Here a potent stimulant to vital action is needed, as well as an antiseptic, such as the strong solution of zinc sulphate and dilute sulphuric acid.

**Class-Room Notes.**

—Prof. Da Costa recommends the use of hydrobromate of hyoscine in doses of ½ gr. for the tremor of *paralysis agitans*.

—A patient who had constant headache, dating from exposure to the sun on a very warm day, was given, by Prof. Da Costa, acid. hydrobromici, 5s-μ, twice in a day.

—In a case of spinal epilepsy, Prof. Da Costa prescribed:

B. Tinct. belladonnae, gtt. ij
Sod. bromidi, gr. xv. M.

Sto.—Use t. d.

—Prof. Da Costa advises as a prophylactic for those exposed to *scarlatina*, acidum carbolicum, grt. j, three or four times a day, in addition to antiseptic gargles for the throat and antiseptic baths for the whole body.

—In a case of *chronic gastric catarrh*, Prof. Da Costa prescribed:

B. Bismuthi subnitrit, gr. x
Pulv. aromat., gr. ss. M.

Sto.—Use such a powder two hours after meals, in addition to 3j-μ sodi phosphatis every morning.

—in the Jefferson Clinic, Dr. Cohen recommended the use of a new remedy, pyoquinolin, for the reduction in size of *enlarged tonsils*. First, a number of small punctures are made in the tonsil, then the remedy, taken on the end of a small applicator and heated, is applied to the interior of the punctures.

—The following was given to a woman who was troubled with *habitual constipation*:

B. Aloin, Ext. hyoscymi, Ext. rhei, Olei caelepri, gtt. j. M.

Sto.—Such a pill every night at bedtime.

—For the itching of jaundice, Prof. Da Costa advised sodii bromidum with antiperin internally, with the following ointment externally:

B. Menthol, Alcoholic, gtt. xx, M.

Sto.—For local use.

—A man who presented himself at the clinic suffering from *rheumatoid arthritis* was ordered this ointment for local use, after blisters and massage of the joints had been first used:

B. Iodi, Ung. belladonnae, Petrolati, gtt. xx, M.

—The following formula was prescribed by Prof. Da Costa in a case of *aortic stenosis*:

B. Liq. potassae, Tinct. verati viridi, Syr. zingiberis, Aquae, gtt. x, gtt. v, gtt. vi, M.

Sto.—Use t. d.

—Cases of *simple conjunctivitis* are frequently benefited very much by the following prescription, which is used in the Jefferson Clinic:

B. Acid. borei, Aquae camphorae, Aquae destillati, Aqua simplici, M.

Sto.—Bathe eyes freely, dropping two or three drops in each eye every four times daily.

—A man suffering from *rheumatism*, in whom the acute stage had just been passed, was given:

B. Potassii iodidi, Potassii acetit, Tinct. cochici sem., grt. j, M.

Sto.—Use every four hours, with Dover's powder at night.

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**What Experience Teaches One To Unlearn.**

It would be well sometimes, if we would or could, as practitioners, pause and reflect on the teachings of our own experience, and honestly acknowledge that there is much that we have learned to unlearn. Few take time to do so; the masses of the profession plod on in the old-fashioned way, accepting the labor of their active lives as an essential part of their existence. They move along in the old groove, and seldom think of the past or the future; the busy present alone impresses itself upon them; it is the central pivot on which revolve their occupations, their cares, and their pleasures.

Occasionally we find, even in the ranks of the busiest and most reliable practitioners, one who will be outspoken enough to declare that he has not been so thoroughly absorbed in his professional life, active as it has been, that he has failed to give heed to the teachings of his own experience. We have seen this illustrated upon more than one occasion recently, in medical societies and journals, in the publication by reputable practitioners of cases which have been wrongly diagnosed by them, or in which post-mortem examination has revealed the existence of morbid conditions which had not been suspected during the life of the individual. The lessons thus unselfishly taught in these honest confessions do much good, not only because they teach caution in diagnosis, but because they prove that some pathological conditions are so intricate and obscure as to pass the comprehension of even the most skilled and observant practitioner.

One of the most respected gynecologists of this country has recently stated that "every earnest worker in any field of the inexact sciences finds himself compelled to unlearn as well as to learn," and on this basis he communicates a sketch of a number of things, chiefly traditional teachings, which he has himself, in his own experience, learned to unlearn. His summary, of course, relates to the special branch in which he has been a distinguished teacher and practitioner, but many a general practitioner, if he were as honest and candid, could teach his professional brethren similar lessons. Among other things cited by him are the following:

He has learned to unlearn the grandmoeathy belief that the climacteric is in itself an entity, and that, as such, it is responsible for most of the ills of matronhood, and especially for that of menorrhagia.

He has learned to unlearn that antifebrile and antevension in themselves—that is to say, as displacements merely, and without narrowing of the uterine canal—are necessarily pathological conditions of the womb.

He has long since abandoned the idea cherished by that class of wallaestless and witless nurses, now happily obsolescent, that the parturient woman is to be swathed like a mummy and to be kept as immovable.

He expresses his disbelief that mammary abscess comes from "caked" breasts, or from breasts over-distended from a secretion o'..."
milk too great for the infant's needs. Mammary abscess, in the suckling woman, comes, in his opinion, from cracked nipples, and from cracked nipples alone.

He has wholly freed himself from the belief that cellulitis is at the bottom of most female ailments, and that the hot-water douche is its cure-all.

He has learned to unlearn the teaching that woman must not be subjected to a surgical operation during her monthly flux. Our forefathers, from time immemorial, have thought and taught that the presence of a menstruating woman would pollute solemn religious rites, would sour milk, spoil the fermentation in wine-vats, and do much other mischief in a general way. Influenced by holy tradition, modern physicians very generally postpone all operative treatment until the flow has ceased. But why this delay, if time is precious and it enters as an important factor in the case?

Long ago he came to the conclusion that the womb, like the nose, has its own secretions; and that, because the cervical canal is stopped up with mucus, it is not to be treated any more harshly than a stopped-up nose. This nasal analogy led him soon to think that even uterine catarrhs are not of such paramount importance as to merit heroic treatment, and that metritis and endometritis, in so far as symptoms are concerned, are often idle words.

He has learned to unlearn the idea—and this was the hardest task of all—that uterine symptoms are not always present in cases of uterine disease; or that, when present, they necessarily come from the uterine disease. Seemingly urgent uterine symptoms may be merely nerve-counterfeits of uterine disease. He has, therefore, long since given up the belief, which with many amounts to a creed, that the womb is at the bottom of nearly every female ailment. As an outcome of much that he has learned to unlearn, Prof. Goodell has arrived at this very short gynaecological creed:

"I believe that the physician who recognizes the complexity of woman's nervous organization and appreciates its tyranny, will touch her well-being at more points and with a keener perception of its wants, than the one who holds the opinion that woman is woman because she has a womb."

NATIONAL STERILITY.

The Académie de Médecine, of Paris, has had under discussion the question of National Sterility, which has greatly interested the medical profession and French legislators, with the object of providing a remedy. As elements of consideration in regard to enactments on the subject, various propositions have arisen, such as legislation favoring marriage, increase of taxation of celibacy, the imposition of additional military duty on celibates, regulation of prostitution, etc. Statistics show, according to a medical contemporary,* that in 1888 there were 882,639 births and 74,933 deaths. The ratio of births has fallen from 30 per 1000 in the early years of the century to 23 per 1000. The number of marriages has fallen to 7.1 per 1000, and the number of births to each family has fallen to three. Divorces are increasing in frequency, especially among the educated classes, while the tendency is for marriages to take place later in life. The death-rate alone makes a favorable showing, it being less than in previous years.

The Index of the College and Clinical Record for 1890 will appear in the January, 1891, issue.

* Med. Record, Nov. 15th, 1890.

Our Library Table.

[All new publications noticed in this department, and all other medical works, may be procured by addressing the Editor of the College and Clinical Record, R. N. 36th St., Philadelphia.]


This is an excellent little work, in which the essential facts of a course of chemistry and urinalysis are presented in a lucid, readable, and instructive manner, by an accomplished teacher of the subject and an experienced clinical lecturer. We can conscientiously recommend it for, its sterling merits, to all students and practitioners.


Publishers have, from time immemorial, issued pocket lexicons, for which there must, of course, be a market; and in many respects these miniature works have a certain degree of value. This one is double doubt the best of its class. As a rule, with but few exceptions, the definition of every word is restricted to a single line, and it can therefore be truly said that it does not aim to supplant in any way larger works of reference.

THE PHYSICIAN'S ALL-REQUISITE TIME- AND LABOR-SAVING ACCOUNT BOOK. F. A. Davis, Publisher, 1351 Filbert Street, Philadelphia, Pa. Price: No. 1, 500 pages, fixed 900 accounts per year, size 10 x 12 inches, 34 Russia, $5.00 net; No. 2, 600 pages, for 1800 accounts per year, size 10 x 12 inches, $6.00 net.

This is a ledger and account-book for physicians' use, meeting all the requirements of the law and courts, and having a number of other advantages, such as being self-explanatory; no cipher code; no posting; one entry only; can be commenced at any time of year, and continued indefinitely until every account is filled; no waste of space; compact without sacrificing completeness; every account complete on same page; statement of the most complicated account seen at once any time of month or year; no transferring of accounts, balances, etc. The work can be commended to every practitioner.

DIAGNOSIS AND OPERATIVE TREATMENT OF GUNSHOT WOUNDS OF THE STOMACH AND INTESTINES. By N. Simon, M.D., Ph. D. 83 pages, small 8vo. Chicago, Ill., 1890.

This is a reprint of a valuable paper read by invitation in the Surgical Section of the Tenth International Congress. It is in every way worthy of its eminent author, and in its completeness, and its thoroughly practical characteristics, must be regarded as a most important addition to the literature of the subject, embracing, as it does, the most modern views as to diagnosis and treatment.


MISCELLANEOUS DEPARTMENT.*


This is a delightful work whose essential characteristics are revealed in the first chapter: "This first lighting of the fire in my study is, indeed, a brief transfiguration of life; it discloses to me anew the very soul of nature, it reveals the thought that runs through literature, it discovers the heart of my hope and aspiration." And so the author proceeds, pleasantly and reflectively, to write of childhood, dream worlds, a scholar's dream, dull days, old scholars, books and things, the bliss of solitude, and a score of other themes of fact and fancy. It is a desirable book for the holidays.


The author of "The Lady or the Tiger," "Rudder Grange," "The late Mrs. Null," and numerous other entertaining works is so
well known, that the announcement of this more recent story will naturally call renewed attention to the qualities which commend him to the reading public, who have long since recognized him as one of the most successful writers of humor of the present day.


These are two volumes of the instructive series of historical works which this well-known house is publishing, under the title of "Makers of America." A large amount of valuable information is communicated in this way, in a very readable form, which serves to illustrate the history of the United States in a popular semi-biographical shape. There would be few indeed, who could not find pleasant reading and instructive information in this excellent series.

THE MATCHMAKER. By Beatrice Reynolds. T. B. Peterson & Bros., Philadelphia. 25 cents each.

LOVE'S LABOR WON. By Mrs. Emma D. E. N. Southworth.

These are two of the popular low-priced publications of this old-established house. The writers are well-known, and these are two of their most interesting works.

PAMPHLETS RECEIVED.

'Rotura Exponente de la Matriz al Cuarto Mes de Gestacion.' Por el Doctor E. F. Pla, Habana.


'Drug Collecting as an Art.' By Henry H. Rusby, M. D., New York.

'Malaria and the Caution of Intermittent Fever.' By Henry B. Baker, M. D.


'Ectopic Pregnancy and Pauper Peritonitis.' By Joseph Price, M. D., Philadelphia.

'Subjective Delusions; or the Significance of Certain Symptoms in Mental Disease.' By Joseph Draper, M. D., Brattleboro, Vt.

'Pioneer Surgery in Kentucky.' By D. W. Yandell, Louisville, Ky.

'Cleanliness in Maternities.' By Joseph Price, M. D.

'On the Treatment of Eczema in Elderly People.' By L. Duncan Buikley, New York.


'The Termination of Croupous Pneumonia. Progress in Pulmonary Tuberculosis.' By Karl Von Ruck, of Amsterdam, N. Y.

'Clinical Reports on Arsine of Copper. The Use of Rhus Toxicodendron. Arsine of Copper; the results of Collective Investigation.' By John Auldus, Philadelphia, Pa.

'A Case of Brain Tumor (Angioma Cerebri) Operation.' By L. Bremer and N. B. Carson, of St. Louis.

'Paranephritis. Cysts. A Rare Form of Intestinal Strangulation by a Band.' By Robert Abbott, of New York.

'Intra-ocular Syringing in Cataract Extraction.' By J. A. Lippincott, of Pittsburgh, Pa.

'Hypodermic Medication in Diseases of the Eye.' By Charles J. Landry, of Detroit.

'Synopsis of a Course in Microscopy for Pharmacist.' By H. M. Whelpley, M. D., F. R. M. S.

'Early Operations in Purulent Peritonitis.' By Joseph Price, M. D.

'A Retrospect of Abdominal Surgery.' By Joseph Price, M. D.

'Pus in the Pelvis, and how to Deal with it.' By Joseph Price, M. D.


'The Analysis of the Motor Symptoms and Conditions of the Ocular Apparatus, as Observed in Imbecility, Epilepsy, etc.' By Charles A. Oliver, M. D., Philadelphia.

'National Conference of State Boards of Health at Nashville, Tenn., May 19, 1890 (from Dr. B. Lee, Secretary State Board of Health of Pa.).'

'State Board of Health of Pa.: The Dangers Arising from Public Funerals of those who have died from Contagious and Infectious Diseases.' By J. G. Kerr, M. D., of Canton, China.


'Medical Missionaries in Relation to the Medical Profession.' By J. G. Kerr, M. D., of Canton, China.


'Biographical Sketch of John C. Hupp, A. M., M. D., of Wheeling, W. Va.'

Therapeutic Briefs.

'It is said that the unpleasant symptoms that follow the Internal Administration of Iodine or the Iodides may be averted by the daily use of fifteen to twenty grains of bicarbonate of sodium.

'The following unique prescription was dispensed at a dispensary in Australia recently; purpose not known:

B. Aque destillat, 3 jij. Sig.—3 jij t. d.

For Alopencia, Dr. Morvan (Union Med. in four. Amer. Med. Assoc'n, Nov. 22, 1890) recommends the following solute, to be well rubbed into the parts affected, every night:

B. Acid. gallic, gr. 14v
Essent. lavandulae, 2 jij
Olei ricini, 3 jij
Vaselin, 3 jij

It is said that Earache can be speedily relieved by saturating a piece of cotton in the following mixture and introducing it into the ear, besides rubbing it behind the ear:

B. Choral camphorat, gr. xx
Glycerin, p. x
Olei amygdal. dulce, p. x

One of the best applications for the Bitre of mosquitoes and fleas, and for eruptions attended with intense itching, is menthol in alcohol (Weekly Med. Review, Nov. 8). It is very cooling and effectual, and is also an excellent lotion for application to the forehead and temples in headache.

For Chronic Pharyngitis, the following is said to be a good application (Pharm. Era, Nov. 1st, 1890).

B. Ergotini, gr. xv
Tinct. iodin, 1 jij
Glycerin, 3 jij

Sig.—Apply thrice daily with a camel's-hair pencil.

An exchange has suggested that a pencil or stick for application to Chapped and Irritated Surfaces, or to skin especially susceptible to insect bites, etc., may be made by adding to the two cent. of cocain to the ordinary cocoa butter pencils, giving immediate relief when rubbed over the spot.

—For Nasal Catarrh, a writer in L'Union Med. states the following prescription is much used in London hospitals:

B. Ammonii chlorid, 3 gr. o
Sodi chlorat, gr. xx
Sig.—A teaspoonful of a glass of water, to be used twice daily as a nasal douche in post-nasal catarrh combined with deafness.

The following is suggested in the Medical Mirror as an excellent solute for Hemorrhoids:

B. Cocain, murtat, gr. xx
Sulpur, precipitat, gr. x
Atropin sulphat, gr. iv
Acid. tannic. pulv., gr. xx
Vaselin, 3 jij
Glycerin, 3 jij

Sig.—Apply after each evacuation. Contents of bowels must be kept soluble.

According to La Semaine (Med. News, Nov. 8, 1890), the following prescription is useful in the treatment of Prurigo:

B. Resorcin, gr. xxxv
Sulpur. precipitat, gr. x
Acid. carbonic, gr. xiv
Acid. salicylic, gr. xx
Choral, gr. x
Vaselin, 3 jiss. M.

Sig.—Use externally.

For Excessive Menstruation, the following is mentioned in the Southern Practitioner of recent date:

B. Ergot. dialysat, 3 jij
Glycerin, 3 jij
Acid. salicylic, gr. xxxv
Aque destillat, f. jiss. M.

Sig.—Inject into the rectum once a day a teaspoonful of this mixture, diluted with three teaspoonfuls of water.

The following formula is recommended in Bronchial Asthma (Amer. Jour. Med. Sci.,) :

B. Ammonii iodid, 3 jij
Extract. grindaeviae robusta, fluid. 3 jis
Extract. glycerinus fluid., 3 jij
Tinct. lobeline, 3 jij
Tinct. helvetiana, 3 jij
Syrup. tonico, q. s. ad 3 jij

Sig.—A teaspoonful t. d. Extra dose to be given during a paroxysm.

—Dr. H. G. Klotz (Jour. of Cutaneous and Genito-Urinary Diseases, Nov. 1890) concludes a paper on "Pilocarpine in Dermatology" as follows: "In the light of more recent theories of the physiology of the secre-
tion of sweat, the use of pilocarpine in Pachydermatus and Xeroderma Xeroderma Conditions is strongly indicated, and deserves to be subjected to renewed trial, but in small doses and long continued."

"An almost " specific " for Sore Throat, tonsillitis especially, is stated in the Journ. of the Amer. Med. Association, Nov. 22, 1890, to be the following:—

B. Potassi chlorat., 32. Tinct. gualac. ammoniat., Tinct. cinchona comp., Meliss despumata, 2. Acacie pulv., q.s. Aquae, 3. Sia—Use as a gargle; a teaspoonful may also be swallowed every second hour.

"For case of Constipation Due to Hepatic Indigestion, Dr. Porter, of New York, (Kansas City Med. Index, Oct. 1890), recommends the following, in capsules:—


This must be combined with a properly regulated diet.

"For Persistent Dandruff, Dr. Stephen (London Lancet) mentions a form of treatment said to be popular in Vienna:—

B. Resorcin, Ol. oliva, Aetheris, 3. Spirit. vini rectificat., 5. To be well shaken and applied to the scalp by a bristle brush about twice as large as the ordinary mucilage brush, by insinuating it between the locks of hair. The head to be well washed with soap and warm water twice a week.

"A small matter which adds greatly to the patient's comfort is the Wiping of the Lips with the napkin or the handkerchief after liquids or food (The Nightingale). It needs some delicacy of perception to do this service acceptably, but when the patient has once known the relief of being anticipated in these little motions he will subsequently notice and resent any forgetfulness or awkwardness in their performance. Remember always that

in saving your patient exertion you probably save his strength.

"Solid Perfumes are the latest pharmaceutical novelty. The solid perfume is merely perfumed hard paraffin. The latter is melted and perfumed at as low a temperature as possible, and for a mould the lids of two-drachm chip boxes are used (Zielly, in Brit. and Colon. Druggist). We append a sample formula:—

COLOGNE SOLID PERFUME.

Take of Essence of bergamot, 2. Essence of lemon, 2. Oil of citronella, 2. Oil of neroli, 2. Oil of rosemary, 2. Oil of geranium, 2.

—Dr. Rifat (Bulletin Gên. de Thérap., Nov. 18, 1890, in Med. Record, Nov. 29, 1890) speaks very hopefully of the use of phenacine in large doses in the treatment of Acute Rheumatism, and also of so-called Gonorrheal Rheumatism. The remedy was given in doses of sixty to ninety grains a day, and succeeded in curing the disease after all the usual drugs had been tried and abandoned as useless. The number of cases was too small to warrant forming any positive conclusions, but the success in these few instances was so remarkable as to encourage the author to renewed trials.

"Pharm. Record gives the following table of Solubilities of some recently introduced remedies:—

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<tr>
<th>One part of</th>
<th>Water</th>
<th>Alcohol</th>
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<tr>
<td>Antifebrine</td>
<td>200</td>
<td>10</td>
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<tr>
<td>Antipyrin</td>
<td>1</td>
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<tr>
<td>Antithermin</td>
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<td>50</td>
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<tr>
<td>Cocaine hydrochlorate</td>
<td>5</td>
<td>10</td>
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<tr>
<td>Iodine</td>
<td>5000</td>
<td>5</td>
<td>1</td>
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<tr>
<td>Paraldehyde</td>
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<td>1</td>
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<tr>
<td>Pyridine</td>
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<tr>
<td>Quinine tartrate</td>
<td>80</td>
<td>150</td>
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<tr>
<td>Resorcin</td>
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<td>Salol</td>
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<tr>
<td>Thallin (sulphate)</td>
<td>7</td>
<td>100</td>
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<tr>
<td>Thallin tartrate</td>
<td>10</td>
<td>150</td>
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<td>Urethane</td>
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"In the treatment of Soft Chancres, Dr. T. G. Davis (Med. Record, Nov. 1, 1890) states that cauterization and curettage are painful and unnecessary. Twice daily the sore is washed with pure warm water, then solution of hydrogen peroxide is dropped upon it until bubbles of gas cease. The sore is then dried with absorbent cotton and dusted with a powder composed as follows:—


This is painless and odorless, and has proved entirely satisfactory to patients and to himself during the past four years.

"An Antiseptic Solution much used in the Philadelphia Hospital, as an addition to gargles, washes and lotions, is the following solution, prescribed under the name of "Liquor Antisepticus." Menthol, 3 gr.; thymol, 8 gr.; borne acid, 50 gr.; sodium benzoate, 45 gr.; sodium salicylate, 45 gr., oil of gaultheria, 6 gr.; oil of eucalyptus, 15 gr.; glycerin, 4 fl. dr.; alcohol, 2 fl. oz.; water, a sufficient quantity to make 6 fl. oz. Mix. Use largely diluted with water. A marked peculiarity of this antiseptic solution is the fact that, though at first it becomes opaque on the addition of water from the precipitation of the oils, yet, on the further addition of water, it again becomes transparent (Am. Journ. of Pharm., Nov., 1890).

"Dr. W. L. Stowell (Med. Record, Nov. 1, 1890) arrives at the following conclusions in regard to Pneumonia in Children: The results of treatment are not so unpromising in crowded unsanitary quarters as would be expected. Common-sense or palliative treatment is best. Alcohol is not needed in pneumonia of children. Antipyretics weaken a child more in proportion than an adult. Moderate bathing or sponging of surface makes the patient comfortable, and in so far aids recovery. Many mild cases become severe and fatal in spite of treatment, and no cases are so bad that the physician does not have to sumpt to save. Many severe cases get well with little care and less medicine. I come at last to Ziemann's conclusion, that "nature cures, and the only duty of the physician is to maintain life until this cure is effected."

"For Chapped Skin, M. Viegier (Journ. de Pharm., Record, Nov. 17, 1890) suggests the following:—

B. Acid. tannic, 0.50
Glycerin, 20.00
Aquæ rosæ, 200.00. M.

Other formulæ are lanolin ointments, as follows:—

B. Lanolin, 50.00 grm.
Vanillæ, 0.10 grm.
Essent. rossar, gtt. j. M.
B. Lanolin, 100.00 grm.
Vanillæ, 0.10 grm.
Paraffin, 25.00 grm.
Essent. rossar, gtt. j. M.

The Provincial Med. Journal recommends the following application for chapped hands:—

B. Menthol, gr. xv
Sia
Salol, gr. xxx
Oleæ olivæ, gtt. 5
Lanolin, gtt. 5.

A single application is said to alleviate the pain.

"Dr. C. J. Lundy (Harper Hospital Bulletin, Oct. 1890) reports several cases of Gonorrheal Ophthamia, and refers to the dangers which may arise when proper treatment is not begun at the outset. Unless cold is applied very early, it either does no good or does positive harm; it should never be used after the purulent stage has been reached. Cleanliness and antiseptics are of more importance than applications to the lids. The lids must be opened and even everted, and all discharges thoroughly removed. Under ordinary circumstances, the cleansing may be repeated every half hour. Gonorrheal ophthalmia would be less frequent, if physicians having charge of patients suffering from specific urethritis, would warn these patients of the great danger of inoculating the eye.

"In a paper on "Tuberculosis in Belgium" (quoted in The Doctor, Nov., 1890), MM. Destree and Gallmaerts come to the conclusion as the result of their investigations, that, in comparing the mortality from phthisis of schoolboys, married men and widowers, the last are very much more subject to the disease than either of the other classes. The same statement holds good for all ages, and it is, they say, also true that widows are more liable than single women to die of phthisis.
They cannot think that the irregularities and excesses indulged in by widowers can be answerable for it, for advanced age does not seem to make any difference. They would ascribe it to infection occurring during married life, the disease claiming its second victim some time after the death of the first.

—Dr. F. P. Henry thus refers to the use of digitalis in **Valvular Disease of the Heart** (Med. and Surg. Reporter, Nov. 22, 1890). The indications for digitalis are to be found only in the functional capacity of the cardiac muscle. When it is working regularly and overcoming the valvular obstruction without exhausting the reserve force inherent in every heart, digitalis is useless and may be injurious. When the heart is excited in its action; that is, when it is making superfluous efforts to overcome the obstruction, provided this coincides with increased arterial tension, digitalis is decidedly injurious. When the arterial tension is low, and the whole circulation is approaching a venous type, digitalis is decidedly beneficial. These statements apply to all cases of heart disease, irrespective of the particular valve or valves involved.

—Dietrich (Pharm. Era, Oct., 1890) suggests several formulas for preparation of **Medicated Wines**:

For **Cascara Sagrada Wine**, he dissolves, by the aid of heat, fifteen grains of white gelatine in 1/2 drachms of water. To this 28 ounces of sherry wine are added, skaken well, allowed to stand for some time, and finally 1/2 ounces of tasteless fluid extract of cascara sagrada, and 1/2 ounces of sugar are added. Set aside in a cold place for eight days and filter. For **Cinchona Wine**: Fifteen grains of white gelatine, 2/3 drachms of distilled water, 18 ounces of sherry wine are dissolved by the aid of heat, and 16 ounces each of simple syrup and extract of cinchona are added, allowed to stand eight days and filtered. He also gives a formula for **Quinine Wine**, using 15 grains of gelatine dissolved in 2/3 drachms of water, and added to 29/5 ounces of sherry wine. After shaking and standing, a solution of 30 grains of hydrochlorate of quinine in 30 drops of dilute hydrochloric acid and a few ounces of water are added. After a week, filter.

—A surgeon states that of 3000 decrepit or aged soldiers that have been brought under his notice, fully 80 per cent., were suffering from heart disease in one form or another, due to the forced physical exertion of the campaign; and he predicts that as large a percentage of the athletes of to-day will be found, twenty-five years from now, to be the victims of heart disease, endangered by the muscular strains that they force themselves to undergo. With regard to the effect of exercise on the prolongation of life, it may be said that there are more people living in France to-day who have passed the age of sixty than there are in England, home of athletic sports, and there is probably no nation in Europe more averse to muscular cultivation for its own sake than the French. Great athletes die young; and a mortality list of Oxford men who had rowed in the 'Varsity races, published a few years ago, showed that a comparatively small per centage of them lived out the allotted time.

—Dr. J. G. Orton, ex-President of the New York State Medical Association, has offered a prize of $100 for the best short popular essay on some subject connected with **Practical Sanitation**, under the following conditions: 1. Competition to be open to all. 2. Essays to be forwarded to the Secretary of the Association. Dr. E. D. Ferguson, 1 Troy, N. Y., not later than August 1, 1891, accompanied by the name of the author under separate seal. 3. Examination and award to be made by a committee appointed by the Council of the Association. 4. The successful essay to be read at the next annual meeting of the Association, and if approved by the Council, to be offered for publicaion in the secular press, and issued in tract form or otherwise for general circulation. 5. Authors of essays, unsuccessful as far as the prize is concerned but found worthy of special commendation, to receive intimation as to a proper disposition to be made of them.

**NEW HOSPITAL IN CHATTANOOGA, TENN.**—A long-deep need has been supplied in Chattanooga. The Rev. Father Walsh, of St. Peter's and St. Paul's Catholic Church, has established a well-appointed hospital and sanitarium at East Lake, within ten minutes' ride by rail from the heart of the city, at the foot of Missionary Ridge; and from the height of the institution, a beautiful Chat- tanooga, Lookout Mountain, and all of the historic places round about, are in full view. The institution is under the charge of the Sisters of Charity, and served by trained nurses of the sisterhood. We have been assured by Dr. James E. Reeves, who is now a resident of Chattanooga and enjoying the fullness of restored health in that delightful climate, that this hospital accommodation will afford persons of weak lungs and rheumatic joints one of the best winter homes, at moderate expense, to be found in all the South.

**AMERICAN PUBLIC HEALTH ASSOCIATION.**—This Association will convene at Charleston, S. C., Tuesday, December 16, at 10 o'clock a.m., and continue four days. The following constitute the subjects for consideration:

1. Sanitary Construction of House Architecture. (a) Heating; (b) Lighting; (c) Drainage; (d) Ventilation. 2. Sewage Disposal. 3. Maritime Sanitation at Ports of Arrival. 4. The Prevention and Restriction of Tuberculosis. 5. Isolation Hospitals for Infectious and Contagious Diseases. 6. Establishments in Favorable Climates for Persons having Tuberculous Predispositions. (a) Schools for Children and Adolescents; (b) Sanatoria; (c) Permanent Residence. 7. Papers on Miscellaneous Sanitary and Hygienic Subjects.

**AVLARENGA PRIZE OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA.**—It is announced that the next award of the Association for the prize, the income for one year of the bequest of the late Señor Avlarenga, and amounting to about one hundred and eighty dollars, will be made on July 14th, 1891. Essays intended for competition may be upon any subject in medicine, and must be received by the Secretary of the College, Dr. Charles W. Dulles, on or before May 1, 1891.

**A FOREIGN MEDICAL JOURNAL.**—A recent medical journal, quoted in Pharm. Era, Nov., 1, 1890, states that in a certain business house in France 22 persons were employed. Among them was a consumptive who coughed and spat upon the floor for three years, and until within three months of his death. This was in 1878, and since that time 14 out of the 22 men have died with pulmonary consumption.

—Dr. J. G. Kerr (J. M. C., 1847), of Canton, China (says the Record), has, in the past thirty-six years, treated over 52,000 patients, and has prepared twenty-seven medical and surgical books. He has trained one hundred medical assistants, chiefly Chinese. China now possesses 104 hospitals and dispensaries, at which, in 1889, more than 348,000 patients received treatment.

—Dr. S. O. L. Potter, of California, is the author of a series of papers in the Pacific Medical Journal, entitled "Modern Homoeopathy Viewed Homoeo-
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BRICKER—Cook. At Philadelphia, November 20th, Charles E. Brickcr, m.d. (J. M. C., 1880), and Louise Cook.

Deaths.—E. H., 147.

Levis.—At Bennett Square, Pa., November 12th, 1890, of pneumonia, Richard J. Levis, m. d. He was born in Philadelphia in 1817, and graduated at Jefferson Medical College in 1848. He had been engaged in active surgical practice in Philadelphia for nearly forty years, having been also surgeon of various hospitals of that city. He retired from practice in 1887. He had been Surgeon to the Jefferson Medical College Hospital, President of the State Medical Society of Pennsylvania, and of the Philadelphia County Medical Society. He was an excellent clinical teacher and diagnostician, and a brilliant and successful operator.

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