THE TREATMENT OF PNEUMONIA.*

By J. C. Wilson, M.D.,
Physician to the Hospital of the Jefferson Medical College.

The subject of the treatment of pneumonia is trite and well worn, I admit; but its earnest consideration enters into the everyday life of all of us. Those among us whose views as to the proper treatment of this familiar disease are definitely settled are few, and friendly interchange of opinion upon the subject is likely to be useful. What I shall have to say relates solely to croupous pneumonia, and has no special bearing upon so-called catarhal pneumonia, broncho-pneumonia, or any form of secondary pneumonia whatever.

Croupous pneumonia occurs with great frequency in connection with other diseases. It is not uncommon during convalescence from acute infectious processes. Those who suffer from chronic Bright's disease and from valvular and degenerative diseases of the heart, and from organic diseases of the nervous system, are especially prone to it. It not unfrequently occurs as the terminal condition in these affections and in other constitutional diseases, such as diabetes mellitus and pulmonary phthisis. Under these circumstances, it preserves, however, its own clinical and anatomical characters, and must be regarded, not as a mere complication of preexisting pathological processes, to which it has no essential causal relation, but as an entirely independent intercurrent disease.

When we consider the modifications of pneumonia under these circumstances and in the different periods of life from childhood to old age, and in alcoholic subjects, we are impressed with the uselessness of attempts to show by statistics the value of different plans of treating the disease. No general percentages of mortality can be relied upon as indicating the efficacy of a treatment, unless they are on a large scale and in connection with a critical analysis of the condition of the patients. It is a question of the seed, which

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physicians, to whom the denial of the efficacy of extracting blood in pneumonia would seem the denial of a demonstration. The investigations of Magendie, Dietl, Niemeyer, and others, into the natural history of croupous pneumonia, had already called attention to the uselessness and dangers of indiscriminate bleeding. In recent years, attempts have been made to show that the disuse of blood-letting in pneumonia has resulted in a notable increase of the death-rate, as made manifest by a comparison of recent with older statistics. The unreliability of mortality statistics in pneumonia has already been alluded to. The special error in the statistics of this disease arises from the fact that prior to the middle of the present century the diagnosis of croupous pneumonia was by no means an exact one, and many other pathological processes affecting the chest were very commonly set down as pneumonia. Furthermore, Townsend and Coolidge have shown, from a critical analysis of a relative number of foreigners. These authors settered General Hospital, from 1822 to 1889, that the increase in the death-rate is misleading for the increase of the death-rate, as made manifest from ten per cent. in the first decade to twenty-five per cent. This gradually increased to thirty per cent. at the present time. It cannot, however, be understood. In the same manner we condemn the treatment by tartar emetic in large doses, and with it is to be relegated to the limbo of discarded medicaments in pneumonia. Trouseau's lauded kermes. The treatment by large doses of veratrum viride in the early stages, which still survives and finds in many quarters earnest advocates, is based upon the same antiphlogistic idea and has little to commend it. To add the depressing effect of a powerful drug to the pathological influences already depressing the heart is now recognized as increasing the danger of cardiac failure. In fact, if, as our knowledge of croupous pneumonia indicates, many of the symptoms are due to a toxaemia, it were better to bleed the patient, if he is to be bled at all, into a basin than into his own vessels. To depress the heart by veratrum viride or aconite in the first stage, and to harass it by digitals in a later period, are among the vagaries of therapeutics which takes pleasure in vaunting itself as rational. To give cardiac depressants in croupous pneumonia is always of doubtful expediency, and digitals as a cardiac stimulant should be administered only in response to special indications. Of the latter drug, Brunton says, "It is of little use in pneumonia."

Efforts to discover a specific—i.e., an antiseptic or germicide treatment for croupous pneumonia—have not been followed by success. The most recent attempt in this direction is the suggestion of Bartholow in regard to the use of ethyl iodide by inhalation. The anesthetic and antispasmodic properties of this drug may render it, when cautiously used, a valuable addition to our resources in the management of pneumonia, but its antiseptic and germicide properties are feeble, and there is no experimental evidence to show that it has, in the high dilution in which it reaches the residual air, any effect upon any of the forms of bacteria present in the pneumonia exudate. Furthermore, there is reason to believe that the pathogenic bacterium has already done its work, so far as the lung is concerned, when the exudation as manifested by dullness and bronchial respiration is established.

It remains to speak of the treatment of pneumonia by systematic repeated cold or tepid bathing, as practiced by Jürgensen at Kiel and Tübingen. Notwithstanding the fact that this treatment, as shown by certain series of statistics, has resulted in an apparent reduction of the mortality amounting to fifty per cent, it has never come into general use, either in Germany or elsewhere. A partial explanation for this undoubtedly lies in the fact that a large proportion of the cases recover under ordinary methods of treatment, and, further, the application of every bath is a disturbance to the patient, which is at least troublesome. Finally, in the absence of conclusive evidence of the efficacy of bathing as a plan, it is impossible to overcome the traditional objections to it on the part of the people.

As yet, we know no remedy of which it can be positively said that it is capable of controlling or aborting the pneumonia process. In affirming this, I do not overlook the fact that large doses of quinine, given early in the disease, are thought by many to exert a favorable influence upon the subsequent course of the attack. The milder cases run a favorable course and get well without the use of perturbing remedies. The treatment must, therefore, in the present state of knowledge, be expectant. But this expectancy is not idle; it is alert and vigilant, and abundant in resources. It is expectant-symptomatic.

I will speak briefly of the hygiene of the sick-room. The room itself should be large and well lighted, but so arranged that the lighting can be controlled to suit the sensations of the patient. It should be well ventilated, care being taken that the patient is not exposed to draughts. The ideal room for the treatment of pneumonia, or, in fact, almost any of the acute infectious diseases, is like that described in the newspapers as occupied by the Iron Chancellor—large, airy and well lighted, without furniture, except a military bedstead, a small table, and a chair for the attendant. The patient is not liable to take cold, and requires, above all, an abundance of fresh air. The bed-clothing should be light, but occasionally varied in accordance with the sensations of the patient. The food should be of the simplest and most digestible kind, and during the earlier stages administered sparingly.

A laxative dose of calomel, from three to five grains, at the beginning, is useful. It may require repetition later. The prominent symptoms after the initial chill are the fever, with or without delirium, the pain in the side, the difficulty and distress in breathing, and the cough. The chief danger lies on the side of the circulation, the cause of death in the majority of fatal cases being heart failure.

The most striking peculiarities of the fever of pneumonia are the suddenness of the rise and its extent; but the importance of the high temperature of pneumonia has been overrated. Welch, in his "Cartwright Lectures," 1888, carefully analyzes the experimental and clinical data bearing upon this subject. He shows that animals may be kept at a high temperature for at least three weeks without manifesting serious symptoms. The functional disturbances to be attributed directly to the influence of elevated temperature are increased frequency of the respiration and quickened pulse. No definite relation can be established between the variations of arterial tension which occur in fever and the height of the temperature. Though prolonged high temperature is an element in the causation of fatty degeneration of the heart, there are other factors, such as infection, concerned in the production of the lesion. The lessened perspiration, the renal disorders, and the digestive disturbances, with the possible exception of constipation, are always referable chiefly to other causes than the increased temperature. Both experimental and clinical observations strongly support the view, now widely accepted, that the disturbances of the sensorium, which constitute so prominent a part in the group of so-called typhoid symptoms, are dependent in a far greater degree upon infection or intoxication than upon the heightened temperature. In support of the con-
of relief and refreshment. I have had no personal experience with the use of baths in pneumonia, except in the pneumonias of infancy; but I have repeatedly seen very marked relief following cold affusions to the head and chest in severe pneumonia of young adults with high temperature and a tendency to stupor.

A fall in temperature must not always be attributed to the action of an antipyretic drug which may have been given, since the natural history of croupous pneumonia shows a decided pre-critical fall as well as the abrupt defervescence at the crisis.

It is important to relieve pain. This may be accomplished by small doses of Dover’s powder, from three to five grains, or the tincture of ipecacuanha and opium in corresponding doses, repeated at intervals of three or four hours, or by hypodermic injections of morphia, repeated at intervals of six or eight hours. The doses should be so ordered as to produce a slight amount of continuous somnolence. Mental agitation and anxiety are thus also avoided. Under the influence of these remedies, the patient’s breathing is often notably improved.

Early in the case, leeches over the consolidated lung often seem to exert a favorable influence. Turpentine stapes may be applied at intervals of four hours, or warm wet compresses, covered with oiled silk may be used. Sometimes the application of an ice-bag gives relief. I believe poultices are less used at present than formerly. Certainly, unless well made and carefully applied, they have very decided disadvantages. The cotton jacket is a good substitute for them, or, still better, a shirt lined with light carded wool, which packs less readily than cotton. Blisters should not be used in the early stages. Dry or wet cupping is sometimes used in place of leeching.

After a time, pain ceases to be a troublesome symptom, and the opiates may be diminished either in dose or in the frequency of administration. Carbonate of ammonium may now be given with advantage, partly on account of its stimulant effect upon the respiratory centre, and partly because it appears to exercise a favorable influence as a cardiac stimulant. After the defervescence, it may be replaced by the chloride of ammonium.

In ordinary cases, a small amount of alcohol in the form of milk punch or wine should be systematically administered from the beginning, and in others immediately after the subsidence of the intensity which characterizes the onset of the febrile movement. If the heart flag, alcohol is to be given liberally, the character of the pulse and the first sound of the heart being made the gauge of dosage. Strong black coffee or hypodermic injections of ether or of camphor dissolved in olive oil, are to be given upon the supervision of evidences of failure in the circulation. Strychnine is useful as a respiratory stimulant, and may be administered hypodermically at intervals of eight or twelve hours.

If there be sleeplessness, notwithstanding the administration of small doses of opiates, chloral, in doses of from seven and one-half to fifteen grains, proves a most serviceable hypnotic.

In severe cases of pneumonia, I am in the habit of administering throughout the attack the mixture of one part of oxygen with two parts of nitrogen in the shops under the name of Walton’s oxygen. These inhalations, systematically repeated at intervals of one or two hours, and sufficiently prolonged, have appeared to exercise an admirable influence upon the respiration and circulation, and are often, in cases of great restlessness or agitated delirium, followed by a period of quiet sleep.

Upon the supervision of defervescence, there is occasionally observed a tendency to collapse, which demands the application of external heat and the free use of diffusible stimulants both by the mouth and hypodermically. If resolution be delayed or if pleural pains continue to be troublesome, flying blisters over the affected side are indicated. Convalescence is, in the absence of complications, usually short and satisfactory.

Insidious pneumonias beginning centrally, the lesions progressing little by little, are often difficult alike to diagnose and to treat. These are the so-called typhoid pneumonias. They often run a protracted course, and are of unfavorable prognosis.

Death usually occurs from asphyxia; sometimes from the mere mechanical circumscription of the respiratory tract, as, for example, when upon the third or fourth day after the appearance of consolidation throughout one lung, the same process is set up in the other lung. When the lesion in the second lung is extensive, the case is not usually amenable to treatment and speedily terminates in death.

ENORMOUS DROPSY OF THE BELLY. *

BY J. C. LANGE, M.D.,
OF PITTSBURGH, PA.

I have a patient here, aged 48 years, who has been sick 18 months. I present him because I believe him to have the largest amount of ascites ever recorded. He has interstitial hepatitis, or cirrhosis of the liver, and was tapped this morning, this being his ninety-ninth tapping, at each of which there has been evacuated from four to six gallons of serum. A year ago he required tapping every two or three days; at the present time we tap him once in five days. Once he went six days. Averaging the evacuation of serum at five gallons at a tapping will give a total of 495 gallons of serum which we have drawn from this man, or twelve and a half barrels, counting forty gallons to the barrel. His general health is moderate. As you see, he does not look very anemic. He is not very sick. His functions are all fairly well preserved. His appetite and digestion are fairly good and he sleeps well. If he could get rid of his dropsy, he would be in comparatively good health. He has no complications. His kidneys are normal; the same is true of his heart, and he has no pachymeningitis.

The reason he has a greater amount of ascites than is common in cirrhosis of the liver, is because his collateral circulation is not as good as it usually becomes early in
this disease. This lack of development of the collateral circulation is the cause of his greater than ordinary amount of dropsy. The blood in his portal vein being denied admittance to the liver, greatly over-distends the mesenteric veins, and this intra-venous pressure is the direct cause of his dropsy. The collateral circulation established is by anastomoses of the mesenteric with the abdominal veins, the coronary vein of the stomach with the veins of Glisson's capsule on the one hand, or with the phrenic veins on the other, the internal hemorrhoidal with the hypogastric, and finally, as pointed out by Baumgarten, enlargement of the not yet obliterated umbilical vein in the ligamentum teres. By all these ways the blood from the portal system reaches the abdominal veins—a direct reverse to the normal, and the greater or lesser perfection of this collateral circulation determines a small or a large ascites. In this case the abdominal veins, and the caput Medusa, too, are not as large as usual, and as a consequence, the dropsy is so much larger. If this collateral circulation shall improve, his dropsy will become more moderate; if it become perfect, this dropsy will disappear. But we do not expect this latter to happen. Dr. Flint reported two cases in which it did happen, but this is rarely the outcome of this disease, and we do not expect so favorable an ending. We expect, as I have done in chronic peritonitis, a glass drainage tube in the highly sensitive and vulnerable abdominal cavity, surely a needle in the cervix or one in the perineum can do no more harm than an earring.

But these attempts to prosecute a physician on the slightest provocation have made me very cautious. For instance, I never perform an oophorectomy without explaining, in the presence of competent witnesses, why I wish to perform the operation and what will be its results. A very unfortunate English physician neglected this precaution, and as the result lost money, health and an enviable hospital appointment, although he won finally at the end of a protracted, expensive and most worrying suit at law. The husband complained that his wife was unsexed; the wife, that she was not told what the nature of the operation was to be; the narrow-minded directors of the hospital, that the surgeon had operated without calling in counsel.

Notes of Practice.

BROKEN NEEDLES AND SUITS FOR MALPRACTICE.

BY PROF. WILLIAM GOODELL, M.D.,
Of Philadelphia.

Not long ago I casually heard that a skilful surgeon in a distant city was about to be sued for $10,000 damages, because it was accidentally discovered by another physician that the former had left a piece of broken needle in a perineum which he had repaired.

I accordingly wrote to this brother in distress that, if my evidence could help him out of his difficulty, I should be glad to furnish it. For I had more than once left at least half of a needle in the cervix, and at another time fully an inch of a large needle in the perineum. These patients are perfectly well, and to this day do not know that they are carrying portions of surgical instruments in their bodies. I also recalled to him the fact that many hysterical girls have with impunity converted themselves into human pin-cushions by swallowing innumerable needles, which have traveled all over the body and been extracted at places very remote from the stomach. I presume there is not a surgeon who has not broken needles and left a fragment in his patient's body, without the slightest mischief ensuing. When one can tie, as many have, the pedicle of an ovarian or uterine tumor with iron or silver wire and drop it into the abdominal cavity, to remain there until doomsday; or when we get broken bones to knit by uniting them with strong iron wire; or when one can leave for weeks as I have done in chronic peritonitis, a glass drainage tube in the highly sensitive and vulnerable abdominal cavity, surely a needle in the cervix or one in the perineum can do no more harm than an earring.

Let me give you one of my experiences:

Not many years ago, one bitter cold day in winter, a poor man came to my office from a town several miles distant, in a neighboring State, begging me to come to the aid of his wife, who had been long in labor and could not be delivered.

It was in the midst of my office hours, the weather was very cold, the fee offered was not a tempting one, and I requested him to go for some one else. But he begged so hard, that for humanity's sake I could not refuse. When I got there I found that his wife had a shoulder presentation, and had been attended by four physicians, who each in turn had tried in vain to turn the child and deliver her. They were all present, and as the question of empyemotomy had come up, they had sent for me. The woman was much exhausted, and we all felt that her only chance lay in a speedy delivery. She had been kept more or less under ether for hours, and a little more was now given her. Knowing that the womb had moulded itself to all the irregularities of the child, which moulding had prevented version, I concluded to try a wrinkle of an old French accoucheur, whose name I have forgotten. It was this: I caught hold of the hand of the shoulder which did not present and made traction on it. This manoeuvre turned the child over, on its long axis, and extricated its body from the uterine mould which had "set" around it like a cast of plaster. I was then able very readily to make podalic version, and to deliver the body as far as the head. But here an unexpected difficulty occurred, one which I have never met with before or since. The long irritated cervix or the lower zone of the womb closed like an iron collar around the neck of the child and imprisoned the head. While I was trying to release it, the woman suddenly and unexpectedly died. All this occurred within a very few minutes.

I shall not describe the scene that followed; it was a very painful one. My only consolation was that I had done my duty. Now, would you believe it? A few days afterward each one of the physicians present, including myself, was notified that a suit for malpractice had been instituted against him. I put my case in the hands of a lawyer, who gave me a letter to a leading citizen of that town, asking him to stand bail for me in case I should be arrested, as I might be at any time when called there on a professional consultation. For, of course, the plaintiff would be only too glad to arrest me and try me in his own State. For months I carried this letter in my pocket, but I never had to use it, for when the matter came to the pinch, we all showed such fight that the case was abandoned. This is the second time that I have been threatened with a prosecution for alleged malpractice; but in the former I also more than met the plaintiff, and that case was abandoned.

In this relation, let me tell you what I read in the daily papers the other day, showing how careful we all should be to surround ourselves by safeguards. A physician in Belgium, in a case of necrosis of the leg of a child, warmly advocated excision of the dead bone. The mother said she would give her consent as soon as the grandmother was willing; but it took the old lady exactly one year to make up her mind. Her consent being obtained, the child was etherized and the diseased bone laid bare; but it was then found that the necrosis had proceeded so far during the year that it was impossible to save the limb. Accordingly, the surgeon assumed the responsibility of amputating the leg. He was sued by the father, and had to pay him 10,000 francs for damages.

In this country, surgeons of note were often prosecuted for the unavoidable shortening of fractured long bones, especially of the thighs, during the process of repair. Indeed, if I am not in error, even the late Prof. Samuel D. Gross, with all his reputation, had to stand a suit for malpractice. But this is becoming more and more rare, because the community is getting more and more intelligent. The practical lesson that I wish to impress upon you all, by citing these examples, is simply this: that if the public presume to attack the professional characters of men who are your medical teachers, how
careful you should be in all important cases to guard yourselves by calling in older and more experienced advice—and by getting the responsibility shared.

Again, never say there is absolutely no danger whatever in any operation or in any surgical procedure. On this point, some years ago, I got a bitter lesson: I was asked by a patient, upon whom I was about to operate at one sitting for a laceration of both the cervix and the perineum, whether there was any danger to be feared from the ether. I laughed her to scorn, and called it the child's play of the operation. But mark the result: both operations were performed—and very satisfactory, too—but as the lady emerged from ether narcosis, incessant vomiting set in, which could not be controlled by any means known to me, or to a consultant whom I called in. On the fifth day she died from heart failure, from this very etherization from which I said there was no danger. Therefore, I now never tell a patient that there is no danger whatever in any operation.

So take this lesson home with you to-day: Never to promise too much to your patients; for, as you are not sure what the day will bring forth, you certainly never can be sure what an operation may bring forth.

CREASOTE IN PHthisis.

BY PROF. DUJARDIN-BEAUMETZ, M.D.,
Of Paris, France.*

After having passed in review all the new processes of antiseptic inhalation, you will remark that no one of them has given positive results, and confirmed the expectations of their authors. Have we been any more successful with the subcutaneous injections? This is what we shall now examine.

Of all the balsamic or other substances employed in pulmonary tuberculosis, one only seems to hold its ground amid the multitude of pretended specifics that have had their day and gone into oblivion. I refer to creasote.

Already, at the time of my journey to Russia, I had been struck by the results obtained by Affannassiew from the employment of creasote in large doses administered by the stomach. But it is so rare in tuberculous patients to find stomachs sufficiently tolerant to support doses of creasote, equalizing and even exceeding one gramme, that this method is little practicable. But we can easily introduce this medicament under the skin, and it is here that the researches and experiments of Gimbert have taught us something.

We know how much we owe to Gimbert for the application of creasote to the therapeutics of tuberculosis; we may almost say that he is the founder of this treatment. For many years he has utilized both the gastric and hypodermic methods for the administration of this medicine, and it was under his guidance that I began those clinical trials which are still continued to-day in my hospital wards.

At the hospital I make use only of the subcutaneous method. I have used the Gimbert injector, and another apparatus which I have had constructed, but whose results are less satisfactory. It is sufficient to have a hypodermic instrument similar to the primitive Pravaz syringe which may hold fifteen to twenty grammes of the medicinal solution.

Burlaux, who has made much use of creasote in large doses in the military hospitals, utilizes the pressure of the liquid. A reservoir, placed at a suitable height, communicates, by means of a rubber tube, with a perforated needle, which is introduced under the skin, and gradually and very slowly, for several hours, the creasote solution penetrates into the cellular tissue.

The solution to employ is the following:

| Pure creasote, 10 grammes |
| Pure olive oil (sterilized), 150 grammes |

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I call your attention to the necessity of having the olive oil as pure as possible and sterilized. This sterilization is easily effected to-day in the bacteriological stoves, and it suffices to raise the temperature of the liquid above 120° C.

To practice these injections, you must always take great care, before introducing the liquid, to see that it is perfectly pure, and for this purpose you need only to let fall upon a porcelain plate a few drops of the solution by means of the instrument which you are going to use. These drops should be perfectly limpid, and clear of all the impurities resulting from rusting of the stop-cocks of the apparatus, or a foul condition of the piston or the needle.

When once you are sure of the purity of the solution and the cleanliness of your needle, you will proceed to the injection. The best place, in my judgment, is at the posterior part of the thorax, near the spine of the scapula. At this point the cellular tissue is very loose, and may without inconvenience receive great quantities of the liquid. You pinch up a fold of skin, and at the base of this fold and parallel to it you introduce the needle. The injection should be made very slowly; then, when it is finished, you withdraw the needle and place your finger over the orifice to prevent escape of the liquid.

When made with all the precautions which I have indicated, these injections never cause any local mischief, and we have yet to see the first abscess produced as a result of these subcutaneous injections practiced in our wards, where they are generally left to students. Moreover, these injections are but slightly painful, and are generally welcomed by the patients, who find them a real comfort and benefit.

In a space of time, which varies from five to ten minutes, the breath of the patients, which takes on the characteristics of the odor of creasote, and this odor persists for twelve hours. These injections are made every second day.

Under their influence we see produced a diminution of the expectoration, a return of the appetite, disappearance of the night sweats. In the cases which I have had in the hospital under my observation, I have never witnessed a cure, and this is due chiefly to the fact that it is but a short time that we have had our patients subjected to this treatment. But Gimbert, who has exercised an extreme reserve in the publication of his hospital cases,—a reserve which we cannot too much approve of when the treatment of tuberculosis is concerned,—has, at the same time, affirmed that he has witnessed in a certain number of cases the definitive cure of tuberculous consumption under the influence of these subcutaneous injections of creasote.

Is this method applicable to all cases? Assuredly not. There are contraindications which it is necessary to know; one of the first is fever. In all cases where the temperature is continuously high, these injections do more harm than good. It is the same with hemoptysis. In a word, the active congestions of the lung, whatever may be their cause, constitute a formal contraindication, which is easy to be understood when you reflect that the elimination of creasote tends to augment the pulmonary hyperemia. It is, then, in the slow, apyretic forms that there is the most chance of success.

As you have just seen, the therapeutics proper of diseases of the lungs, despite the earnest labor spent in this direction, has not greatly progressed, and, with the exception perhaps of creasote, all the other microbicidal medicaments directed against the tubercle bacillus have been attended with far more failures than successes, whether used by inhalations or subcutaneously.

We must, then, wait for the results of experiments undertaken in the different laboratories before we shall know whether science is in possession of a method or a medicament which can destroy the virulent agent of phthisis in patients affected with tuberculosis.

MERCURY AND THE IODIDES IN SYphilis.

BY JAMES T. JELKS, M.D.,
Of Hot Springs, Ark.*

My own plan has been to give mercury when the secondary manifestations of the disease appear, and to continue it after the eruption has disappeared for a period of six months, then the so-called mixed treatment for six months, and follow this by a six or twelve months' course of iodides alone. But

the longer I live and the more I see of syphilis, the more I am inclined to give iodides, giving mercury when the iodides fail to relieve the case. In all the later manifestations of the disease I use only the iodides.

We have syphilitologists divided into two groups: one favoring and urging the administration of mercury as soon as a diagnosis is made, and continuing the use of that remedy for long periods of time; the other giving it only when the manifestations of the disease do not yield to the iodides—and then giving it only until the disappearance of the eruptions. The one group laying many of the grave lesions of syphilis to the fact that mercury was improperly given, both as to time and quantity—the other claiming that these appearances of the disease were due to the fact that not enough mercury was given, or that it was not given in sufficient quantity or not protracted over a sufficiently long period of time.

My own opinion is that they are supplementary one to the other. As I have said before, some of the graver lesions of syphilis seem to get worse under the administration of mercury, and yield rapidly to the iodides. Of course, all of us have seen patients who could not bear the mercurial treatment. Again, there are others in whom the mildest ildene course is followed by very grave symptoms.

In using mercury for syphilis I prefer the ung. hyd. I have found in a very large experience that it produces its effects very promptly, and that it is less liable to disagree with the digestive apparatus than any of the salts of mercury administered internally. In ordering the mercurial I use 1 drachm of the 50 cent. hyd. ung. rubbed into the skin every night, of course carefully watching its effects, for on the slightest evidence of salivation it must be lowered in quantity or discontinued altogether; occasionally I find a patient who is very greatly depressed by this quantity. In that case I lessen the dose by half and continue it until the manifestations of the disease have disappeared. Of course this is an inconvenient mode of administration of the remedy, in persons whose occupations take from home a great deal of the time, and who have not the facilities for warm baths. For this class of patients I order the protoidate of mercury in 1/2 gr. doses, and prefer the gelatine coated pills to those which are sugar coated. In giving the iodides for syphilis one thing is important to bear in mind, and that is, that the dose of 3 to 10 grs. is all a mistake. I commence its administration with 15 grs. and increase it 1 gr. a day until the manifestation which called for it has disappeared.

Practically speaking, the point I wish to impress upon this body is, that there is no limit to the dose of the iodide save that which is indicated by its effects.

One of the most convenient modes of administering it is in the form of saturated solution: here 1 minim represents 1 gr. of the salt. Of course, this should be largely diluted with water before it is given. For the grave forms of nervous syphilis I never give the smaller dose, but at once commence its administration in 50 gr. doses, and have had no reason to regret such a course. The same plan is pursued when a gummy deposit exists in the pharynx and nasal or post-nasal cavity. In both these classes of cases we desire to produce a rapid absorption of the gummy deposit, and so prevent its breaking down, thus protecting the patient from the horrors of such softening.

**THE COLLIODION DRESSING IN MINOR SURGERY.**

**BY W. S. GOTTHEIL, M.D., Of New York.**

If simplicity, ease of application, and convenience in use are true measures of the value of a surgical dressing, the one described here should find favor. My own regard for it increases with each year that I use it. It is applicable to all ordinary clean wounds—to all wounds where no pus-forming elements have been introduced by accident, or by the surgeon. This includes incisions for

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the enucleation of small tumors, caseous glands, etc.; incised wounds of all kinds; contused wounds that have been thoroughly cleansed; the punctured wound of a compound fracture, and many others that will readily suggest themselves. Sutures destined to be absorbed do not interfere with it, nor do silken ones when properly sterilized. It is of especial advantage for the application of small dressings to the head and face.

The materials required are absorbent cotton and flexible collodion; and the method of use is as follows:

The wound having been thoroughly cleaned and scartiedized, the surrounding skin for a space of from one to two inches is treated in the same manner. If the part is a hairy one, the same area must be closely cropped, or better, shaved. Whatever in the way of sutures may be necessary, is now applied; and, after another cleansing, iodiform or iodol is dredged fairly thickly over the wound.

A very thin layer or “fluff” of absorbent cotton, simple or borated or idoformed—as you choose, is now applied. It should stretch about half-way from the wound to the border of the surface which has been prepared for the dressing. With a camel’s hair brush the flexible collodion is put on the cotton, which is brushed down, as it were, upon the wound. The thin cotton layer melts down; in a moment the collodion has set; it adheres firmly to the surface of the wound and to the skin; and your wound is covered.

Layer after layer of thinly spread absorbent cotton is now added—each one overlapping its predecessor slightly, and taking firm hold of the skin. Two to six or more layers, as may be deemed necessary to protect the wound, may be employed.

The ether in the collodion causes some smarting; but otherwise the dressing is painless.

When the last layer is applied, you have an absolutely perfect dressing. Your wound is hermetically sealed. The dressing is permanent and may be left for a week. But two other and greater advantages remain.

Firstly, your dressing is self-retaining. This is a small thing surgically—but an important one from the patient’s point of view. Ask him to weigh the comparative merits of a week or two with a bandaged and plastered cephalic extremity, perhaps with confinement to the house added thereto by the inability either to wear his hat with decorum or meet the inquiring gaze of his fellows; ask him to compare that with a light dressing confined to the wound, which will permit him to pursue his usual course in life without molestation. There will be no hesitation about his answer. And its value will be more apparent still when the dressing is used on the ears, chin, or parts difficult to bandage to the patient’s contentment. Nor are we liable to be annoyed by the slipping or loosening or dirtying of bandages.

Finally, the dressing is aesthetic. The collodionized cotton is semi-transparent, and is invisible at a short distance if only a few layers are used; if more are applied it forms a grayish white coating, which is not conspicuous. The small, uniform protuberance, of almost skin-color, will often pass unnoticed.

A further improvement, which would render the dressing almost invisible, would be to use light pink cotton, if such is procurable—or to incorporate a small quantity of some red dye, like cochineal, with the collodion.

If it is desirable at any time to remove the dressing, or to take out sutures, the edge of the collodion-cotton film is lifted all around with the dressing forceps, and perhaps with the aid of a little hot water the entire mass comes off in one piece. As the wound heals fewer layers of cotton are required.

I really believe that I have often received more appreciation from patients for this procedure than for anything else that I have done for them.

**RECTAL MEDICATION.**

Dr. W. Hampton Caldwell, of Lexington, Ky., read a paper on this subject before the Southern Surgical and Gynecological Association, Nov. 13th, 1890, in which he said that several years ago he was convinced of the
utility and safety of rectal administration of medicine, and had ever since regarded it as a most important plan of treatment. Since we accept the theory of the local origin or manifestation of the majority of diseases, this idea of rectal administration of medicine was more easily accepted as scientific in its applications than at any time heretofore. The rectal suppository, consisting of cocoa butter incorporated with the various therapeutic agents, affords the most efficient and pleasant mode of administration in our possession. Rectal suppositories satisfy all requirements as a local or constitutional remedy; they are neat, convenient, and in almost every instance preferred by the patient to the administration of the same drug by the mouth. In the administration of anodynes, it is certainly a superior method of administration to all others, as the sensitive stomach is no longer a barrier or excuse in the administration of even the most disagreeable medical agent, for we well know in many instances that this organ is either tolerant to opiates or the patient has an inexcusable objection to taking them; the impossibilities of the rectal administration being thrown off is one great advantage over all other methods of administration. The effects of rectal medication embrace a wide range of actions, including anodyne, antiseptic, alterant, and astringent. In severe pain they certainly afford the best and safest source by which our patient's suffering can be relieved, as the action upon the rectal surface of a diffusible anodyne is quite rapid, and produces an effect as soon as when administered by the stomach. In all inflammatory or painful affections of the abdominal or pelvic organs, this plan of administration has succeeded better than all others with the author.

Surgical Treatment of Appendicitis.*

At the meeting of the Société de Chirurgie, October 14, 1890, Berger reported four cases of appendicitis occurring in his practice; all laparotomy was performed; three died, one recovered. The cause of the failure in the three first cases was, he thinks, due solely to the fact of the tardiness of the operation; surgical intervention, to be successful, he says, should be early. He inclines to the belief that perityphlitis may sometimes exist apart from appendicitis, and this is in accordance with the conclusions to which Schuchard of Stettin, has arrived as a result of several careful observations; these were nine in number, of perityphlitis without lesion of the appendix, and were reported by him at the last Berlin Congress.

**Diet for Diabetics.**

**BY BRANSFORD LEWIS, M.D.,
O F ST. LOUIS, MO.*

**ALLOWED.**

- All kinds of meats (except liver).
- Poultry, all kinds of game.
- All kinds of fish, fresh or salt, sardines.
- Oysters.
- Eggs in any style (without addition of flour, starch or sugar).
- Fats and fatty meats.
- Butter, cheese.
- Soup (without flour or the prohibitory vegetables).
- Celery, cabbage, cauliflower, flower, string-beans, asparagus, lettuce, spinach, mushroom rooms, radishes, cucumbers (green or pickled), young oaks, water cress, dill, olives, tomatoes.
- Graham bread, rye bread.
- Occasional stale white bread.
- Acid fruits, such as oranges, lemons, apples, pears, cranberries, currants, cherries, strawberries, gooseberries, currants (sweetened, but without sugar, but with saccharine and soda, bicarb.).
- Gelatine (without sugar).
- Almonds, walnuts, Brazil nuts, hazel-nuts, filberts, pecans, butternuts, coconuts.
- Salt, vinegar, pepper.
- Drinks: Coffee, tea (without sugar), skim milk, cream, soda-water (without sugar), mineral waters of all kinds, but especially Vichy.

**PROHIBITED.**

- Sugar, in any form.
- Starch, in any form.
- Sauces containing flour, sugar, or starch.
- Cakes of all kinds.
- All cereals, such as cracked wheat, oatmeal, mush, cerealine, etc.
- Potatoes (either Irish or sweet), corn, carrots, turnips, onions, parsnips, beans, peas, beets, rice.
- White bread, corn bread, white biscuits.
- Pears, peaches, grapes.
- Sweet jellies.
- Chestnuts.
- Malt liquors, beer, ale.

**Diet for Lead Poisoning.**

Prof. J. M. Da Costa, in a case under observation in the Pennsylvania Hospital, made the following remarks as to the treatment (Med. and Surg. Reporter, Dec. 20th, 1890):

He had been placed on the iodide of potassium, which is the best of all metallic substances and especially of lead. But this had to be suspended because of the condition of the stomach. We then resorted to sulphuric acid and magnesia, the latter to keep the bowels open and the former to make an insoluble salt of lead. I would call your attention here to the value of giving small doses of sulphate of magnesia, with small doses of sulphuric acid. This is an excellent plan of treatment for obstinate constipation where there is paralyzation of the bowels. Trouseau gave from ten to twenty grains of magnesia at short intervals. In this case we gave one drachm every hour until one ounce was taken, and to this treatment we added strychnine. Now, shall we continue this, or revert to the iodide of potassium? I admit, I should like to revert to the iodide. The tongue is cleaner and the stomach better, and I feel that with ten grains of potassium iodide three times a day, we can do more for the lead cachexia and more to relieve the latent heart trouble. We will, therefore, stop the sulphate of magnesia and morphia treatment, continuing the strychnine.

**The Continuous Inhalation of Oxygen in Cases of Pneumonia Otherwise Fatal, and in Other Diseases.**

Dr. Albert N. Blodgett, of Boston, Mass., has an interesting paper on this subject in the Boston Med. and Surg. Journal, Nov. 20th, 1890, in which he states that his sole aim is "to call the attention of the profession to the great benefit which we may secure for our patients from the use of oxygen in the treatment of disease, and to attract the notice of those enjoying large opportunities to its use, in the hope that their undisputed authority may indorse what, to his mind, constitutes a great advance in the treatment of some of our most intractable and most fatal diseases."

He continues as follows: "It is a recognized fact that several of the most common and most fatal maladies to which the practitioner of medicine is called, are fatal on account of interference with the function of respiration. These diseases kill, by either preventing the access of a sufficient amount of respirable air to the lungs, or by diminishing the respiratory area within the lungs. This may be caused by exudation of foreign material, or from closure of the lumen of the respiratory passages through inflammation, or from other causes. It is only within the latest times, that the attention of the practitioner of medicine has been effectively called to the possibility of treating these conditions by the direct employment of oxygen, for the purpose of offering to the impaired respiratory function the means of fulfilling its mission to the animal economy, by extending it to an atmosphere containing a richer supply of this all-important element, and thus enable it to carry on its indispensable duty, though it be forced to do so by means of diminished or diseased respiratory apparatus."

**Chronic Constipation.**

At the meeting of the Berlin Medical Society, Herr Flatus* introduced a new method of treating chronic constipation due to torpor of the colon. This consists in applying about three grammes of boric acid. In those cases in which the lower edge of the rectum protrudes through the anus and when this remains visible after powerful contractions of the levator ani and sphincters, the quantity of boric acid mentioned is either to be dusted on or rubbed on the mucous membrane in sight. In cases in which the mucous membrane is not visible, it must be insufflated. It is important that the medical attendant should carry out the procedure himself, at any rate at the commencement. The patient should then keep quiet for a time. In from an hour

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*Medical Press, November 19th, 1890, in Boston Medical and Surgical Journal, January 18th, 1891.
to three hours, peristaltic action will be ob-

served in the colon. He has never seen a

failure from this method of treatment, nor

accustomed to it that it ceased to be effective.

On the contrary, if carried out systematically
daily, permanent improvement in time takes
place, and normal peristalsis is returned to.
He had tried a number of other substances,
but none had the same useful effect.

THE DIAGNOSIS OF POSTERIOR
SPINAL SCLEROSIS (TABES).

Dr. Edward C. Seguin, in a paper read
before the Providence (R. I.) Medical Asso-
ciation, Dec. 1st, 1890 (Boston Med. and
Surg. Jour., Dec. 25th, 1890), arrives at the
following conclusions:—

1. In my opinion the determination of the
existence of fulgurating pains with one or
more of the four symptoms I have referred to
in detail, occurring in a subject over twenty
years of age, not only justifies but renders
imperative the diagnosis of posterior spinal
sclerosis. Any other diagnosis should be
held as betraying ignorance or want of scien-
tific courage. Excuse the force of this
remark, but my memory is so filled with
recollections of neglected and maltreated
patients that I must cry out loudly in behalf
of an early diagnosis of tabes.

2. The existence of fulgurating pains alone,
in a subject over twenty years of age, war-
rants a diagnosis of probability, and justifies
the ordering of a special treatment.

3. The occurrence of transitory or perma-
nent diplopia (strabismus), especially if the
subject be over thirty years of age, should at
once arouse a suspicion of the beginning of
symptoms, and other symptoms should always be
sought for diligently.

4. The existence of Argyll-Robertson pupils
should lead the physician to anticipate posterior spinal sclerosis or dementia para-
lytica.

5. The absence of knee-jerk is not in itself
specific value; but it is abnormal, and
should cause a careful search to be made for
other symptoms.

THE MATERIALS FOR SURGICAL
DRESSINGS AND THEIR METHODS
OF PREPARATION.

Dr. T. W. Huntington, in a letter to the
Occidental Medical Times, dated December
1st, 1890, writes as follows:—

An hour or more can be spent with much
profit at any of the leading hospitals in
inspecting the materials used in wound dress-
ing, and the methods employed in their pre-
paration. Adjacent to operating and dressing
rooms will be found an apartment specially
devoted to dressings. Here are tiers of chests
and drawers filled with a great variety of
gauze, bandages, absorbent cotton, protective,
silk and catgut. The gauze is originally
of the cheap, bleached, unprepared variety. This
is sterilized by heat, and then treated by the
nurse or attendant, according to the peculiar
ideas and preferences of individual operators.
Several of the operating rooms devoted
specially to abdominal surgery are equipped
extravagantly with iodoform gauze. This is
cut into a variety of shapes and sizes and each
piece rolled compactly and wrapped securely,
first in paraphined paper and then in oiled
muslin. Large numbers of such packages
are stored for use in drawers and chests.
Special attention is paid to the sterilization
of catgut. The raw gut is first soaked in
ether for several hours, then in alcohol,
and finally it is placed permanently in a
1:1000 sublimate solution. Even after this
seemingly thoroughness, bacteriologists claim
that sterilization is not insured. In all
departments of this work no reasonable ex-
penditure, of time or money is regarded as
an extravagance; and the widest latitude is
accorded to operators in the selection and
disposal of materials.

Most scrupulous care is exercised in the
preliminary preparation of patients for opera-
tions. The steps are, a bath twelve hours in
advance of the operation. The parts involved
are scrubbed with soap and water, then shaved
and swathed in a wet antiseptic dressing.
At time of operation the parts are bathed in
ether, turpentine, or both, and finally irrigated
with sublimate solution.

KOCH'S REMEDY FOR TUBERCUL-
OSIS.

Nothing is so unscientific as scepticism,
unless it be credulity. The truth of this propo-
sition, which might, under ordinary cir-
cumstances, be questioned, has been rendered
to every reflecting mind by the effects of
Koch's remarkable discovery. At first
hailed with enthusiasm as a specific against
the tubercular virus, then faintly decried as a
secret remedy, and, therefore, unworthy the
attention of the profession, it is now believed
that the so-called lymph, while possessed of
extraordinary diagnostic and therapeutic prop-
erties, has, like every other remedy, its limi-
tations.

In the first place, it is the opinion of those
who have had the greatest opportunities of
studying the effects of the lymph, that its
action is most beneficial in the local tubercular
diseases, and especially in those of the skin,
the lymphatic glands and the joints. Even
these it does not obviate the necessity of
removing necrotic tissue. It does not neces-
sarily follow, however, that such removal of
tissue débris can only be accomplished by
surgical measures. In a recent number of
the British Medical Journal, Sir Joseph Lister
calls attention to the fact that dead tissue, if
preserved from septic agencies, is not neces-
sarily separated en masse, but may be gradu-

ally absorbed. It was the knowledge of this
fact, he says, which led him to employ the
catgut ligature. There is, therefore, nothing
unreasonable in the expectation that, if the
tubercular process in the lung or elsewhere
can be arrested by the lymph, nature may
cooporate in the cure by removing caseous
and other necrotic matter.

There are several properties of the lymph
which distinguish it from all other known
remedial agents, but which may prove to be
common to others yet undiscovered. In the
first place, its action on the healthy organism
is comparatively slight. It is true that Koch
tried the substance upon himself, with serious
and even alarming results; but the dose which
gave rise to these symptoms (0.25 cubic cen-
timetre) was about two hundred times
greater than that usually first injected in cases
of phthisis.

Another interesting property of this mys-
terious remedy is the rapidity with which the
system of tuberculous patients acquires a tol-
ernance of it. The dose first administered is
generally one-thousandth of a gramme, which
suffices to bring about a marked febrile re-
action. This may be rapidly increased; in
fact must be increased to insure the best
effects of the remedy. The danger, therefore,
lies almost entirely in the first dose, which, in
advanced cases of pulmonary phthisis, with
large deposits of tubercular tissue and small
powers of resistance, should be administered
in minute quantity. A tolerance of the drug
is, as already stated, rapidly acquired: so
much so that in one case at the end of three
weeks the dose was five hundred times larger
than at the beginning. It is an interesting
fact that the guinea pig, which is so prone to
tuberculosis, can bear a dose which would be
fatal to man.

These are but a tithe of the interesting
properties of Koch's lymph. As a curative agent, it is already heartily endorsed by the greatest authorities in medical and surgical therapeutics, while as a diagnostic test of latent tubercle, it is far more searching than auscultation and percussion.

Second only in importance to the practical results of Koch's discovery is the triumph it proclaims for scientific methods, and the consequent discomfiture of those who have been accustomed to sneer at men of the laboratory as unpractical.

The concealment of the chemical composition of the lymph and its mode of preparation has been unfavorably criticised, but not by those whose opinion on such a subject is most worthy of attention. It is undoubtedly contrary to the code of ethics of the medical profession of this country for a physician to "hold a patent for any surgical instrument or medicine, or to dispense a secret nostrum, whether it be the composition or exclusive property of himself or others," but no one but a pedant would think of regarding this law as applicable to the case of Koch's lymph. On the contrary, it is highly probable that Koch has acted with the greatest wisdom and in resistance to the strongest pressure, in refusing to publish the composition of his lymph until the details of its preparation are fully perfected. By pursuing this course he has probably saved his method from falling into undeserved discredit, and has doubtless protected the ignorant public from incalculable evil.

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Our Library Table.


Pamphlets Received.

Further Notes on the Chigger (Leptus Irritans). By H. M. Whelpley, M.D., St. Louis, Mo.

Treatment of Cataract. By J. J. Stephens, M.D., Clinton, Mo.


Therapeutic Briefs.

— A spray of chloroform, ten parts; ether, fifteen; menthol, one part, produces complete anesthesia of the skin, lasting for from two to six minutes (Pitts. Med. Review).

—Balfour reports that he has almost never failed to obtain relief, in cases of Pyritus of the anus and vulva, from an ointment containing eighty grains of calomel to the ounce of vaseline or other unguent.

—The following powder is recommended in La Med. Moderne (printed in Med. Age, Dec. 10th, 1890) for Migraine:

B. Citrate of caffeine, 15 grains. Phenacetin, 1 gr. Sugar of milk, 4 M. To be repeated, if necessary, in two hours.

—To Disguise the Bitter Taste of Quinine, Lutz (Journal Med.) suggests the following: 20 gm. saturated solution of sugar, 180 gm. water, 1 gm. sulphate of quinine dissolved in 1 gm. diluted sulphuric acid and 10 drops peppermint oil.

—Boroglycerine cream, for Chapped Hands and Lips, may be made as follows (Dixie Doctor, Dec., 1890): Dissolve one part of boric acid in twenty-four parts of glycerin; add to this solution five parts of lanolin and seventy parts of petrolatum. If further used, the mixture may be made as follows (Pills. Med. Review):—To Disguise the Bitter Taste of Quinine, Lutz (Journal Med.) suggests the following: 20 gm. saturated solution of sugar, 180 gm. water, 1 gm. sulphate of quinine dissolved in 1 gm. diluted sulphuric acid and 10 drops peppermint oil.

—For Eczema in Children (Dixie Doctor, Dec., 1890), use a five-per-cent. lanolin and bismuth salve, thickly spread on linen and bandaged upon the part morning and night. The lanolin forms but a small amount of fatty acids on the skin, while vaseline and other fats readily produce fatty acids which, to the child's sensitive skin, are very irritating.

—According to Dr. L. S. McMurtry, of Louisville (Practice, Nov. 20th, 1890), the essentials of the operative technique in Appendicitis are brief anesthesia, quick and thorough work, removal of the appendix, irrigation and drainage. The lateral incision is preferable to the median.

The Paris correspondent of the Med. Press and Circular mentions the following application for Vegetations of the Genital Organs:—

B. Acid. salicylic., 3j. Acid. acetic., 3j. M. Touch the excrescences with this liquid morning and evening with a fine brush. In two or three days they will disappear.

—To lessen the irritation caused by a cica- trix rubbing over a CORNEAL ULCER, Dr. S. Mitchell (Boston Med. and Surg. Jour.) employs a solution of cocaine and castor-oil, which relieved the pain and allowed the ulcer to heal after other solutions had been tried in vain.

—The N. Y. Med. Journal calls editorial attention to the successful treatment of Acute Pleurisy with salicylates, and suggests the probability that acute pleurisy and Acute Rheumatism depend upon the same cause; the analogy between the joints and the peri- cardium and pleura being cited.

—A writer in the Therap. Gazette states that a mixture of one part of menthol, twenty parts of alcohol, and thirty parts of simple syrup will relieve NAUSEA AND VOMITING—sometimes even the obstinate vomiting of pregnancy—if given in teaspoonful doses every hour.

—Caserelli (Med. News, Dec. 27th, 1890) reports from the Clinic of Professor Grocco that the employment of thirty grains of sulphonal daily in DIABETES produces marked diminution in the quantity of both the sugar and urine. He remarks, however, that too large doses of the sulphonal will produce disagreeable symptoms, such as vertigo and excessive somnolence.
should be inclined in nearly all cases to treat a strip of steel or zinc, or a couple of pieces, or, at most, he should employ only a thin dressing he recommends careful diet, excluding all red meats, and as much rest as possible.

CROUP ULCERS

Good results in some cases of croup are obtained by using injections of sulpho-carbolate of zinc of $\frac{1}{2}$, $\frac{1}{3}$, or 1 per cent., the quantity of liquid injected each time being $\frac{1}{2}$ drachms. For gleet the volume of the injection may be as much as from 2 to 3 drachms. Along with these injections he recommends careful diet, excluding all red meats, and as much rest as possible.

—After trying all ordinary measures for hiccup without avail, Dr. Loeb (Boston Med. and Surg. Jour., Nov. 20th, 1890) fell back upon a household remedy as a last resort, and ordered a teaspoonful of pulverized sugar wet with an equal volume of wine vinegar, to be taken at one dose. The hiccup stopped immediately, and did not return for six hours, and then ceased after a second dose of the remedy.

—Dr. John B. Roberts, in a paper on "The Uselessness of Splints in Fracture of the Lower End of the Radius" (Med. News, Dec. 13, 1890), states that at the present time he should be inclined in nearly all cases to treat the fracture without using any splint at all; or, at most, he should employ only a thin strip of steel or zinc, or a couple of pieces of whalebone, six inches long, applied to the dorsum of the wrist and held in place by strips of adhesive plaster.

—It is generally conceded that if chancre ulcers can be kept perfectly dry a great step has been taken towards their rapid healing. (Pract. Nov. 20th, 1890.) In this view, a small roll of absorbent cotton, about half inch in diameter and long enough to surround the penis just behind the corona, will be followed by good results if placed in position after the prepuse has been well retractd. A rubber thread-band should be slipped over this ring of cotton to order to hold it in its place.

—Dr. Fio Marfori (Riforma Medica, in Brit. Med. Jour.) claims to have obtained good results in some cases of phthisis by making the patients inhale chloroform for a few minutes six times a day. The cough is relieved, the character of the secretion modified, and the febrile temperature reduced. The symptoms return when the treatment is suspended. Dr. Marfori gives one illustrative case, that of a young man with advanced disease of one apex, and greatly reduced by two years of illness, who was "perfectly cured" by chloroform inhalations in three months. During that period he had taken, or at any rate used, five kilogrammes of chloroform.

—Dyspeptic Raw Throat, with relaxed soft palate, may be relieved by Dr. H. Clinton McSherry's prescription of the following garlic, to be used three or four times daily, with the employment of tonic or antacid remedies when needed:—

B. Zinci sulphat., 
Acid. carbolic., 
Glycerin., 
Aqua., 

5 1/4 
5 1/4 
5 1/4 
M. M.

Dr. Henry Jackson (Arch. of Pediat., Dec., 1890) concludes a paper on Purpura, as follows: Purpura is a disease manifesting itself clinically in petechial hemorrhages of greater or less size and number. Its pathological cause may be found in some lesion of the vaso-motor nerves, which recent investigations have shown to be possibly, and perhaps probably due, to the invasion of micro-organisms.

Dr. L. S. McMurry, of Louisville, Ky., in a paper on "Inflammation in and about the Head of the Colon," read Nov. 11th, 1890, before the Southern Surgical and Gynecological Association, submitted the following conclusions (Med. Record, Dec. 13th, 1890): 1. Inflammation about the Appendix coli is, as a rule, inflammation of the appendix. 2. A certain proportion of cases will recover spontaneously by resolution. With these recurrence of the disease is common. 3. In the larger proportion the disease will endanger life, and may at any moment assume a condition practicably hopeless. 4. Early operative interference involves less danger than delay, and should be resorted to in all cases in which a high grade of inflammation is persistent. 5. The essentials of the operative technique are: (1) prompt anesthesia, quick and thorough work, removal of the appendix, irrigation, and drainage. The lateral incision is preferable to the median.

—In the Friedrichshain Hospital in Berlin the following is the method of Treatment of Burns employed by Dr. Bardeleben (Lyon Medica, Sept. 14, 1890, in Therap. Gazette, Nov. 15): The burned surface is first carefully washed with a water or three per cent. solution of carbolic acid or a three per mille solution of salicylic acid. The blisters are then opened, and the entire surface covered with subnitrate of bismuth finely powdered, and over this a layer of cotton-wool. This dressing is to be renewed as soon as it becomes at all moistened by discharges from the wound. If the burn is very extensive, an ointment of bismuth is substituted for the dry powder. Dr. Bardeleben asserts that with this dressing cicatrization is much more rapid and suffering much more quickly relieved than is the case with any other form of treatment. He states that, in spite of the large quantities of bismuth which he has employed, he has never seen any symptoms of poisoning follow its use.

—Dr. Ulrich (The Lancet, Nov. 1st, in Boston Med. and Surg. Jour., Nov. 20th, 1890), a Danish military surgeon, in 89 cases of Erysipelas of the face in young soldiers, has published the results of the three different methods of treatment adopted, namely, ice compresses, painting with pine tar, and painting with solution of ichthyol in its own weight of ether and double its weight of flexible colloid. 33 cases were treated by the first method; in 20 of these the erysipelas spread considerably, in 4 slightly, and in 9 not at all. 27 cases were treated with tar; in 14 of these there was much spreading, in 1 a little, and in 12 none. 29 cases were treated with ichthyol; in these the spreading was considerable in 8 cases, slight in 6, and in 15 there was none. The mean duration of the disease under the ichthyol treatment was 6.88 days, whereas under the ice and tar methods it was 8.33 and 9.3 days respectively. The relapses were decidedly less numerous under ichthyol than under the other plans. He suggests that still better results might be looked for if ichthyol were painted not merely over the affected parts, but under a considerable portion of the surrounding skin.

—According to Le Semaine Medicale, (Med. News, October 11th), Unna recommends the following ointments for the Treatment of Eczema and Acne:

Zinc ointment, 5 drachms.
Liquid chloride of calcium, 10 drachms.
Oil of cade, 2 1/2 drachms.
Zinc ointment, 7 drachms.

This ointment is employed in cases of chronic eczema of a puriginous form, accompanied by profound infiltration of the skin.

Zinc ointment, 2 1/2 drachms.
Liquid chloride of calcium, 2 1/2 drachms.
Precipitated sulphur, 45 grains.

The following ointment may be used in cases of acne:—

Lanolin, 2 1/2 drachms.
Lard, 1 drachm.
Liquid chloride of calcium, 2 1/2 drachms.
Oxygen water, 1 drachm.
Precipitated sulphur, 1 drachm.

The action of the oxygen water in this last prescription is for the purpose of removing the comedones commonly found in the face of persons suffering from acne. Wherever rapid decoloration of these comedones is desired the following may be used:—

Oxygen water, 5 to 10 drachms.
Vaseline, 2 1/2 drachms.
Lanolin, 2 1/2 drachms.

—Some useful Medical Applications of Hot Water are given in Med. Age, Dec. 10th, 1890. Headache almost always yields to the simultaneous application of hot water to the feet and the back of the neck. A towel folded, dipped in hot water, wrung out rapidly and applied to the stomach, acts like magic in cases of colic.

There is nothing that so promptly cuts short congestion of the lungs, sore throat, or rheumatism, as hot water when applied promptly and thoroughly. A towel folded several times, and dipped
The supply of the hospitals of Philadelphia in tubercular disease have not yet been published, and the verdict of the cases on Mondays, Wednesdays and Fridays, at the board of Pension Examiners of the Philadelphia district.

The Annual Meeting of the Philadelphia Academy of Surgery will be held at the Hall of the College of Physicians, Philadelphia, Monday evening, January 5th, 1891. The Annual Oration will be given by Dr. William G. Porter, on "The Progress of Modern Surgery in Twenty-five Years."

The last quarter return of the Registrar General shows that in the three months ending with September last, only one death from smallpox was registered in England and Wales, being the "lowest quarterly number on record." During the same period, the Lancet says, eighty-five deaths from smallpox were recorded in Venice, fifty-three in St. Petersburgh, eighteen in Paris, eleven in Vienna, ten in Brussels, seven in Turin, six in Prague, and a large number in Madrid, which city, however, does not furnish official weekly returns of mortality.

The College of Physicians of Philadelphia, at its meeting in November, 1890, resolved to place its Smaller Lecture Room, for one evening each month until June, 1891, at the disposal of such of its Fellows as desire to meet there for the discussion of new cases connected with ophthalmology. On November 18th a meeting was held for purposes of organization. Dr. Wm. F. Norris was chosen President, Dr. William Thomson Vice-President, and Dr. Edward Jackson Secretary. It was decided to hold the meetings on the third Tuesday of each month, at 8 P.M.; to invite all Fellows of the College to attend and participate, to choose subjects of general interest for discussion, and to encourage the presentation of patients, and microscopic and card specimens.

The Mattson Prize.—Opium Addiction as Related to Renal Disease. A prize of four hundred dollars. With the object of advancing scientific study and settling a now mooted question, Dr. J. B. Mattison, of Brooklyn, offers a prize of $400 for the best paper on "Opium Addiction as Related to Renal Disease," based upon these queries: Will the habitual use of opium, in any form, produce organic renal disease? If so, what lesion is most likely? What is the rationale? The contest is to be open for two years from Dec. 1st, 1890, to either sex, and any school or language. The prize paper is to belong to the American Association for the Cure of Inebriety, and be published in medical and other journals. All papers are to be in possession of the Chairman of Award Committee on or before January 1st, 1893. The Committee of Award will consist of Drs. Alfred L. Loomis, President New York Academy of Medicine, Chairman; Drs. H. F. Formad, Philadelphia; Ezra H. Wilson, Brooklyn; Geo. F. Shady, and Jos. H. Raymond.

According to the Medical Record there is certainly no more curious social phenomenon than that of the extraordinary popularity of the medical calling in this country as a means of securing a livelihood. The subject is one that is often dwelt upon, but we doubt if many even yet realize the grotesque misproportion which medicine in the United States holds to other bread-winning occupations. Here are some of the naked facts: France has 38,000,000 of population, 11,995 doctors, while it graduates 624 medical students in one year. Germany has 45,000,000 of population,
about 30,000 doctors, and graduates 935 students in one year. The United States has about 60,000,000 of population, nearly 100,000 doctors, 13,091 medical students, and graduates 4740 students in one year. Germany, which has relatively less than half as many doctors as America, is already groaning over its surplus. When one compares France with this country, the excess of medical men seems most astonishing. A comparison of the United States with European countries, in whatever way it is made, leads one to think that there is something almost morbid in our medical fecundity.

—A new illustrated magazine, entitled the Bacteriological World, has just appeared, having for its mission the general dissemination of knowledge on the subject of bacteriology in general, and pathological micrology in particular. The editor is Paul Paquin, M.D., M.V., of the Missouri State University, Columbia, Mo., and the work is published by "The Bacteriological World Publishing Co.," of Columbia.

LAMENT OF THE BACILLI.
For ages we lived, and on mankind we preyed,
With none to molest us, or make us afraid.
In decillions we throve and quintillions were born
Though Lilliputs we, yet our forces united
To render our enemy, man, more forlorn;
In decillions we throve and quintillions were born
So, trim little headstones we last week bespoke,
And we yield up our spirits to Pasteur and Koch!

At last have our Brobdignag foemen affrighted,
To render our enemy, man, more forlorn;
In decillions we throve and quintillions were born
Though Lilliputs we, yet our forces united
To render our enemy, man, more forlorn;

THE ANATOMY OF MAN'S BODY.—Aries, the head and face; Taurus, neck and throat; Cancer, breast, stomach and ribs; Gemini, arms and hands; Leo, head and face; Virgo, bowels and belly; Libra, heart and lungs; Scorpio, secrets; Sagittarius, thighs; Capricornus, the knees; Aquarius, the legs; Pisces, the feet.

THE COLLEGE AND CLINICAL RECORD.

Tennessee in the campaign and siege of Vicksburg, in 1863. In 1864 he served as Director of Hospitals, and later at Washington until the close of the war. After the end of the Rebellion, Dr. Sutherland was on duty at New York and on the Pacific Coast. His last service, during the present year, has been as a member of the Retiring Board. He himself will reach the age of retirement in 1894.

THE ANATOMY OF MAN'S BODY.—Aries, the head and face; Taurus, neck and throat; Cancer, breast, stomach and ribs; Gemini, arms and hands; Leo, head and face; Virgo, bowels and belly; Libra, heart and lungs; Scorpio, secrets; Sagittarius, thighs; Capricornus, the knees; Aquarius, the legs; Pisces, the feet.

January.
Old Janus will thee keepe thy body warme,
With kitchin physicke thy diseases charme;
Sweet wine is good, but exercise is best,
For him that in his age would live at rest.

February.
Of cold beware, with venison and fish,
Do not in any case maintaine thy dish;
Tis not amisse to purge, to bath or bleed,
If learned counselse see thou stand in need.

March.
Bath oft, bleed not unlesse occasion urge,
Nor do thy body too untimely purge;
More health is gotten by observing diet,
Then pleasure borne of vain excess and riot.

April.
To purge, to bath, or bleed, is not debar'd,
So that the golden mean be well observ'd;
It's also good to hunt, to ride and run,
So that extremes herein thou ever shun.

May.
Be bold to use such physicall intentions,
As are prescribed by Arcists (?) true intentions;
But loath impostors, and quacksalving knaves,
That bring the soodnest men t'untimely graves.

June.
Now hunt the hare, the fearfull bucke pursue,
Bid idleness and Venus sports aside;
The careful husband that intends to thrive,
Will like the bee bring hony to the hive.

July.
Strike not a veine, nor do phisicke take,
Unlesse thou wilt a breach in use make;
Nor meddle not with wine nor wanton joyes,
Least thou deprive thyselfe of hoped joyes.

August.
Bid farewell phisicke, wine and women shun,
Least woe is me (thou cryest) I am undone;
Use slender diet, cooling drinks embrace,
If long on earth thou meanest to have a place.

September.
Cheare up thyselfe, and do such phisicke take,
As may thy body sound and healthfull make;
Take heed of surfeit, naughty fruits forbeare,
If thou intends to live another yeare.

October.
Yet physicks helpe is not to be refused,
Of such as want, and warily can use it;
Good sport abroad for such as keepen hounds,
But best at home for him that hath no grounds.

November.
Now mull and meath are wholesome drinks esteemed,
And meat well spiced, worthy dyet deemed;
Hot bathes avoyd, but honest exercise,
I with thee he in any kind of wise.

December.
Hot meat, sweet wine, and fire of fragrant wood,
The spirits raise, and helpe to cheare the blood;
But milke, and keale, and all such waterish geue,
Beareth to him that hath no better cheare.

FOREIGN INTELLIGENCE.—A Paris correspondent sends us the following items of interest to the medical profession:
The diminution of the population of France late has attracted the attention of medical men. While some prominent members of the profession attribute its cause to the excessive use of tobacco (an opinion shared by the Societé contre l'abus du tabac), to the prejudicial effects of alcohol and to the want of preventive means for the decrease of infantile mortality, others mention, among the principal causes, the unfavorable effect exerted by the mode of life of those who are constantly occupied at their office work, the increase of mortality in the country owing to the want of sufficient medical aid, and the spreading of contagious diseases which are not sufficiently guarded against, in a legal point of view, by the adoption of proper sanitary measures.

In Russia a new form of epidemic disease, "d'aktamikos," has already caused many deaths; after attacking the cattle, being transmitted to the persons who have eaten the meat, Switzerland has furnished some interesting physical details in regard to the height, development of chest and eyesight of members of different professions and trades; students are the tallest, the engineers, architects and entreprenuers follow; the smallest are tailors and workmen employed in the factories; brewers have their chest most developed; work-

In our December issue, National Sterility was assigned as another potential cause.—Ed. College and Clinical Record.
men occupied on buildings, butchers and bakers
come next; then advocates, avouers and notaires,
although, as a rule, their arms are thinner; work-
men employed in the open air enjoy the best eye-
sight, whilst clerks, fonctionnaires, and especially
tutors, possess the worst sight.
The Association Valentin Haüy, for the benefit of
the blind, has endeavored to obviate, as much as
possible, the causes of blindness occurring in
new-born children, by distributing hygienic direc-
tions in the form of a small fascicule at the differ-
ent mairies for the aid of those who have children
in their charge suffering from ophthalmia.
From Italian statistics we are informed that 600
communes are without physicians, 104 are infected
by malaria, and 110 by pellagra.
Galvanic anthropoplasty is a recent discovery of
Dr. G. Varioit on the preservation of the human
body by the galvanic process; the corpse is cov-
ered by a metallic layer, then dried up by heat
(attention being paid to the escape of gas by means
of punctures, which are ultimately soldered), which
thus preserves it from putrid decomposition. If
cremation will find it a grave subject of rivalry.

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Pasteur.

The Germans are forming a project for the crea-
tion of an institute Koch, analogous to that of M.
Galv.

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The changes in the laws of medical prac-
tice during the interval that has elapsed since
the last annual meeting of the Academy at
Chicago have not been numerous or worthy of
any lengthy notice. As the committee whose
duty it has been to make the usual inquiry from
gentlemen in each State familiar with the subject,
I submit, with a few prelimi-
nary remarks, some brief extracts from the
annals of Baltimore from 1608 to 1880," prepar-
ed by a shrewdness which would astonish those of more
assiduous habits, and the most
skilful galvanist could place the mental faculties;
but they will in a few years be able to apply the
resources of medical science and treat the pecu-
liar diseases of their localities with a practical
shrewdness which would astonish those of more
ambitious training.

The published questions and answers of the State
Board of Examiners of Virginia are occasionally to be found in the medical
press of the country, and present some of the
strongest arguments that can be advanced in
favor of restrictive medical legislation. The
profession, and especially the public, are to be congratulated on the fact that in that State
it will not be possible for those who
made the following responses to legitimate
questions to practice medicine:

Symptoms of oedema of the glottis are that the
patient feels husky and has sore throat. I would
amputate it if necessary. I would do the opera-
 tion 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 considerable.

The sympathetic system is composed of all the
fibers of nerves that start from the spinal cord,
and are distributed to all parts of the system,
especially the brain. The visceral portion rami-
ifies the encephalon in general. The dorsal por-
tion ramifies the anus.
Extra-uterine pregnancy may be a fungoid growth or tumor fibroid in its character or any extra growth in the uterus would be called extra-uterine pregnancy.

A breech presentation may be known by the sense of touch, the buttock 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 as soon as possible and assist your patient by firm but gentle traction.

Dr. John B. Roberts, one of the Fellows of the Academy, in a paper read before the Medical Jurisprudence Society of Philadelphia, last winter, referred to the same subject, and related a number of similar illustrations of ignorance, some of which were quoted from an interesting paper presented some time since to the American Medical Association by Medical Director Albert L. Gihon, U. S. Navy, a former President of our Academy:

The normal temperature of the human body is from 112° to 140°.

The temperature of the system is variable. In health the cuticle stands at 70°.

The average respirations are 70 per minute.

The best way to facilitate the expulsion of the placenta is to let the woman get up and walk about the room, allowing five minutes to elapse after delivery before requiring her to get up and walk.

Phymosis is the result of old age.

The difference between galvanism and electricity is that one of them is the substance itself and the other its use.

Phosphorus burns and makes nitrogen gas.

The technical name of rhubarb is cumbroo.

The Minnesota Board has also published some of the far from brilliant replies of applicants in that State (Northwestern Lancer, May 1st, 1890). The public should feel happier in the exclusion from the opportunity to practice of such a respondent as he who stated, in reply to a question, that "the gland penis passes through the prostate gland," or that "in cases of death from suffocation the bronchi remain in situ quo," or that "one of the principal symptoms of scarlet fever is malice on the part of the child... the sequelae may be death or recovery.

Perhaps if education should ever approach in its completeness that said to be now required by the University of Coimbra, there would be hope that even these aspirants for a place in the ranks of qualified medical practitioners might in time be enabled to pass a respectable State's examination; for we learn that in that institution fourteen years' study is required—six spent in obtaining an ordinary education, three in a preliminary scientific course and five in purely medical studies.

We will now, as briefly as possible, pass the various States in review, quoting the opinions of recognized authorities, as exhibited in their personal correspondence up to the latest possible date.

Dr. Jerome Cochran, Senior Censor, Medical Association, State of Alabama, writes as follows:

No change has yet been made in our law to regulate the practice of medicine, but efforts to have the law amended are now pending before the General Assembly, with the prospect of our favor.

We understand that additional legislation is required in that State to enforce the penalty.

Dr. R. G. Jennings, Secretary of the Arkansas Industrial University, at Little Rock, writes as follows:

In 1881 was passed an Act "To Regulate the Practice of Medicine and Surgery in the State.

This Act has not been amended or changed, although we have at every session of the legislature made earnest efforts to do so. It establishes County Boards of Examiners, and an application to pass any county board, however careless and indifferent it may be to the interests and welfare of the people, is granted the license or privilege of exercising, or rather practicing, in any other county in the State. Some county examiners, therefore, who are liberal for the feet, do most of the examining, and thereby injure the profession.

We hope to accomplish something in the way of a change this winter, the legislature convening in January, 1891.

In regard to California, a recent editorial in the Pacific Medical Journal (August, 1890) makes the following pointed remarks:

California needs a new medical law because her standard is too low, and there is no other way by which to elevate it. It is much lower than that required by many other States in the Union, by Canada and by most, if not all, European countries. The result is plainly apparent. California will become the dumping ground for third-rate practitioners who cannot receive recognition in other places. The pro rata of physicians to the population, already high, will assume frightful proportions, and this, coupled with the fact that many of these have been forced from other places because they were unqualified, or unscrupulous, or both, puts the medical future of California in no flattering position.

The people will be, in a great measure, at the mercy of ignorant and bad men, and the medical profession will suffer disgrace and defeat. This is not an admission that scientific medicine is not able to take care of itself. It means that we, as a State, cannot afford to be behind all others, and be compelled to receive and use the material which they cast out as refuse.

France has one physician to every 5000 people, Germany one to 1000, the United States one to 600, and California, that boasts of her climate and the good health of her people, one to 500. A year ago Los Angeles had one physician to 310 people, and San Jose one to 221.

From Dr. Frank H. Caldwell, Secretary of the Orange Co. Board of Health, Fla., we learn that:

There has been no change in the laws regulating the practice in Florida. The law in the Seventh Judicial District has been effective; we have succeeded in convicting several who were endeavoring to practice without the necessary license.

Our Board will meet on December 12th, and there are quite a number of applicants for certificates.

Our standard is eighty per cent. As soon as I can get out the questions for examination, I will forward you a copy; and I feel assured that you will recognize the fact that none but qualified practitioners will be able to pass the examination which we give.

The report of the State Board of Health of Illinois for 1889 illustrates the efficacy of its laws for the regulation of medical practice. When the law went into effect there were in the State, engaged in practice, 7400 persons. Of these 3500 were graduates from some medical college, while 3800 were non-graduates. In other words, the graduates constituted only forty-eight per cent. of all engaged in practice. On January 1st, 1890, the percentage of non-graduates to the whole number was only 9. From 3800 the number has been reduced to 575. The total number of physicians in the State is less now than it was twelve years ago.

Dr. J. F. Kennedy, Secretary of the Iowa State Board of Medical Examiners, writes:

The only change in the Medical Practice Act of this State since its passage was an amendment to issue certificates to those who had passed satisfactory examinations before other State Boards. The law originally did not admit this. Our law is working well. Its beneficial provisions are swamped somewhat by our pharmacy law, which allows the Commissioners of Pharmacy to issue a vendor's permit to itinerating medicine proprietors, whether physicians or not. Under this permit they practice the grossest charlatanism. Our medical law is yearly growing in favor. It is too liberal in that it allows all kinds of advertising and takes no cognizance of professional or moral character, except that it permits the revocation of a certificate upon the conviction of a felony in connection with his practice.

Dr. J. N. McCormack, Secretary State Board of Health of Kentucky, states that the law has met with general favor with both the medical profession and people. He calls especial attention to the provision which prohibits traveling empirics from registering or practicing at any place in the State. His best information is that it has forced about 400 to either retire from practice or leave the State.

Dr. Lucien F. Salomon, Secretary of the Louisiana State Board of Health, writes that no changes have recently been made in the laws regulating the practice of medicine, and adds:

In regard to my views as to the working of the present Act regulating practice in this State, I have nothing to add to what I have already expressed in a previous communication, except that time has to a great extent cured the defect which existed under section 3 of Act 1882 of the General Assembly of Louisiana (the law under which we are now working). It is very seldom that we now have an application from any one to be registered without a diploma and having been engaged in the practice of medicine for a period of five years prior to the passage of the Act, as provided in said section.
At the last session of the Legislature efforts were made to have the present law amended, but without result. A bill was introduced providing for the appointment of an Examining Board and other regulations, but was killed in committees, owing to the efforts of the homeopaths, who had friends in the Legislature.

From Dr. A. G. Young, Secretary of the Maine State Board of Health, we learn that there have been no changes as to laws regulating the practice of medicine, and that there are no laws whatever bearing upon this point. Some of the legislators who will meet in January are said to be interested in doing something in this direction.

Dr. George H. Robé, of Baltimore, Md., writes that the last Legislature of Maryland passed a new medical law, but the Governor failed to sign it. They are therefore living under the old law passed in 1888, which is not enforced.

Dr. H. B. Baker, Secretary of the State Board of Health of Michigan, writes as follows:

I think the profession in Michigan are much nearer an agreement on what should be done than ever before. At the October, 1890, meeting of the State Board of Health, the subject of an attempt to stop the continued influx of unqualified practitioners was brought up, through a communication from George Duffield, M. D., Secretary of a committee of the State Medical Society, whereupon the following preamble and resolution were adopted:

WHEREAS, It is agreed by all classes of people that the public health would be much better protected if none but properly qualified persons were permitted to practice medicine, and thus to have in their keeping measures relative to life and death.

Resolved, That it is believed to be practicable, through judicious legislation, to so organize the present legal medical practitioners in Michigan, as that through representatives, elected by themselves, they shall guard the entrance to the profession, by a preliminary examination of students and a final examination of graduates of colleges and of proposed practitioners who come from other States, so that the entire medical profession of this State shall be united in the effort to improve the qualifications of its new members.

Resolved, That the Secretary of this Board be directed to transmit a copy of the foregoing preamble and resolution to the chairmen of the committees on public health in the Senate and House of Representatives in the State Legislature, as soon as it is in session.

Dr. Arthur Sweeney, Secretary of the State Board of Medical Examiners of Minnesota, writes as follows:

No changes have taken place in the Minnesota Medical Act since its passage in 1887. The three years of legislation in Minnesota have demonstrated the wisdom of the framers of our law. During the two years from July 1st, 1885, to July 1st, 1887, 429 licenses were granted by the Board, under the law which recognized diplomas from reputable schools and exacted examinations only from non-graduates. During the three years of the present law 223 applicants have been examined, of whom 138 were licensed (61.92 per cent.) and 85 rejected (38.08 per cent.). This lenient number of applicants is due in part to the wholesome fear of not being able to pass the examination on the part of poorly educated physicians, and in part to that provision of the law which requires that candidates having graduated later than 1887 "must present evidence of having attended three courses of lectures of at least six months each," thereby excluding graduates from short term medical schools.

The law has passed the stage of opposition, and is now receiving at least beneficial attention from the public as a means of improvement in its favor which ensures its permanence. The law is administered, not in the interest of the physician, but for the benefit of the community. In order that the public may be assured of the character, ability and education of its physicians, it has proven a bulwark against quackery and the less obvious peril of ignorance and incompetence, and has practically rendered Minnesota free from "cancer doctors," itinerant medicine venders and other mountebanks that disgrace so many States. It has operated with severity upon half-educated and incompetent practitioners who have been driven from the State all except those whose ability and fitness were demonstrated by rigid examination. The law has reduced the number of "irregulars" (those who were non-graduates who were licensed by reason of practice prior to the passage of the law), from 352 in 1885 to 27 in 1888, and 149 in 1890. This is due to the fact that the advent of a better educated and more scientific class of physicians has driven to the war the larger part of that dangerous element.

The especial benefit of the law is in the fact that the standing of the physician in the eye of the public is improved, for practically the license of the Board is a certificate of ability and competency.

My experience leads me to believe that the best results in the line of higher medical education can be derived from compulsory preliminary examination by medical colleges, the lengthening of the term of instruction, and the separation of the diploma-granting body from that which gives the instruction. The establishment of a uniform medical law in all States, on the basis of that recommended by the American Medical Association, would be a great benefit; but, unfortunately, the time has not yet come to render it feasible.

In conclusion, I would say that the Minnesota medical law has proven its efficiency, has raised the standard of medical education within the borders of the State, has driven out and prevented the influx of quacks, has promoted harmony among physicians, and has protected the public. I would call your attention to the fact that North Dakota has adopted a law identical with ours, and that Washington has one based upon it.

Dr. George S. Homan, Secretary of the State Board of Health of Missouri, reports that no changes have been made in the law regulating the practice of medicine in that State since its passage in 1883. In his opinion the change desirable to be made would be in the direction of placing this duty exclusively in hands of the medical profession of the State through a body chosen by themselves—briefly the right of self-government.

The Boston Medical and Surgical Journal, October 9th, 1890, states that the new law of the State of New Jersey, which went into operation recently, contains some features worthy of note.

The execution of the law is vested in a Board of nine members, appointed by the Governor for terms of three years. It is provided that the Board "shall consist of five old-school, three homeopathists, and one eclectic," and that "no member of any college or university having a medical department shall be appointed to serve as a member of said Board." The new regulation applies only to those who commence practice in the State after the passage of the Act, preceding practitioners being already registered under a previous law.

All examinations are to be in writing and both scientific and practical, but of sufficient severity to test the candidate's fitness to practice medicine and surgery. If the applicant intends to practice homoeopathy or eclecticism, the member or members retaining the board of trustees of some institution said applicant in materia medica and therapeutics. A license shall not issue unless the applicant passes an examination satisfactory to all the members of the Board.

A somewhat peculiar feature of the law provided that if any applicant refused a license by the Board "for failure on examination, may appeal from the decision of said Board to the appointing power thereof, who may thereupon appoint a medical committee of review consisting of three members, one from each school of medicine, who shall examine the examination papers of the said applicant, and from them determine whether a license should issue, and their decision shall be final." If said commission by an unanimous vote reverse the determination of the Board, the Board shall thereupon issue a license to the applicant. The expense of said appeal shall be borne by the applicant.

The Board may by an unanimous vote refuse to grant a license for the following causes: "Chronic and persistent inebriety, the practice of criminal and corrupting of morals, the practice of unnatural turpitude, or for publicly advertising special ability to treat or cure diseases which, in the opinion of said Board, is not feasible to curing.

The power of the Board is evidently very great, but it would be difficult to arrange a greater number of safeguards. In fact, it may be a question whether the safeguards against possible injustice are not so great as to hamper the action of the Board.

In New York State, it was mentioned, editorially, in The Journal of the American Medical Association, that:

The law approved by the Governor on June 4th, 1890, will mark a new era not only in New York, but, incidentally, in the entire country. The first cardinal point which occurs to us is this: that the State presumes to reaffirm and to emphasize the fact that it alone has jurisdiction over the practice of medicine within its own limits. It may not only determine as to who can practice medicine, but it also presumes to assign the qualifications of its practitioners shall be. In the exercise of this power it recognizes the responsibilities which it assumes, and seeks to make the best provision. In the second place, it proposes to redeem the profession from illiteracy by the requirement of a satisfactory preliminary education as a condition to an entrance upon the study of medicine. In the third place, it provides for a definite and
uniform standard of examinations, and each and every student must attain to that standard as a condition to graduation. In the fourth place, it divorces medical teaching from the licensing power. To this end the Examining Boards are under a supervision of special examiners, who are appointed by the Regents, and who themselves cannot be members of those Boards. And finally, it compels the colleges to teach their students three years, instead of two.

We have in this single bill, the requirements of preliminary education; a definite standard for examinations; a separation of teaching from the licensing power; and a three years' college course. Thus grandly has the State redeemed itself from what had threatened her as a sad misfortune.

The Medical Record, in an editorial written soon after the approval of the bill, is not wholly satisfied with its provisions. It states that:

The law allows any person who wishes to matriculate as a medical student, to pass his preliminary examination at any time during his first three years of study. This practically nullifies the law, and invites any man to enter upon the study of medicine without a test of his educational fitness. The law, as it stood before, had some defects which could have been easily remedied. The present amendment totally destroys its force. It was secured, as is well known, through the political influence of the managers of certain medical colleges of this city, and against the wishes and judgment of the medical profession of the State as a whole. The second piece of pernicious legislation was the enactment of a law establishing three Boards of Medical Examiners. This was done, also, despite the protests of the vast majority of the medical profession, including even many prominent homeopaths. We trust that next winter there will be concerted action to secure the repeal of the triple board law. A law was passed providing that physicians who come from another State must pass a qualifying examination before beginning to practice here. This law is a wise and proper one.

Dr. W. J. H. Bellamy, of Wilmington, N. C., writes as follows:

No one can now practice medicine in North Carolina unless licensed by our Board of Medical Examiners. The penalty for violation of law is fine and imprisonment. All physicians had to register prior to January 1st, 1890. Since that time only licentiates can register. The law seems to be working well.

According to the new law regulating medical practice in North Dakota, no one can practice medicine until he has passed an examination in all the primary and final branches. No one will be admitted to such examination until he has taken at least three courses of lectures of six months each.

Oregon has a Medical Practice Act, and it was not long in force before it drove one of the cities a certain advertising specialist. A local paper commented upon this result as follows:

Upon what hypothesis the Board rejected his diplomas we cannot divine. Dr. A. is one of the oldest specialists on the American Continent, and seventeen years ago he practiced in this city for a period of four years. He has practiced in San Francisco, Philadelphia, Chicago, and many other cities of like importance, and is recognized as one of the greatest eye and ear physicians of this age. This wanton act will certainly be an unwelcome piece of news to the press of this coast, as the doctor is one of the heaviest and most extensive advertising physicians in America, and had he been located in Portland, as he expected to do, he would have been the most universal daily advertiser in any newspaper on the coast, and probably spent $50,000 the first year with newspapers.

The Medical Record recently referred as follows to legislation in Oregon:

In a bill to regulate the practice of medicine, recently introduced in the Oregon Legislature, there is a clause, providing for the revocation of licenses for "unprofessional conduct," which is defined in the bill as follows: First, the procuring, or aiding or abetting in procuring, a criminal abortion. Second, the employing of what are known as "cappers" or "steerers." Third, the obtaining of any fee on the assurance that a manifestly incurable disease can be permanently cured. Fourth, the wilfully betraying of a professional secret. Fifth, all advertising of medical business in which untruthful and improbable statements are made. Sixth, all advertising of any medicines of any means whereby the monthly periods of women can be regulated or the menses re-established if suppressed. Seventh, conviction of any offence involving moral turpitude. Eighth, habitual intemperance.

The Medical Record, in an editorial written soon after the approval of the bill, is not wholly satisfied with its provisions. It states that:

The law allows any person who wishes to matriculate as a medical student, to pass his preliminary examination at any time during his first three years of study. This practically nullifies the law, and invites any man to enter upon the study of medicine without a test of his educational fitness. The law, as it stood before, had some defects which could have been easily remedied. The present amendment totally destroys its force. It was secured, as is well known, through the political influence of the managers of certain medical colleges of this city, and against the wishes and judgment of the medical profession of the State as a whole. The second piece of pernicious legislation was the enactment of a law establishing three Boards of Medical Examiners. This was done, also, despite the protests of the vast majority of the medical profession, including even many prominent homeopaths. We trust that next winter there will be concerted action to secure the repeal of the triple board law. A law was passed providing that physicians who come from another State must pass a qualifying examination before beginning to practice here. This law is a wise and proper one.

Dr. W. J. H. Bellamy, of Wilmington, N. C., writes as follows:

No one can now practice medicine in North Carolina unless licensed by our Board of Medical Examiners. The penalty for violation of law is fine and imprisonment. All physicians had to register prior to January 1st, 1890. Since that time only licentiates can register. The law seems to be working well.

According to the new law regulating medical practice in North Dakota, no one can practice medicine until he has passed an examination in all the primary and final branches. No one will be admitted to such examination until he has taken at least three courses of lectures of six months each.

Oregon has a Medical Practice Act, and it was not long in force before it drove one of the cities a certain advertising specialist. A local paper commented upon this result as follows:

Upon what hypothesis the Board rejected his diplomas we cannot divine. Dr. A. is one of the oldest specialists on the American Continent, and seventeen years ago he practiced in this city for a period of four years. He has practiced in San Francisco, Philadelphia, Chicago, and many other cities of like importance, and is recognized as one of the greatest eye and ear physicians of this age. This wanton act will certainly be an unwelcome piece of news to the press of this coast, as the doctor is one of the heaviest and most extensive advertising physicians in America, and had he been located in Portland, as he expected to do, he would have been the most universal daily advertiser in any newspaper on the coast, and probably spent $50,000 the first year with newspapers.

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At the last annual meeting of the Pennsylvania State Medical Society, it was decided that the presidents of the State and county medical societies should constitute a legislative committee "to secure the passage of a medical law that will give protection to the people of this State against incompetent practitioners of medicine." The present registration law has never been regarded as anything more than a stepping-stone to restrictive laws of greater force and character.

Dr. H. D. Fraser, Secretary of the State Board of Health of South Carolina, reports that the laws regulating the practice of medicine have undergone no recent changes. The profession is satisfied with them, as they seem to be all that is necessary.

Dr. D. E. Nelson, Secretary of the State Medical Society of Tennessee, states that:

The only laws that have ever been passed by the legislature of this State were passed two years ago, and although imperfect as you will see, or have seen, they work a great deal of good, and I think, after some modifications, which we hope to secure at this winter's session of the legislature, will do a great deal more of good. There is no rebelling against the law. There are two points in our law which I think should be changed. One is that any one can act as a midwife; the other is that all parties should be subjected to an examination, for, as we all do well know, some unworthy men are allowed to practice with a diploma from what stands as a good school.

Dr. George Cupples, the efficient Chairman of the Committee on Legislation of the Texas State Medical Association, has prepared a circular letter to the medical profession of that State in reference to the total neglect of preventive medicine in Texas, through the failure of previous legislatures to frame enactments on sanitation, notwithstanding the earnest and repeated prayers of the profession; the wide necessity for such legislation, has placed the people of this State against incompetent practitioners of medicine. The present registration law has never been regarded as anything more than a stepping-stone to restrictive laws of greater force and character.

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at the subject broadly, and thinks that any means of preventing death should be placed under the head of preventive medicine.

Dr. T. A. Harris, Parkersburg, W. Va., says:—

I think that with time the laws regulating the practice of medicine in this State are being enforced. At first there was some difficulty, but I think with each year that difficulty has grown less, and year by year there is less objection manifested and less disposition to evade them; and further, the body of the people, the laity, are more and more disposed to support them. At first there was a feeling that certain doctors had gotten the law passed for their personal advantage, but the people are coming to see that the true purpose of the law; and it is certain that neither this nor any law can be enforced in face of a decided popular opposition.

Dr. J. T. Reeve, Secretary of the Wisconsin State Board of Health, writes that there have been no new laws enacted and no recent changes have been made in the laws of that State.

Dr. Francis W. Campbell, Secretary of the College of Physicians and Surgeons, Province of Quebec, states that the present Medical Act has been in force in this Province for ten years, and seems to give, upon the whole, good satisfaction.

Dr. R. A. Pyne, Registrar of the College of Physicians and Surgeons, of Ontario, Dominion of Canada, writes as follows:—

There have not been any changes made in our Medical Act since the year 1887, when we got some amendments, the important features of which are, limiting the time of action in cases of malpractice. The other part of the amendment refers principally to the erasing of names for unprofessional conduct; some similar powers exist in the Imperial Medical Act, and every year they strike the names of practitioners from the list for irregular unprofessional conduct.

This Report concludes the series of annual papers in regard to "Laws Regulating Medical Practice," which it has been my pleasant duty to prepare and offer, as Secretary of the Academy, annually for your consideration, and which, by my resignation of the office, it will become the duty of my successor to con-
tinue.* A retrospective glance at these annual sketches, from their inception, would exhibit evidence of gratifying progress in the different States of this country in the effort to repress quackery and to protect the public against the imposition of the ignorant and incompetent.

TREATMENT OF FRACTURES OF THE RADIUS.

BY JAMES B. MURDOCH, M.D.,
Of Pittsburgh, Pa.

Remarks before the Allegheny County Medical Society (Pa.), Dec. 6th, 1890.

My attention has been called to a paper by Dr. Roberts, of Philadelphia, which was read before the Academy of Surgery, at Philadelphia, two weeks ago. The title of the paper is "The Uselessness of Splints in the Treatment of Fractures of the Lower End of the Radius," the paper itself is interesting, and the discussion which it elicited also, and as there were many points made by Dr. Roberts which I heartily approve of, and which differ from those usually received by the profession, I think it interesting to revive the old harnessed subject of fractures of the lower end of the radius. There is no fracture that has been more discussed, there are points not yet settled, and difference of opinion among good surgeons. It is comparatively a few years since this fracture at the lower end of the radius was thought to be a dislocation, and was so regarded by all surgeons not one hundred years ago, and always described as a dislocation. Some surgeons contend that the fracture is always caused by cross strain in hyper-extension of the wrist. But so good a surgeon as Dr. Stimson, of New York, argues that it never occurs in that way; that it is generally the result of a compressing force, the shaft of the radius being driven into the fragment of the bone by a downward force. He asserts that in the living body the strain cannot be in such a way as to produce an annular ligament.

In the treatment of this fracture at first the pistol-shaped splints were applied for the purpose of abducting the hand toward the ulnar side, and all the splints for a great many years afterward were of that type. The idea being to draw the hand to the ulnar side, supposing that by that movement the lower fragment would be drawn down into place. Then again, Gordon, of Dublin, advised a splint by which the hand was flexed, and Dr. Kearns has a splint of his own, the retro-flexed splint, and there are still other varieties. Now, here comes a good surgeon who asserts that all these splints are useless. I am inclined to think, looking back upon several of my own cases, that he is practically right. If we recollect how loosely the carpal bones are connected with the radius, and the great amount of motion that the hand normally has, in flexion and extension and lateral movements, the idea that one can influence the position of the lower fragment by altering the position of the hand seems absurd. The hand was flexed toward the ulnar side because of the mistaken impression that there was a close connection between the ulna and the carpal bones, and that by pulling the hand in that direction, the lower fragment would be pulled into place. Owing to this loose connection between all the carpal bones it is impossible to influence the lower fragment by any position of the hand. This is true whether it is flexed or turned to the radial or ulnar side, or whether you retroflex it after Dr. Kearns. You do not by any of these methods influence the lower fragment, which is only three-fourths of an inch long. Besides, if you put pressure enough upon the lower fragment to influence it by any splint, you are very likely to stop the circulation in the hand. Professor Hamilton has related five cases of gangrene of the hand by tight splints in this connection. The vessels are so easily compressed that the circulation is readily cut off, and any pressure by splints that would be likely to influence the lower fragment, would be likely to arrest the circulation in the hand. The chief deformity after this fracture is the stiffness of the fingers. What is the cause of this stiffness? It is asserted usually to be that the fingers are kept still for so long a time. But this is an error. The stiffness in the fingers and wrist is owing to the inflammation in the joint itself, and in the sheaths of the tendons. What is it that causes the inflammation of the joint and in the sheaths? It is, no doubt, largely due to the proximity of the fracture, but is it not probable that a good deal of it may be caused by this strong pressure made by the splints? The fact is, gentlemen, I have seen, as Dr. Roberts says he has seen, cases where splints were put on without any reduction of the fracture whatever. The idea is too prevalent that a fracture can be treated simply by a splint. A fracture of the radius usually occurs in a transverse direction, and if the fracture is reduced, i. e., the frag-
ment put back where it belongs, nine times out of ten, it remains there without a splint. I say this is usually the case. This fracture differs from other fractures. Usually we can reduce a fracture easily, the difficulty being its retention. In this fracture the difficulty is in reduction, retention is easy. When reduction is accomplished, all that can be done is done. The fragments fit into each other, there is no muscular action to displace them. Generally speaking, you have done all you can do when you have reduced the fracture. This is so when the case occurs through a minimum amount of violence. In these fractures in the lower end of the radius where the shaft of the bone is driven violently against its lower extremity, and the lower fragment is split and crushed, pulverized as it were, you will not be able with any splint to prevent a deformity. A portion of the bone has been lost. I do not go so far as to say splints are useless. But I assert that so far as the replacement of the fragments is concerned, the reduction is the principal thing to attend to.

I have seen within a week a patient come to my office with a Colles' fracture two weeks old, with the fragment out of place as much as it was at the time of the accident, and was able, with a good deal of force, to reduce it. The man had on a Gordon splint. I have seen within three months seen five or six cases of this fracture. I believe that the kind of splint is not important. I think it is well to put on some kind of a splint to prevent motion of the joint, but only for that purpose. If the fracture is reduced, it will remain reduced. If the fragment is crushed, then no splint will lessen deformity. I also believe that one of the principal things to be observed in the treatment is, that no dressing shall be put on so tightly as to press upon the sheaths of the tendons, for this contributes to the stiffness in the joints. Passive motion, as I have already said before this Society, I do not believe in. I believe the fracture should be kept quiet until there is some union between the fragments. In the treatment of this fracture the important thing is to reduce it.

Notes of Practice.

WORMS IN CHILDREN.*

BY OLIVER P. REX, M.D.,
Of Philadelphia.

Physician to the Jefferson Medical College Hospital.

GENTLEMEN.—The first case that I shall show you has the following history:—

This child, aged four, healthy at birth, raised from the breast, was well until it reached the age of ten months. Since this time it has been troubled with cough. The cough is decidedly worse at night. It expectorates very little. Appetite sometimes very good, at others poor. Very restless in its sleep.

Notice, please, that the cough is worse at night; this is important from a diagnostic standpoint, for whenever you have a cough which is more troublesome after the patient has retired, think of its being reflex in nature. By that I mean a cough which has as its cause not an irritation in the lungs, but at some distant point. As example, we have reflex coughs from ear-disease, worms, indigestion, etc. The pupils are somewhat dilated in this case, and the pulse irregular. With such a history as this in a child, think of worms. This should be followed by a dose of castor oil. Since every female worm has the power to create sixty million worms, whenever one or two worms are passed, we should always be suspicious that more are present, and I believe that in any case it is a good rule to continue the treatment for a short time after the expulsion of the worms.

A prescription which I like very much is this:

B. Santonini, gr. viij.
Ext. spiagg. de senna fluid., f.3., M. Sto.—One teaspoonful three times a day.

This should be followed by a dose of castor oil. The further treatment of lumbricoid worms is to correct the diseased state of the mucous membrane. The diet should be carefully regulated, only the most digestible and non-irritating food being taken, such as milk, broths, etc. Of drugs, ten-drop doses of dilute hydrochloric acid with a little pepsin are generally sufficient to bring about the change.

Children become infected with lumbricoid worms by drinking water containing the eggs, or by eating food to which they are adherent. These eggs then develop in the system into the worms. In the case of the tapeworm, the life history is a little different. The eggs are passed in the stools of the patient. The development of these eggs takes place not in the human system, but in one of the lower animals,—in the case of the taenia solium in the hog, and in that of the taenia medicoannelata in beef. In the muscles of these animals are developed cysts,—the so-called cysticeroci cellulose,—which contain the embryo of the tapeworm. Now, when a person eats raw or imperfectly cooked meats of animals which are infected, these cysts develop into the tapeworm.

When treating a patient with a tapeworm, unless you succeed in removing the head, a cure will not result, for the segments grow from the head. Now, there are two ways of looking for the head in the passage. One is to pour some carbolic acid (to destroy the odor) and water into the vessel; then do not stir with a stick, but merely shake; allow to settle, and pour off all but the sediment. Continue this until all fecal matter is removed, then examine the sediment for the head. Another way is to pour the passage into a piece of muslin. On this pour water, and continue doing so until all fecal matter is washed out, then examine residue for the head. If you do not find the head you cannot be safe that the worm will not return until three months have elapsed.

Treatment of Tapeworms.—The Germans have discovered three articles of diet which are obnoxious to worms, viz., onions, garlic and herring; of these they make a salad. Before giving any medicine for a tapeworm the patient should fast for twenty-four hours, taking only a little milk and water or a little broth, but just sufficient to sustain life. At the end of this period a mild laxative may be given, after which the vermifuge should be exhibited.

To a child give an ounce of pumpkin seeds (after the cortical portion has been removed),
A CASE OF ECTOPIC GESTATION.*

BY CHARLES MEIGS WILSON, M.D.,
Late Surgeon-in-Charge, Philadelphia Lying-in Charity.

The following case is reported as an instance of the danger and alarming conditions attendant upon primary rupture of Fallopian gestation:—

Mrs. J. W. came into the hospital April 9th, 1889. She presented herself at the clinic complaining of intense periodic pains in the right side. She also gave the history of irregular menstruation, the menses not having appeared three months prior to her admission to the hospital. Upon examination at the clinic I diagnosed her case as one of ectopic gestation.

No immediate symptoms warranting an exploratory abdominal incision, the patient was put to bed pending developments, and kept under careful observation.

On the 24th of April, upon my visit to the hospital, the resident physician announced that a patient in the surgical ward was suffering from heart failure. I immediately went to her bedside, and found the patient in the condition which I now describe:—

She was pallid, with panting respiration, pulseless at the wrists, in a colliquative sweat, suffering from dyspnea and thirst, and showing vividly all the clinical phenomena of hemorrhage or loss of blood.

So soon as I saw the patient, I said to my resident, "Dr. Weidner, our patient is dying of hemorrhage." Having, as I always have, every facility for immediate abdominal incision at hand, the patient was immediately placed upon the operating table. I happened to have several students present on a ward visit, and I said to them, this patient is dying of intra-abdominal hemorrhage. So soon as I incised the peritoneum you will find clots in the abdominal cavity and probably free hemorrhage.

The patient was put upon the operating table without the influence of an anesthetic, and with two or three rapid strokes of the knife I laid bare the tissues down to the subperitoneal fat. So soon as I had broken this up with the handle of my knife, I quickly incised the peritoneum, whereupon there was a tremendous gush of blood.

So soon as I was able to turn out the clots the hemorrhage increased with frightful rapidity, and, unable to locate the bleeding vessels, I clamped the right broad ligament, with my fingers as a guide, at both its proximate and distal extremities. The hemorrhage immediately ceased. After a careful toilet at the peritoneal cavity I was able to find the gaping lumen of the ovarian artery upon the right side. This had been the source of the fearful hemorrhage.

Without much difficulty I lifted up the ruptured tube, ligated it at both ends and removed the ectopic gestation. A careful toilet of the peritoneum was made and the wound closed, as is my habit, with twisted Chinese silk, and the external surface of the wound dusted over with equal parts of iodiform and boric acid. The patient made a rapid recovery, leaving the hospital within two weeks after the operation.

My desire in reporting this case is to instance the fearful rapidity of collapse from hemorrhage which attends ruptured ectopic gestation. The heart failure to which my patient had been submitted was not only part and parcel of the evidence of profound hemorrhage.

The indications for treatment of a case of this kind are clear and simple. No longer are we allowed to adopt a tentative plan and to drug our patients with morphia or opium until a fatal result ensues, but we must, realizing the conditions present, attack them boldly, and the indications are, in intra-abdominal hemorrhage, to seek the site of the bleeding vessel and control it, just as we would employ effective means to control a hemorrhage from the brachial or femoral artery.

How many cases have perished from this accident, doubly by their medical attendants as peritonitis or what not, can never be ascertained, but it seems to me that any one who has been brought face to face with the clinical phenomena dependent upon or occasioned by hemorrhage should have the assurance to boldly seek for the site of the hemorrhage, whether it be in the abdomen or not.

This case was of great interest to me because it afforded me an opportunity to graphically describe and shew to my students the acute symptoms of active hemorrhage within the abdominal cavity.

The patient came to me some eighteen months after the operation and complained of pain in the abdominal cicatrix. I felt a hard lump in the lower angle of the cicatrix, and obtaining my patient's consent I cut down and removed what I think must have been the proximate or uterine ligature. The patient made a good recovery from the second operation, which did not involve the peritoneal cavity, and is to-day perfectly well.

My object in reporting this case is to enter earnest plea that no woman suffering from this accident should be allowed to die without surgical aid. The indications for the operation are so clear, and the immediate benefit is so positive, that no one having in his care a patient suffering from an accident of this kind should allow her to perish owing to his fear of resorting to so-called radical surgical measures.

I have had the misfortune to see three cases of a like nature in private practice where the attending physicians refused to sanction abdominal exploration, and where the patient simply died of concealed abdominal hemorrhage. It seems to me that the indications for exploratory abdominal incision under the conditions that I have named are just as clear and just as positive as though the hemorrhage occurred in any other locality of the body, and I sincerely hope that the record of this case may clear away a mist of doubt from the minds of some of my fellow-practitioners who hesitate until the time is past to help their patients by radical measures.

In the management of this case I had the services of Dr. Frank Southern and Dr. A. W. Underwood, without whose kind assistance it would have been impossible for me to have so speedily accomplished the operation and controlled the hemorrhage, the time involved, owing to their kind assistance, not taking more than fifteen minutes from the time of the initial steps of the operation until its completion.

SWEET OIL IN THE TREATMENT OF HEPATIC COLIC.*

There is no doubt that the administration of sweet oil does give relief in cases of hepatic colic. Acute attacks of pain should be relieved by opiates, and large doses of oil should be given as soon as quiet is obtained. In many, if not all, cases the pain fails to recur after the oil has acted on the bowels. The masses (like bits of cucumber pickle covered with mucus) which are passed in nearly all cases are not gall-stones, but soap formed by the action of the bile and pancreatic juice upon the oil; yet white fragments of gall-stone are sometimes passed along with these green masses, and sometimes whole gall-stones are found in the stools. Sweet oil will not remove gall-stones from the gall bladder or bile ducts; it is not given until cessation of pain has shown that the stone has passed into the bowel. The presence of gall-stones in the bladder does not cause colic, nor does the passage of a small stone through the duct cause it, necessarily. It is probable that the

*Summary of results of discussion in Medical Society of North Carolina, in Medical Record, Jan. 3d, 1891.
Koch's Method of Treating Tuberculosis.

BY SAMUEL G. DIXON, M.D.,
Bacteriologist to the Academy of Natural Sciences of Philadelphia.

A Lecture delivered in the Jefferson Medical College, January 9th, 1891.

Gentlemen: While in Berlin I had the opportunity of meeting many prominent men who were interested in Koch's discovery, and of hearing their opinions concerning it. It may not be out of place, therefore, should I venture to state briefly my impressions regarding Koch's remedy. Here is a diagram, on the right side of which you may possibly recognize stained tubercule bacilli in lung tissue, whereas on the left, tubercle bacilli, double stained, are represented. When these minute single-celled microorganisms in full vitality stained, are represented. When these minute tubercular matter we might obtain a fluid which could be so weakened that by systematoc inoculations a change might be produced in living animal tissue that would overcome tuberculosis. The announcement of this theory was accompanied by a statement that Koch should stimulate rich men to endow laboratories for original research and teaching.

In 1889 I advanced the theory that by a thorough filtering out of tubercle bacilli from tubercular matter we might obtain a fluid which could be so weakened that by systematic inoculations a change might be produced in living animal tissue that would overcome tuberculosis. The announcement of this theory was accompanied by a statement that favorable results had been obtained in animals so treated. Owing to an unavoidable delay I was unable to push my work to a close. I regret the interruption to my work, for during this time Professor Robert Koch, for whom I have the most profound respect, produced the fluid that I now hold in my hand, which probably contains less debris than any I had obtained at the time when he made his first announcement. About one thousandth dilution of this, it is supposed, acts upon tuberculous tissue.

The reagent is, probably, a metabolic product of the tubercule bacillus, the bacilli having been filtered out. With this active principle I am inclined to believe there are glycerin, gelatin, and some salt, probably a salt of gold. How this filtrate acts we do not know, but it may be conjectured that when the bacillus comes in contact with animal tissues it is stimulated to secrete some material which changes the chemical arrangement of the tissues and renders them capable of being absorbed.

The effect on the tissue seems to be an inflammatory one, of a degree peculiar to the action of the tubercule bacillus and suited to its existence. If this be an explanation of the process, we may seek to neutralize the secretion of the bacillus and thereby prevent it from acting on the animal tissues; or again, we may cultivate the organism on an artificial medium and then isolate in a concentrated form that which breaks up tuberculous tissue. This material when injected into the system which is already the habitat of the tubercule bacillus, meets with the normal secretion of that microorganism which is present in amounts just sufficient to render the tissue suitable for the growth of the bacillus. As soon as the artificial poison is added, the inflammatory condition of the tuberculous tissues becomes greater than that degree suited to the life of the existing microorganisms, the tissue is killed, and, with the organisms, falls away from the new surface. This is but a theory, for tuberculosis is a chronic disturbance, in which the microorganism is not killed by its own product as we suppose is the case in acute infectious diseases.

Dr. T. Lauder Brunton intimates that the Koch fluid may be a product of other than the tubercle bacillus. He cites the fact that lupus has been seen to shrivel and necrose after an attack of erysipelas or measles, and that peritonitis, supposed to be tubercular, has disappeared during recovery from diphtheria.

I believe that the Koch liquid is made from or by means of the tubercule bacillus. Its action on tuberculous tissue is simply marvellous. During my short stay in Berlin I did not see the reaction take place in tissues other than those which I suspected were tuberculous, unless it was in the nodules of leprosy. The lepra tubercles seemed to change color somewhat under the action of the Koch fluid. Yet to get the characteristic reaction, a dose sufficiently large to react on a healthy person had to be administered. If it does affect leprosy tissue it is not surprising, as the lepra bacilli that I have examined appear to be related to the tubercule bacillus. However, their smaller size and their apparent motility being the points of difference, at present I am inclined to the opinion that the reaction produced by Koch's fluid is diagnostic of tubercular tissue; yet, until its curative power is determined, we must be cautious in our use of it as a diagnostic agent, for we have been taught that inflammation, which in all probability is tuberculous, is often set up in tissue that before treatment was apparently healthy.

- The common experience with lupus cases is somewhat as follows: In about five hours after the injection of the fluid, the temperature begins to rise, reaching its maximum quite suddenly. Then it soon falls to normal, and in very anemic patients reaches an alarmingly low degree. In one case of pernicious anaemia death soon followed the injection.

During treatment a nodular infiltration takes place. The edema which is present in many cases is exaggerated. As the fever subsides prostration is often experienced, and the nodules gradually become covered with a crust, under which can be detected healthy granulations. When these crusts fall off, red cicatrices are to be seen, and the surface soon presents the appearance of a perfect cure; but in some cases, after a few weeks, the lupus-spots take on an inflammatory condition. We do not know how far the remedy destroys tuberculous tissue, for while it destroys recognizable tuberculous matter, the recurrence of the disease demonstrates that there may exist tuberculous tissue which the remedy will not destroy.

In the Charité Hospital I saw a case of lupus in a boy ten years old. The lesion began after the bridge of the nose and extended down on either side, involving the alae and the skin covering both the superior and inferior maxillary regions. An injection of 0.002 gm. of Koch's fluid caused a rigor, vomiting, and a severe reaction, the temperature reaching 105° F., with the symptoms that usually follow the administration of a large dose when the area of tuberculous tissue is extensive. The patient soon became covered with a rash resembling scarlatina, and this process went on to desquamation, which involved the entire surface of the body. The lupus-tissue passed through the changes described until a healthy cicatrix was formed.

In another case of lupus an irritating cough and harsh voice developed after the second injection. After the third injection, small clusters of red excrescences appeared on the right vocal cord. After some days the lupus was seen to be granulating nicely, the inflammation on the vocal cord had subsided, and the cough was rapidly decreasing.

To use the liquid, a one per cent. solution should be prepared by placing 0.1 c.c. of the fluid into a glass vessel graduated to 10 c.c. The vessel is then filled to 10 c.c. with sterilized water. 1 c.c. of this solution contains a dose of 0.001 c.c. of the original Koch fluid. The Koch syringe that I have here is graduated in tenths up to a capacity of 1 c.c.; therefore, if 1 c.c. of this one per cent. dilution be placed in the syringe, one-tenth of the syringeful will contain 0.001 c.c. of the remedy. In giving large doses, the ten per cent. dilution should be used.

Owing to the suppuration set up by the Koch liquid in the vascular tissue immediately surrounding the tubercles, the remedy is posi-
tively contra-indicated in tubercular meningitis. This being so, the practitioner in treating other forms of the disease must be on the watch for indications of cerebral involvement.

Regarding its value in surgical tuberculosis, I can remember one case of resection of a rib of a patient in the Charité, in which the granulations had become indolent, and the wound absolutely refused to heal until put under the Koch treatment. Reaction was produced by the first inoculation, after which healthy granulations developed and continued up to the day that I last saw the case, which was about the tenth day after the first injection.

The therapeutic value of the fluid in joint and bone-tuberculosis is promising. Children in the Charité Hospital suffering with hip-joint tuberculosis seemed to experience much less pain when the joints were moved after treatment with the Koch lymph. The results in cases treated with the remedy until no further reaction could be produced, and then operated on by mechanically removing all the necrosed bone and tissue, seemed to be much better than those not so treated. If the necrotic parts are not removed they are likely to infect the system, as the débris disintegrates. This is especially so when there is a general predisposition to tuberculosis.

In one case of kidney-tuberculosis tubercle bacilli were found in the blood and urine. The remedy caused rigor and vomiting and an elevation of temperature to 105° F. When I last heard, this case was going from bad to worse.

After a successful experience with a reagent on guinea-pigs suffering from tuberculosis of the lung-tissue, I am disappointed that more has not been accomplished, but I have much faith in the ultimate triumph of the liquid over pulmonary phthisis, provided that the lesion is recognized and treated in its very infancy. It must be borne in mind that the guinea-pigs which I have cured were in all probability not predisposed to tuberculosis.

The remedy may render tissues more susceptible to the action of bacilli than before its introduction. Further, it may even disseminate tuberculosis be extensive, the great decrease in the healthy lung parenchyma may prove disastrous to the life of the patient. Consequently, the remedy is positively contra-indicated in widely-disseminated lung tuberculosis, unless a much smaller dose than I have yet heard of be employed. My idea is, then, that we may be able to reduce the dose so that it will be neutralized before it stimulates inflammation throughout the entire tuberculous tissue, and in this manner the living tuberculous tissue may be acted on step by step, so as not to cut the life of the patient short by a general inflammation throughout the entire area of tubercular tissue at one and the same time. What I have said about extensive lung tuberculosis, I believe will hold good regarding extensive tuberculosis of the larynx.

I cannot believe that a small cavity in the lung positively contra-indicates the use of the remedy. It is possible that the necrotic tissue will be absorbed and that the newly-formed walls in a number of cases will resist the attack of the living bacilli left in the necrosed tissue and cheesy masses.

In the treatment of mild cases of pulmonary tuberculosis, small doses of the liquid are used, the average initial dose being 0.008 c.c. About five or six hours after the injection there may or may not be a chill, followed by fever running from 102° F. to 106° F. The fever generally falls within two hours after it reaches its maximum, while sometimes it continues for forty-eight hours. The fever is not always in proportion to the size of the dose, so that at any time there may be an excessive rise after a prolonged period of moderate elevation. In one case the pulse increased to 160 and the respirations to 40. Diarrhea is not an uncommon symptom. Enlargement of the spleen and the lymphatic glands is frequently perceptible. The patient often have an expression of great illness. The sputum frequently increases in quantity and contains necrosed tissue. The bacilli also increase in number after treatment, and you frequently find a change in the form of the bacilli resembling in morphology those we can cultivate on culture-media poor in peptones. After prolonged treatment both the sputum and bacilli decrease, while in many instances the tubercular process would seem to continue even after the injection of the liquid ceased to produce any reaction. The physical signs from percussion and palpation do not change except when an active inflammation is set up by the reagent, in what was not recognized as tubercle tissue.

To picture better the action of the remedy in pulmonary tuberculosis, I will give you the following history of an interesting case in the Charité:* * * * This history is about an average one. It certainly teaches us very little excepting that if improvement in pulmonary phthisis occurs under the Koch treatment, it is exceedingly slow, yet at the same time it shows that there is little or no immediate danger in the use of the liquid in mild cases of pulmonary tuberculosis, unless in exceptional cases in which there happens to be tissue that is hypersensitive to the action of the remedy.

While watching the effects of the liquid on lupus, the question that arises is, After the treatment, what condition are the tissues in immediately adjoining those which were sufficiently tuberculous to necrose under the inflammatory process produced by the Koch fluid? Will this apparently healthy tissue in the human economy be rendered immune, or will it be rendered more susceptible to the tuberculous process?

Professor Koch personally informed me that he felt quite certain of the power of his remedy to cure lupus and very mild cases of laryngeal tuberculosis, but that he did not believe it safe at present to make any estimate of its therapeutic value in other forms of tuberculosis.

—LICE AND OTHER PARASITES are removed from the hair more quickly by a decoction of quassia, to which a little borax and glycerine have been added, than by almost any other known means.

* The details of the case are omitted—Editor College and Clinical Record.

THE MORNING HEADACHE OF CONTINUOUS TIRE AND EXHAUSTION.*

BY WILLIAM BROWNING, M.D.,
Of Brooklyn, N. Y.

There is a peculiarity in many cases of headache to which little attention has been paid. It might naturally be expected that, long, deep sleep would so far rest and refresh the brain and its accessories as to leave the person free from headache on waking, if at any hour in the day. On inquiry, however, it may be found that the suffering is greatest at this peculiar time. A series of these pretty frequent cases indicates that they have in general a common cause. Before giving them, however, it may be well to recall the condition of the cerebral circulation during sleep. We know that the pulse rate and the arterial pressure diminish on lying down, and still more in sleep—i.e., the general circulation becomes less active. Further, as regards the brain circulation in particular: it has been shown by a variety of experiments, contributed by many investigators, that this is materially lessened during sleep. It is simply echoing a well-recognized fact in physiology to state that sleep is attended by a relative anaemia of the brain. (This is not saying that the anaemia produces the sleep, though it may in given cases favor it.)

Without deciding in what particular cranial structures the pain originates, it is usually accepted that anemic conditions are causative of headache. It is almost an adage to say that pain is the cry of a hungry nerve for food. In simple tire the circulation, when the individual cases all effort, becomes correspondingly weaker. Since, therefore, the brain and its envelopes are normally more anaemic in sleep than at other times, we might, after all, theoretically presume that a headache from over-tire would be severest on waking, especially from deep sleep.

Whether the impoverishment due to blood of a poor quality is as harmful as that due to a diminished quantity passing through the
brain, raises the further query whether it is the anemia per se or the reduced pressure, intravascular and intracranial, that is the chief factor. Various observations indicate that the latter is considerably the more important, though of course even then an anemic person would more readily develop this condition.

There are certainly various other causes of morning headache. Among these are: Disturbed and dreaming sleep, a large late (undigested) meal or other error of diet on the previous day, and poisoning by inhalation of bad air (from inhalations in poorly ventilated chambers, from leaky gas-pipes, sewer-gas in rooms, etc.). So-called periodic headaches also do not infrequently begin on waking. But in these cases the trouble does not recur daily nor in other ways conform to this type, though some similarity in pathology is possible. On the other hand, of course a person subject to the headache of tire may bring it on at any time in the day, only the most marked characteristic is the morning recurrence.

The drinker's matutinal sufferings—Katzenjammer, hot coppers, swollen head—may pass after Trousseau's method, or of sweet oil, after being well shaken up together. In this way, the better the standard of specific gravity is between 1015 and 1025. If the specific gravity remains persistently below the former figure, there may be reason to suspect albuminuria or diabetes insipidus. If it remains persistently about 1030, diabetes mellitus may be suspected. In either case the urine should be carefully examined.

Prof. Da Costa states that the temperature in fevers ranges from 100° to 106°, but in typhoid fever a temperature of 105° indicates a very serious condition of the patient; but recovery has been known to take place in other diseases, such as cerebral rheumatism, neuralgia, etc., where the temperature registered was much higher than the temperatures above mentioned.

Prof. Holland directs that, in making ferric hydrate, the antidote for arsenic, calcined magnesia or aqua ammoniæ in excess should be added to tincture of chloride of iron, both being well shaken up together. In this way, it is a common custom to boot enough of the ferric hydrate to be an antidote for ten grains of arsenious acid.
If such a word exists in the lexicons of the day as "inconclusiveness," it would express the present view of the profession as to the latest treatment of tuberculosis. There is absolutely nothing positive as to results at this time, however hopeful and however sanguine those may be who have resorted to it as a means of cure or as a method of temporary relief. It is a notable compliment to a distinguished observer and experimenter, or rather pathologist, that the whole world seems to agree in the efficacy of the injections—a confidence which was suggested during the visits, especially at so variable and inclement a season of the year for those suffering from uterine disease; or that, when present, they necessarily come from the uterine disease. 

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, 814 N. 16th St., Philadelphia.]

Standard Dictionary of the English Language. Funk & Wagnalls, publishers of New York and London, announce the early publication of this important and valuable work, of which they have sent us the prospectus and sample pages. This dictionary will contain over 2100 pages, each page slightly larger than a page of the latest unabridged Worcester or Webster. The paper and binding will be equal to that in those dictionaries, and it will contain over 4000 illustrations on the pages with the words they illustrate. The number of vocabulary words will be over 175,000. The list price of the dictionary, when issued, will be $10.00; but to all advance subscribers only $6.00 will be charged.

In some important points it differs widely from the plans of other dictionaries: (1) The "locating" of the verifying quotations; that is, the giving in each instance not only the name of the author, but also the name of book and the number of the page where the quotations can be found; to thus "locate" 50,000 quotations is of itself a herculean task. (2) The use, in the pronunciation of words, of the Scientific Alphabet, adopted by the American Philological Association. (3) The placing of the etymology after the definition. (4) The placing of the most important current definition first, and the obsolete and obsolete meanings last, that is, the substitution of the order of usage for the Historic Order usually followed in dictionaries. (5) In the case of disputed pronunciation, the giving of the pronunciations preferred by other dictionaries, as well as the pronunciation which they prefer. (6) The giving of 50,000 vocabulary words more than are to be found in any other single volume dictionary in England or America. No new word is admitted to a vocabulary place unless it has been passed upon by the able men in charge of this department. (7) The indication by the use of upper and lower case initial letters, as to whether words in the vocabulary are to be written as proper names or common names, etc.

—E. B. Treat, publisher, New York, has in press for early publication the Ninth Yearly Issue of the "International Medical Annual." Its corps of thirty-seven editors—specialists in their respective departments, comprising some of the brightest and best American, English and French authors—will vie with previous issues in making it even more popular and of more practical value to the medical profession. It is believed that the service rendered the profession by this Annual cannot be duplicated by any current annual or magazine, and that it is an absolute necessity to every physician who would keep abreast with the continuous progress of practical medical knowledge. Its Index of New Remedies and Dictionary of New Treatment, epitomized in one ready reference volume at the low price of $2.75, make it a desirable investment for the busy practitioner, student and chemist.

The Scientific Alphabet, adopted by the American Philological Association. (3) The placing of the etymology after the definition. (4) The placing of the most important current definition first, and the obsolete and obsolete meanings last, that is, the substitution of the order of usage for the Historic Order usually followed in dictionaries. (5) In the case of disputed pronunciation, the giving of the pronunciations preferred by other dictionaries, as well as the pronunciation which they prefer. (6) The giving of 50,000 vocabulary words more than are to be found in any other single volume dictionary in England or America. No new word is admitted to a vocabulary place unless it has been passed upon by the able men in charge of this department. (7) The indication by the use of upper and lower case initial letters, as to whether words in the vocabulary are to be written as proper names or common names, etc.

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GLYCERIN JELLY.

For three or four years he has made ointments according to the subjoined formula,

Carbolic acid, 10
French gelatin, 3 drachms.
Glycerin, 1 ounce.
Isinglass, 1 ounce.

Apply the jelly, lukewarm, to the part affected.

— D JA U R Y .

The following preparation

Diphtheria.—A favorite preparation

Dr. E. F. Pick, (Medical Record, Jan. 3d, 1886) reports a case of diphtheria in a child of a year and a half, who had swallowed the case, diphtheria, and died of it. The disease was caused by the potato cure, which had been introduced in the meantime, was used, with the result that on the ninth day the nail was removed by gastrotomy, was brought there, and the patient died.

W. M. Gray, M.D., of Washington, D.C., an.

In the evening he introduces into the eye a very small piece of the following mixture:

B. Delintted water, 1 ounce.
B. Neutral sulphate of atropine, 2 grains.

In cases of Diphtheria Constrictive of the eyes, the drop is to be instilled into the eye morning and night.

The following collyrium is recommended:

Salicylic acid, 2 grains.
Ether, 5 parts
Flexible collodion, 2 parts

In the evening he introduces into the eye a very small piece of the following mixture:

B. Delintted water, 1 ounce.
B. Neutral sulphate of atropine, 2 grains.

The following collyrium is recommended:

Salicylic acid, 2 grains.
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PETTERSON, M.D., NEW YORK, AND CHAUNCY D.
PALMER, M.D., CHIN, OHIO.

THE OBJECT OF THE ASSOCIATION IS, "THE CULTIVA-
TION AND PROMOTION OF KNOWLEDGE IN WHATEVER
RELATES TO THE APPLICATION OF ELECTRICITY IN MEDICINE
AND SURGERY." THE ASSOCIATION STARTS WITH A STRONG
AND VIGOROUS MEMBERSHIP, AND HAS EVERY PROSPECT
OF A MOST USEFUL AND SUCCESSFUL CAREER. ITS NEXT
MEETING WILL BE HELD IN PHILADELPHIA, SEPTEMBER, 1891.

THE FOLLOWING POETIC ELLUSION OF A WELL-KNOWN
PHILADELPHIA PRACTITIONER WAS CHANTED AT A MEETING
OF THE FLINT CLUB, BALTIMORE, JAN. 7TH, 1891, THE
PRESIDENT, DR. GEO. H. ROHÉ, IN THE CHAIR.-

E. FARVO MULTUM.
THE TRAGICAL AND LAMENTABLE FATE OF AN
ENRANT BACILLUS KOCHI: AN HYSTERICO-
BIOGRAFICAL, LABORATORIOUS AND ETICAL
EPISODE DONE INTO POETRY OF THE PRESENT
DAY.
BY KATISHA KATZENJAMMER,
OF THE BACTERIOLOGICAL INSTITUTE.
[TRANSLATED FROM THE JAPANESE.]
A LITTLE SPARE IN A CULTURE GROW,
LISTEN TO THE TALE OF WOE!
IMBREDED IN A MASS OF GLUE,
TILL A FULL-FLEDGED BACILLUS IT SPRANG INTO VIEW.
LISTEN TO TALE OF WOE!
NOW, DAY BY DAY, ITS AMBITION GROW;
LISTEN TO MY TALE OF WOE!
LIKE THE WITCH IN MACBETH, WHO MADE THE STEW,
IT SAID TO ITSELF, "I'LL DO! I'LL DO!"
LISTEN TO MY TALE OF WOE!

CHORUS (AT DISCRETION).
Now, all kind friends my advice to you,
Listen to my tale of woe!
Is when you are walking with a maiden true,
Avoid the peach of emerald hue;
Listen to my tale of woe!
And if, like Adam, you are tempted too,
Listen to my tale of woe!
Remember the fate of John and Sue,
Who ate the peach of emerald hue,
And the wicked bacillus that got stained blue.
Listen to my tale of woe!

CHORUS.
Hard trials for them two,
Johnny Jones and his sister Sue,
And the peach of emerald hue,
Also the comma-bacillus too,
Listen to my tale of woe!

DOCTOR BENJAMIN LEE, SECRETARY OF THE STATE
BOARD OF HEALTH OF PENNSYLVANIA, HAS ACCEPTED THE
POSITION OF SECRETARY OF THE SECTION ON STATE MEDICINE
OF THE AMERICAN MEDICAL ASSOCIATION. AS THE MEETING
TAKES PLACE IN WASHINGTON, MAY 5TH, IT IS IMPORTANT THAT ALL
PAPERS INTENDED FOR THIS SECTION SHOULD BE IN THE HANDS
OF THE PRESIDENT BY THE 5TH OF APRIL. ALL MEMBERS OF THE ASSOCIATION DESIRING TO BE
ROLLED IN THE SECTION ARE REQUESTED TO FORWARD THEM
THEIR NAMES AT 1513 PINE ST., PHILADELPHIA.

THE BOSTON MED. AND SURG. JOURNAL, IN A RECENT
ISSUE, QUOTES FROM A PAPER IN THE PHILADELPHIA
MEDICAL RECORD, WHICH READS:

"HE SAID, "HERE'S THE CAUSE OF THIS CRY AND HUE,"
LISTEN TO MY TALE OF WOE!
FOR THE COMMA-BAILLUS WILL BE KNOWN;
AND HE STAINT IT RED AND HE STAINT IT BLUE.
IN JOHANNY'S CORPSE WAS A PEACH-STONE OR TWO;
LISTEN TO MY TALE OF WOE!
IN SUSIE'S ABDOMEN A LITTLE GLUE;
"AH! THERE IS INFECTION AND SYMPTOMS TOO,
'TIS SAD TO SAY; Boo-hoo! Boo-hoo!"
LISTEN TO MY TALE OF WOE!

CHORUS (AT DISCRETION).
Now, all kind friends my advice to you,
Listen to my tale of woe!
Is when you are walking with a maiden true,
Avoid the peach of emerald hue;
Listen to my tale of woe!
And if, like Adam, you are tempted too,
Listen to my tale of woe!
Remember the fate of John and Sue,
Who ate the peach of emerald hue,
And the wicked bacillus that got stained blue.
Listen to my tale of woe!

CHORUS.
Hard trials for them two,
Johnny Jones and his sister Sue,
And the peach of emerald hue,
Also the comma-bacillus too,
Listen to my tale of woe!

"LYMPH" IS CLAIMED TO BE A CERTAIN AND SURE CURE
FOR THAT DREADFUL OF ALL DISEASES, CONSUMPTION.
AND THESE HEAD-LINES FROM ANOTHER PAPER:-
SCHENKELBERGER ON KOCH. THE DOCTOR'S A GENIUS
AND WOULD SCORN FALSE COLORS. TAMED THE WILD
BACILLUS, AND IS CONSEQUENTLY NO CHUMP-DR.
SCHENKELBERGER WAS A SCHOLAR OF THE FAMED
CONSUMPTION SLUGGER, AND KNOWS WHAT HE TALKS
ABOUT.

MODERN MEDICINE.-
FIRST THEY PUMPED HIM FULL OF VICE FROM SOME MEDICINE
CHOW, LET THE SLOW-POX MIGHT ASSAIL HIM, AND LEAVE PIT-MARKS
ON HIS BROW;
THEN ONE DAY A BULL-DOG BIT HIM-HE WAS GUNNING DOWN
AT QUOGUE;
AND THEY FLED HIS VEINS IN PARIS WITH AN EXTRACT OF MAD-
DOG;
THEN HE CARRIED TUBERCULOSIS, SO THEY TOOK HIM TO BERLIN,
AND INJECTED HALF A GALLON OF BACILLUS INTO HIM;
WELL, HIS FRIENDS WERE ALL DELIGHTED AT THE QUICKNESS OF
THE CARE,
TILL HE CAUGHT THE TYPHOID FEVER, AND SPEEDY DEATH WAS
SURE;
THEN THE DOCTORS WITH SOME ALCEW DID INOCULATE A HEN,
AND INJECTED HALF ITS GASTRIC JUICE INTO HIS VENOM;
BUT AS SOON AS HE RECOVERED, AS OF COURSE HE HAD TO DO,
THERE CAME A RATTLESNAKE AND BIT HIS THUMB IN TWO;
ONCE AGAIN HIS VEINS WERE OPENED TO RECEIVE A GILL
OF SOME SERPENTINE SOLUTION WITH THE VENOM IN IT STILL;
TO PREPARE HIM FOR A VOYAGE IN AN ASIATIC SEA,
NEW BLOOD WAS PUMPED INTO HIM FROM A LEPER'S OLD
CHINESE;
SOON HIS APPETITE HAD VANISHED, AND HE COULD NOT EAT AT
ALL,
SO THE URINE OF DYSPEPSIA WAS INJECTED IN THE FALL;
BUT HIS BLOOD WAS SO DILUTED BY THE REMEDY HE'S TAKEN,
ONE DAY HE LAY HIM DOWN AND DIED, AND NEVER DID
AWAKE;
WITH THE BROWN-SEGUARD ELIXIR THOUGH THEY TRIED REASSU-
RATION,
HE NEVER SHOWED A SYMPTOM OF REVIVING ANIMATION;
AND HIS DOCTOR STILL COULD SAVE HIM (HE PERFECTLY MAIN-
STAINS),
IF HE ONLY COULD INJECT A LITTLE LIFE INTO HIS VEINS.

PACK.

ACCORDING TO THE MEDICAL RECORD, AN ORDNANCE
HAS BEEN PASSED IN IOWA WHICH COMPULSES
ALL RAILROAD COMPANIES TO PUT STORM DOORS ON ALL
RAILROAD COACHES AND STREET CARS FOR THE CARRIAGE
OF PASSENGERS, TO KEEP THE TEMPERATURE FROM SIXTY-
EIGHT TO SEVENTY IN THE CARS, AND TO FURNISH SPICE-
TOOL PARTLY FILLED WITH BICHLORIDE OF MERCURY, FOR
THE USE OF PERSONS SUFFERING FROM CHRONIC CROUP AND
EXPECTORATION.
the following officers were elected for the year:

Secretary, and H. T. Underwood, Treasurer.

R. G. Barckley, Stevens, Vice-President, Pa.; R. G. Barckley,
lin, Bologna, and all the best foreign schools.

advise our friends to secure a copy of James Vick,
the United States, that the New York house
baker as Lecturer on Materia Medica and Thera-
8% x 10 inches, beautiful colored illustrations of
six weeks before the appointment of Prof. Bru-

—Dr. Oliver Wendell Holmes was told that a
small girl in Boston had spoken of him as "Pro-
essor of Monotony at Harvard University."

—It is said that Koch's lymph is suitable under
the McKinley bill, because it interferes with home
consumption.

THE LADY (to druggist): "I want a little
arsenic."

"Yes, miss; complexion or suicide?"—Life.

PERSONALS.—Dr. W. Mears (J. M. C., 1886) has
removed to Audenried, Pa.—Dr. A. E. Snyder
(J. M. C., 1899) is at New Milford, Pa.—Dr. C. B.
Weeks (J. M. C., 1880) is at Columbus, New Jersey.
—Dr. C. D. Carr (J. M. C., 1888), of Heckscher-
ville, Pa., has been appointed Physician to the
Schuylkill County Alms House and Insane Asy-
lum at Schuylkill Haven; salary six hundred
dollars a year.—Dr. R. C. Dean (J. M. C., 1854),
Medical Director, U. S. N., has been detached from
the Hospital, Chelsea, and ordered to the Medical
Board, Washington, D. C.

—The Royal College of Physicians, of London,
and the Royal College of Surgeons, of England,
have recently acceded to the diploma of Jefferson
Medical College the same rights and privileges
that are accorded to the Universities of Paris, Ber-
lin, Bologna, and all the best foreign schools.

—Prof. Bartholow's Chair was ably filled, for
six weeks before the appointment of Prof. Bou-
baker as Lecturer on Materia Medica and Ther-
peutics, by Prof. Holland, Dean of Jefferson
Medical College, who also lectured upon his
regular branch, Chemistry.

—At a meeting of the students of Class of 1891,
of Jefferson Medical College, held at the College,
the following officers were elected for the year:
Matt. M. Smith, Austin, Texas, President; R. W.
Steven, Vice-President, Pa.; R. C. Barckley,
Secretary, and H. T. Underwood, Treasurer.

—The Prescription is the name of a new monthly
journal, edited by William C. Wile, M. D., editor of
the New England Medical Monthly.

—Dr. H. V. Sweringen (J. M. C., 1876), of Fort
Wayne, Indiana, was recently elected Physician to
the Indiana School for Feeble-minded Youth, at
that place, for a term of four years.

—Dr. Frank H. Caldwell (J. M. C., 1880) has
the Medical Superintendence, at Sanford, Florida,

—Dr. William H. Morrison, M. D.
Read before the Philadelphia County Medical Society,
February 21st, 1891.

A brief examination of the volumes of the
Transactions of this Society for a number of
years past shows that among the varied subjects
presented for discussion, that of puer-
peral convulsions has been wanting. It is
especially important that in an affection like
this, which in the majority of cases comes
suddenly and without warning, the prac-
titioner should have a definite idea as to the
proper treatment, that he may be prepared
to act promptly and efficiently. It is with
the desire of bringing this subject before the
profession, and with the hope of exciting a
full and thorough discussion of the etiology
and management of this serious malady, that
a brief report of a recent case is presented.

Among the interesting features in this case are,
(1) the sudden appearance of convulsions
in a woman who had been apparently perfectly
well, with no evidence of nervous trouble until
a few hours previously; (2) the almost complete
suppression of urine for over twenty-
four hours, no urine being passed from
11 P.M. Friday, until 5 A.M. Sunday, with
the exception of three ounces withdrawn by
the catheter; (3) the steady and rapid
improvement that followed the emptying of
the uterus. The total number of convulsions
was between twenty and twenty-five, extending
over a period of twenty-two days.

The exact etiology of puerperal convulsions
has not yet been positively determined.
The majority of authorities agree that they
are due to a toxemia, the result of inter-
ference with the action of the kidneys, but the
precise toxic agent has not been deter-
ned, nor has the manner in which the
inflammation is the result " of the irritant effect
upon the renal cells of some toxic substance
in the blood, the precise nature of which is
unknown, but which probably represents
excrementitious substances from the mother
and fetus." Whether we accept the view
advocated by King, that the renal congestion
and inflammation are the result of pressure
upon the inferior vena cava and iliac veins, or
that of Halbertsma, that it is due to pressure
upon the ureters, or that of Tyson, that it is
due to the presence of excrementitious matters
from the mother and fetus, we find that in each
of these theories, an essential factor in the
production of the renal derangement is the
presence of the fetus. Therefore, the primary
indication in the treatment of puerperal con-
vulsions prior to delivery is the speedy ter-
mination of pregnancy. While venese-
cution, the administration of ether, chloroform,
chloral, veratrum viride, and the like, we may
control the paroxysms, it is only by the
removal of the cause which has produced
and is continuing the renal congestion and
inflammation, that we can expect to restore
the functional activity of the kidneys, on which
depends our only ground of hope of removing
the deleterious matters circulating in the blood.
Where the convulsions occur after the period
of viability, this treatment also affords the
best chance of saving the life of the child, for
it is generally admitted that, as a rule, death
of the fetus occurs early in the attack.

While measures calculated to induce labor
are practiced, the convulsions should be con-
trolled as far as possible by the use of ether,
chloroform, chloral, veratrum viride, and
similar agents. The action of the kidneys
should be encouraged by the free administra-
tion of water by the mouth or rectum, and
the renal function should be supplemented by
free diaphoresis and catharsis.

* New York Medical Record, January 26, 1891.
In considering the treatment of these severe cases, one other point presents itself—what shall be done where the case is desperate, and where contractions of the uterus are not readily induced? It seems to me that where the effect of the poison on the system is profound, where convulsions are violent and frequent, where the suppression of urine is practically complete, where there is no prospect of the rapid induction of labor, or where the efforts to bring on labor excite convulsions, the question of removal of the fetus by abdominal section should be seriously considered. Such a course would in a few minutes remove an important causative factor in the production of the disease, afford a better opportunity for the action of remedies intended to control the paroxysms to stimulate the action of the kidney and to favor the excretion of poisonous matters, and probably give, both to the mother and to the child, the best chance for life.

[In the discussion that followed the reading of the paper, Dr. Reynolds Wilson remarked: I wish to say but a word, and that is with reference to the use of morphia in the treatment of puerperal convulsions. I have recently had the opportunity of seeing a typical case of eclampsia treated in this way in the clinic of Prof. Winckel. The patient, a primipara, supposed to be at the eighth month, was admitted to the hospital in a delirious and semi-comatose condition at 9 P.M.; between this time and 4 A.M., she had four convulsions. She was treated with large doses of morphia by hypodermic injections. Chloroform was also used. When first admitted, the os would admit two fingers. At 2 P.M. labor came on, the second stage lasting only half an hour. The child was living, and lived for thirty hours. Prof. Winckel advocates and practices the hypodermic injection of morphia in these cases, in doses of half a grain, repeated in from four to seven hours, and continued until three grains in all have been given.

Dr. William S. Stewart: I was much interested in the paper, and especially in the description of the treatment of this particular case. I, however, rather feel like taking exception to the suggestion made in the latter part of the paper, that is, in regard to the performance of abdominal section. I think that it is possible to control these convulsions by large doses of chloral, given at first by the rectum and afterward by the mouth, if that can be done. I have had a number of cases of puerperal convulsions, and have had no difficulty in controlling them since I have learned that a certain dose of chloral will control the convulsions for a specific time. One drachm of chloral injected into the rectum will control the convulsions for about one hour and a half, almost to the minute. At the end of that time I am prepared to repeat the injection, if necessary. That quantity of chloral will control the convulsions in ten seconds. The effect of the injection is to produce profound sleep.

I have also experimented with the use of chloral in the albuminuria of the pregnant state. I had to remain in the city one entire summer, on account of one case where the family were so obstinate that they would not permit me to bring on premature labor when the child was viable. The patient was a primipara, with almost complete suppression of the urine. The albumin was so abundant that the urine coagulated into an almost solid mass on boiling. I predicted convulsions, and insisted on bringing on labor, but to this the mother would not consent. I tried various remedies, with no effect upon the action of the kidneys. She began to have feelings of twitching, etc., and I put her on small doses of chloral. To my astonishment the albuminuria began to diminish, and the quantity of urine was increased. Her condition steadily improved, and I succeeded in getting her through without a convulsion.

In my first experience with puerperal convulsions, fifteen or twenty years ago, I used morphia by hypodermic injection; but when I recall the difficulty I had in bringing this patient through, and the severe injuries to the tongue, which did not heal for weeks, I consider this a poor method, although it is recommended by so high an authority as Winckel.

Hernia and the mechanical application of the truss—An important suggestion regarding stranguation.

By W. Warren Dyson, M.D.

The subject of hernia is one of such vast importance to the medical profession, from the exceeding frequency with which it is met in practice, that to understand it thoroughly is of the utmost importance both to the surgeon and general practitioner. So much has been written on the anatomical, pathological and surgical part of the subject, that it seems to me that a better service can be rendered in the present instance by a consideration of the means best adapted to prevent the serious consequences which a want of skill in the proper adjustment of the truss will often lead to.

Indeed, we are of opinion that the authors of even our best textbooks on this subject have overlooked in a measure the importance of a more thorough discussion of this department—rather giving place to the surgical. We do not undervalue the importance of this part of the subject, but are convinced that if an equal space were devoted to the mechanical application of the truss we would have less need of an exercise of our surgical skill.

It is a want of judgment in the mechanical application and a proper adjustment of a suitable truss which leads very often to the serious results of strangulation. Different varieties of hernia require different appliances to hold them in place, and there is no truss that will do equally efficient work in all cases. There is such a vast variety of appliances recommended and sold that with the younger practitioner it is often a matter of much anxious consideration as to which he should pin his faith.

In direct and indirect inguinal hernia occurring in patients whose occupation does not predispose to the injury, i.e., professional men and those holding clerical positions, where no particular strain is brought to bear on the abdominal muscles, a hard-rubber truss is admirably adapted to hold the hernia in place, its lightness and cleanliness especially recommending it to notice. In indirect inguinal hernia, where the protruding mass is small, the French hard rubber is to be preferred, but in the direct variety the French improved should be applied, or if the patient does much walking the cros-body will suit better than either the above, it being less liable to displacement. To keep the truss securely in place and prevent the tendency to slip out of position by the action of the glutaeal muscles, which, as is well known, are actively concerned in walking, standing, stooping, and, indeed, in almost all movements of the pelvis on the thighs, it is necessary to have two prominent points of contact, and they should be centered almost directly opposite each other. Let the pad of the truss represent one of the points, it resting in front at the seat of protrusion; the other or second point of contact is shaped by the hands, by bending the spring of the truss on the concave surface so as to form a small cup-shaped depression, as represented by the accompanying figure. This depression should be about one-half an inch in depth by one and a half inches in length, and formed at a point in the spring corresponding to a distance...
of three inches from the median line of the back. This simple device will prevent the truss from slipping and thus nullify the tendency to displacement of the pad.

While the hard-rubber truss is well adapted to retain the hernia in proper position in the class of patients referred to above, yet in treating both varieties of hernia named among the laboring class, where the occupation acts as a predisposing cause, we do not obtain the best results from an application of a spring truss. The trouble most frequently met with in this class of patients is from the tendency of the truss to displacement, more especially where there is much stooping and lifting required in performing the labor; this will throw the pad out of position, allowing the bowel to force its way along the inguinal canal; obviously every like recurrence tends to augment the trouble. How frequently we are brought into contact with those terrible cases of direct inguinal hernia where our utmost skill is required to hold the bowel in position; and these cases are the direct result, in the majority of instances, of not applying a proper truss on the inception of the injury. Besides this, double hernia is the result of a want of judgment in the selection of a suitable appliance for its prevention, directly chargeable to a want of forethought in the medical attendant.

When hernia occurs on one side, in most cases, it establishes the fact that there is a constitutional tendency to the trouble, and when it occurs on one side in that class of patients where the occupation will tend to its production on the opposite side, we should institute such measures as will prevent that misfortune. For this reason a double truss should invariably be applied.

We are aware that there will be some who will look upon this measure with disfavor, and consider it a suggestion involving needless inconvenience and expense, but if they will only pause to examine such a policy thoughtfully and with an eye single to the good of the patient, it cannot but be apparent that this advice is founded on sound principle.

There should be no higher aim in medicine, nor loftier ambition of the physician, than to institute measures that shall have for their object the prevention of disease and injury. As to the appliances best calculated to afford the patient comfort and security—to guard against displacement of the truss and thus limit the liability to strangulation—the double elastic truss is entitled to our first consideration, and we can repose in it a degree of confidence that no other variety affords. It is light and not cumbersome, and adapts itself accurately to the body; besides this it is comfortable and less liable to displacement than any other, while its elasticity allows of such expansion as is necessary in the act of stooping—which act usually throws the steel spring truss out of position. We are well aware that it has one disadvantage—that of absorbing perspiration—but surely this is a small matter, considering the security it affords the patient.

With reference to the pads, they should be adjusted by the physician himself, if they are not set in an exact line with the seat of protrusion, and this can be easily effected by the screw which holds the pad to the front plate to which they are attached. This is an important matter, for it will be found that the distance between the inguinal canals in large and small men is subject to considerable variation. It is important, also, in applying a double truss to these cases of single hernia, that there should be a marked difference in the size of the pad—the one on the injured side should be twice as large, or at least, one-third larger, than that on the sound side. There is an under or perineal strap attached to this truss which should not be undervalued, for in severe cases where there is heavy lifting required of the patient, it is sometimes an indispensable adjunct to prevent the hernia from slipping underneath the pad, and in such cases should invariably be used. Our preference for this truss is born of experience, and after the application of almost every variety of truss on the market; it will be found to answer better than any other appliance we possess, in those cases in which its use is suggested.
first place, is salol. Neater and not so mal-
odorous, it is deserving, for the good it does,
of wider use. Bichloride solutions on gauze,
boric acid in solution, the same way or in
powder, these are my favorites. As dress-
ings for mild forms of the disease, iodol, aris-
tol, and several other new candidates for fame
have generally failed of good in my hands.

In cases somewhat more severe than this
first group I find one or two applications of
the boro-bromole of Rademaker will usually
set up healthy action. Many of us remember
the once popularity of bromine in such cases,
and the prominence given to it in this city
during the war by the late Middleton Gold-
smith. The bromole of Rademaker is com-
bined of bromine 72.5, phenol 27.5 parts in
100. At my suggestion a mixture of twenty-
five parts bromole and seventy-five of boric
acid is made by him. It causes slight pain
and develops the bromine odor. It should
be applied for from a few hours to twenty-
four, and then washed away to give place
to milder medicaments.

Finally, in the severer forms of suppurating
venereal ulcer comes the question of radical
measures. Encultation by circumcision, par-
tial or complete, under cocaine and full anti-
sepsis, I have already shown to be safe and
sure. A less extreme measure is that of
enucleation, where it is rendered possible by location,
encultation is safe and certain, immediate
union of the edges of the cut taking place
under simple antiseptic dressing.

THE INJECTION TREATMENT OF
SYPHILIS.*

The injection of mercurial preparations,
either subcutaneously or into the muscles,
about which so much has been written of late,
especially in the German journals, has not as
yet become a favorite method of treatment in
this country. The number of mercurial salts
available for this purpose continues to multiply,
some observers giving preference to the soluble,
others to the insoluble preparations. Those
which appear to be receiving most attention
just now are hydrargyrum thymolico of
thymolacetatium, aluminic benzoatium, oxy-
cyanutum, formamidatum, succinimidium,
and salicylicum. The salicylate has recently
been reported upon favorably by several
writers. Schadeck employs an emulsion
made with mastic of gum acacia and water,
so that each dose will represent from five
to seven and a half centigrammes. This he
injects into the muscles of the gluteal region.
The course consists of from eight to twelve
injections, extending over from twenty to
forty days.

* Leading article in Med. Record, January 4th, 1891.
to give our patients in those public institutions the scrupulous attention which we can exact in private practice, especially among rich people. In private practice such factors as the ablations, the constant cleansing of the mouth, the disinfection of the excreta, the excellent ventilation of the sick room, the plentiful supply of nurses—new and fresh ones taking the place of those that are tired out, and the patient never being left an instant unattended—all this constitutes so many chances of success, which give the patients of the better classes in private practice the advantage over hospital patients.

STRYCHNINE IN CASES OF FAILING CIRCULATION.*

BY C. S. BRADFUTE, M.D.,
Demonstrator of Therapeutics, Jefferson Medical College.

An agent which will sustain the circulation must not interfere with the resulting good effects of such action by any secondary manifestations, and until one can be found that will behave in this manner the problem must be met by such a combination of remedies and methods as will most nearly resemble the desired drug.

The writer considers strychnine, if not the best, at least one of the best, cardiac stimulants available. A study of its physiological action undoubtedly shows that it, too, has objectionable features, but fortunately they can, to a certain extent, be mitigated by the conjoint use of other remedies. Strychnine is very diffusible; it acts quickly, and the effect is sustained. When a medicinal dose is administered hypodermically the heart at once responds by an increase in the strength of its movements, the arterioles contract, and the blood-pressure rises. At the same time the irritability of the sensory and motor nerves and the excitability of the muscular tissue are greatly increased, thus promoting nutrition-changes and mechanically favoring a rapid blood-current. A spasmodic contraction of the renal capillaries is likely to occur if large doses are given, but the interference with the kidney secretion can be obviated by diuretics having a selective action upon the urinary organs. Lately strychnine has been strongly recommended by some eminent observers as a reliable agent when other members of the group of cardiac tonics are contraindicated, and to the writer, who used it a great deal while resident physician in the Pennsylvania Hospital, it has proved very satisfactory. The stimulation is not confined to the circulatory system, but is general, and in many respects very much resembles the effects of heat. Its characteristic effect upon the spinal cord no doubt takes place, so to speak, through the sympathetic nerves, the digestive function, which with the diffused stimulation of the circulatory system must certainly result in a supply of better blood to the nerve-centres, and consequently the promotion of the vital functions.

A curious fact in connection with the action of strychnine is that the weaker the circulation the larger is the amount necessary. Its action seems to be in a way neutralized by the causes inducing the weakness, requiring in some instances rapidly-increasing doses to maintain the effect. Dr. C. B. Penrose informs the writer that he has given hypodermically as much as two grains of the sulphate of strychnine in twenty-four hours, with the result of successfully tiding the patient over a crisis.

**HYPNAL, THE NEW NERVINE.**

BY J. B. MATTISON, M.D.,
Of Brooklyn, N. Y.

Tersely told, hypnal is the product of combining equal parts of hydrate of chloral and antipyrine. It is an oily liquid, of ether odor and chloral taste. The consensus of opinion among continental observers is that it is an efficient sedative, soporific and analgesic; it is more hypnotic and less depressing than chloral; it is not caustic like chloral nor irritant like antipyrine, and it is more readily taken, being more tasteless than either. On respiration it is much like chloral; on circulation it is less disturbing than chloral. It is antipyretic, and non irritant by mouth, bowel or skin.

It is said to be particularly adapted to children, and to patients with phthisis, lessening fever, pain, insomnia and unrest. Schmidt found that fifteen grains equaled, in sleeping effect, about nine grains of chloral.

The dose named by writers noted is fifteen to thirty grains. I have given fifteen to sixty by mouth, double if by bowel, and fifteen hypodermically. It can be given in capsule or solution—preferably the former. If the latter, twice the amount of alcohol should be added to the elixir or syrup. By bowel, in gum arabic. Subcutaneously, direct. Convenient formula:

- B. Hypnal, Alcohol, M. xvi
- Elixir or syrup, ad M. cxxl. M.
- Sto.—One dose; one third tumbler water after.

- B. Hypnal, Mucilag. tacicae, M. xxx. M.
- Sto.—One Injection.

- B. Hypnal, Alcohol, M. xv. M.
- Sto.—One dose, hypodermically.

**THE TREATMENT OF MENINGITIS.**

BY JAMES BARR, M. D.*

It is most important that the nature of the disease should be thoroughly recognized as early as possible, and that a decided line of action should be adopted, as the brain is more sensitive to inflammatory disturbance than any other organ of the body.

The patient should be submitted to as little reflex disturbance as possible. He should be kept in a dark, noiseless room, so that as few nerve-impressions as possible should travel to the sensorium by either the eye or the ear. The very injurious effect of noise was well exemplified in our fatal case, where the severe exacerbation, which ended in his death, began on the night when a patient suffering from delirium tremens and carbolic acid poisoning was unfortunately admitted to the same ward. Due attention should also be paid to the cutaneous sensibility; when practicable, the patient should lie on a water-bed, and be lightly clothed. The room should be well ventilated, and kept at a uniform temperature of about 60° F.

There is no disease in which antipyretic treatment requires to be more promptly and efficiently carried out. Of all the means at our disposal for this purpose, I prefer a large ice-cap, or a cap formed of Leiter's tubing with a constant stream of iced water flowing through it, applied to the shaven scalp. The application of cold to the head not only lowers the general temperature, but also moderates the circulation within the cranium. Four of my patients—three of whom made good recoveries—were treated in the water-tank with decided advantage. The continuous immersion in water of 90° to 95° F. is a very effective antipyretic agent, and improves the vascular tone; but I do not attach so much importance to this method of treatment in meningitis as I do in typhoid fever. When it is adopted in meningitis it should be supplemented by the use of the ice-cap. The cold to the head should be continued until the general temperature has been for some time subnormal, and if any pyrexia should afterward recur, it should be immediately combated by a resort to the ice-cap. I have very little faith in the use of the new antipyretic drugs in this disease, but I can see no objection to an occasional dose of antipyrin when the temperature is very high. For general use I much prefer the free administration of carbonate and acetate of ammonia. If there be any fear of the formation of thrombi in the cerebral sinuses, i.e., ammon. fort., well diluted with iced water, may be given, or the patient may be made to inhale Dr. Richardson's preparation of ammoniated chloroform, which consists of equal parts of chloroform and absolute alcohol saturated with ammonia gas. I would be inclined to favor the use of antimonial wine where there was much vascular excitement.

In the early stage of the disease I have still
some faith in the old-fashioned remedy of a fly-blister on the nape of the neck. In the later stage, where there was evidence of much cerebral effusion with general paresis, and perhaps subnormal temperature, it would be worth while to try the effect of liquor epsipasticus painted over the whole scalp.

The bowels should be kept open throughout the illness, and of all agents for this purpose I prefer calomel. The vomiting is usually of cerebral origin, and any direct treatment to the stomach is generally of little avail; however, a sinapism to the epigastrium, and the internal administration of bicarbonate of sodium and sal volatile frequently do good. The hiccup, which occurs at a late stage, is best relieved by hypodermic injections of morphine or of morphine and atropine.

To relieve the general excitement, sleeplessness, and general restlessness, I have gradually arrived at the conclusion that there is no drug equal to opium, very freely administered. A favorable combination with me, especially where the temperature is above the normal, has been equal proportions of Dover's powder and salicylic acid; 10 grains of each every three or four hours for an adult. This may be increased, or supplemented by an occasional hypodermic injection of morphine, so as to keep the patient as sleepy and quiet as possible without actually producing coma. When there is any tendency to constipation, a powder composed of 1 grain of opium and 1 grain of calomel may be given to an adult every three or four hours. In some cases morphine may be adjudged the better remedy, but whichever is given, there should be no timidity in its use. Contrary to what was formerly supposed, opium and morphine lessen the circulation in the cerebrum. When there is much cardiac excitement, with deficient vascular tone, a combination of opium, digitalis, and quinine will be found useful. When there are convulsions, the inhalation of chloroform will prove efficacious.

In this disease I have now completely discarded bromide and iodide of potassium, while such drugs as chloral hydrate, sulphonal, paraldehyde, and urethan are, with me, discredited. Of course, in any case when there was reason to suppose that there was a syphilitic basis, I would employ iodide of potassium, or more likely some preparation of mercury.

With the use of local or general blood-letting in this disease I have no experience, and in those cases where such a course might be deemed advisable I would rather try the effect of antimony. Blood-letting would be useful in the early stage if there were violent action of the heart and increased arterial pressure, but such conditions do not often occur. In basilar meningitis, where there is a tendency to bulbar paralysis, atropine in small doses should be freely given. The diet throughout should be of the blandest description, consisting chiefly of milk, farinaceous food, and butter. Alcohol in every form should be avoided.

TREATMENT OF DYSMENORRHHEA.*

Prof. H. Marion Sims, while lecturing on obstructive dysmenorrhoea, said, if it be due to stenosis of the cervix, the cervical canal will be found perfectly straight, the canal straight, but the mouth of the womb will be narrowed and the os small. The flow is then impeded by the narrowness of the canal. In the treatment of this condition he does not trust to the use of dilators alone to widen the canal, but combines dilation of the cervix with dilatation of the canal. He overcomes the resistance of the os internum with one swoop of the knife, which the dilator will accomplish only after a long time. Besides being the quickest, it is also the most humane procedure from the patient's standpoint, because she experiences no pain from the operation, being etherized. In the operation for simple stenosis of the cervix, take the urethrotome, make a small incision on the right side of the cervix and then another similar incision on the left side, till the sound passes into the uterine cavity with absolute freedom. Then taking the dilator (Sims' dilator is the most practical one of all), intro-
for the reason that respiration is short and rapid, and does not permit of a control in the quantity of the gas to be inhaled. Consequently, it is either of little use as a remedy; or, if too much is taken, a disagreeable headache will be the consequence.

During the catarrhal stage, which, however, was very mild compared with last year, I derived great benefit from the administration of codeine, in combination with terpine hydrate, in the pill form. The codeine has the advantage over all other opium preparations that it does not affect the digestive organs, and still acts in a soothing manner. While during last year's sickness my patients lost from ten to twenty pounds of their bodily weight, this year but one lost eight pounds and the other five pounds.

TREATMENT OF INCONTINENCE OF URINE IN FEMALES.

BY H. MARION SIMS, M.D.,
OF NEW YORK CITY.

The patient we have before us this morning has never been at any time a sufferer from uterine or ovarian disease, but she has been subject to that most disagreeable and annoying condition of the bladder known as contraction of that viscus, which is due to a hypertrophy of its muscular coat. She is twenty-four years of age, and from childhood has never been able to retain her water even for a single night. There is no affection to which woman is liable, that is, to my mind, a source of greater discomfort, and more difficult to cure, and that requires more perseverance and patience, both on the part of the doctor and the patient, than this particular condition of the bladder. This affection in the case of this woman has been probably due, not to an inflammation of the mucous membrane of the bladder, such as cystitis, as some may be inclined to believe, but is the result of the force of habit, which has become a sort of second nature in her case. I mean by this that during childhood she was permitted to wet her bed night after night without correction by her parents. This condition of affairs continued for months and years, until finally the bladder became so contracted that it was unable to hold any amount of water at all.

The best treatment for this condition, and which has been followed in the case of this patient, is, as far as I can learn, entirely original with myself, and consists in the forcible dilatation of the contracted bladder by means of tepid water. The first case in which I tried this plan of treatment was that of a young lady, the daughter of wealthy parents, who was sent to me for treatment from a neighboring State. This was nine years ago, and the patient was then seventeen years old. Her menstruation was regular in every way and attended with no pain. Her general health was all that could be desired, and her only cause of complaint was the inability to control her bladder at night, the water constantly escaping while she was asleep. She had never in her life known what it was to wake up in the morning in a dry bed. On this account she was compelled to lead a rather secluded life, and if she ever went away with any of the rest of the family, she was always under the painful necessity of carrying her own rubber cloth, towels, kapkins, etc. Can you imagine anything more unpleasant or distressing to a young woman than such a condition naturally presents? This young lady had gone the rounds of most of the leading specialists, both in this country and Europe, and without receiving any relief whatever. Consequently, I was all the more anxious to effect a cure, if possible, in her case.

To that end I first of all advised an examination to determine whether there was any undue pressure upon the bladder from the uterus that would account for this trouble, or whether there was any growth within the bladder itself. For that purpose I anaesthetized the patient with nitrous oxide gas and made a thorough examination of all the pelvic organs. I found the uterus and ovaries in a perfectly healthy condition, but was surprised to find that the bladder measured only 2 3/4 inches in depth from the meatus externus to its posterior wall. There was no growth of any kind present in that organ, but with the point of the sound I could feel the uneven ridges of the mucous membrane, one contracted fold overlapping the other. I came to the conclusion after this examination that the whole cause of this lady's trouble was simply due to the neglect to empty the bladder properly when nature demanded it, and that this continued violation of nature's law had resulted in the bladder becoming so reduced in size and capacity as to afford room for but a small portion of the urine normally secreted.

This condition naturally brought about a partial paralysis of the sphincter vesicae muscle, and consequently when the patient was asleep in bed this undersized bladder would fill up and overflow, so that she was kept constantly in a "pool of water," to use her own expression. The thought came to me at the time, that if I could devise some means whereby this contracted bladder could be forcibly dilated, making it large enough to hold the amount of water normally secreted during the night, my patient would be cured.

The only treatment that patient had to undergo was a forcible dilatation of the bladder by means of warm water, and the only instrument I employed for this operation was a small-sized silver catheter with a rubber tube attached and a Davidson's syringe. The bulb of the Davidson's syringe held exactly one ounce of water, and by this means I was able to determine precisely how much water was forced into the bladder.

In the case of this patient I think the first attempt at dilatation was not very successful, for the bladder could be made to hold but three-quarters of an ounce of water. The forcible injection of water was continued daily, a larger amount being injected on successive days. The force employed in injecting the water was pronounced by the patient almost "unbearable," and the procedure was certainly very painful; but in the large number of cases of this class that I have since treated, the patients were so anxious to get well, that they would bear an unusual amount of pain before they complained of its being unbearable.

In using this method for the cure of the affection it is always well to encourage your patient to bear just a little more than she did the previous time, and by washing out the bladder in this way daily, and each time increasing the amount of the injection, you will find that the bladder will soon hold even as much as four or five ounces more than it did when you began treatment. Finally, you will be able to increase its capacity, so that it will retain as much as eighteen or twenty-two ounces of water.

In following out this plan of treatment it should not be always expected that the desired relief will come at once, for if you do, you will be very much disappointed. In the majority of my cases treated after this method, I have found that I had to persevere for weeks, and sometimes even months, before the patient would come and tell me that she waked up from a dry bed.

The young lady whose case I have here detailed to you is perfectly well, and has never had a single recurrence of her former trouble, as I see her from time to time. The patient at present before us presents an almost similar history. I have treated her after the same method, and have increased the capacity of her bladder by dilatation from two ounces to nineteen, and she can now retain her water both day and night. I have carefully hunted up the literature of the subject, and have found no mention of any treatment similar to that I have just detailed.

I wish to add a word of caution in this connection. In treating this class of cases by this method, be careful not to encourage them in the hope of a speedy relief from their trouble, for if you do so they will be disappointed and become dissatisfied. You can, however, promise them a cure, never forgetting to tell them that it is impossible for you to fix a limit as to the time, that by perseverance on their part relief will certainly be brought about.
I find that in the treatment of these cases, medicines are worse than useless, so that, with the exception of perhaps an occasional tonic of some sort, I give no internal medication whatever. Sometimes I find it advantageous, where the contraction is due to an old cystitis, to employ a saturated solution of boracic acid in warm water in washing out the bladder.

The case before us is the sixteenth that I have treated by this method, and I have succeeded in all of them in relieving the symptoms entirely, and curing the disease, which could not be cured in any other way that I knew of.

**ABSCESS OF THE LUNG.**

Dr. William Porter, of St. Louis, in an excellent paper on this subject (St. Louis Courier of Med., Jan., 1891), substantiates the following points:

1st. That abscess of the lung presents signs and symptoms which may admit of a positive diagnosis.

2d. That abscess of the lung may be the result of, or complicate gangrene from occlusion of a bronchial artery.

3d. That operation is often demanded, and that the safest operation is the excision of a rib, giving free opportunity to prevent accumulation in the pleural sac.

4th. That the result of such operations indicates the value of this comparatively new field for surgical investigation.

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*In the Gazette de Gynéc. (Medical News, February 7th)* the following prescription for **IRRITABILITY OF THE BLADDER** is given:

B. Benzoic acid, 15 grains
Borax, 1½ drachms
Water, 5 ounces. M.

Dose, one tablespoonful three times a day. The mixture produces a decrease in the frequency of urination and lessens the irritability of the walls of the bladder, which are in an abnormal state, owing to the phosphates in the urine.

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**The College and Clinical Record.**

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**Class-Room Notes.**

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Prof. Da Costa has found antipyrine with quinine in capsule form to be very good for the fever of phthisis, and quite as efficacious as Niemeyer’s pill.

Prof. Brinton advises the use of fluid extract of cascara sagrada, in 20–30 drop doses, every two or three days, to produce easy evacuations in hernia.

Prof. Da Costa recommends tinct. aconis radices in gtt. i–ij doses, morning and evening, with ginger, or a combination of aconite, veratrurn viride and ginger, for treatment of hypertrophy of the heart.

Dr. Brubaker recommends the application of chloral hydrate in solution in treatment of carbuncles.

Prof. Da Costa states that barium chloride, in doses of gr. ½–1, three times daily, is very useful in treatment of dilatation of the heart, after having first used digitalis, strophanthus, etc.

Prof. Brinton states that temporary irreducible hernia can sometimes be relieved by constant application of ice.

Prof. Da Costa advises the use of nitroglycerin or trinitrin, in doses of gtt. i–ij of a one per cent. solution, three times a day, for the relief of cardiac uneasiness in fatty degeneration of the heart.

Dr. Brubaker advises the injection of grs. xxx each of chloral hydrate and bromide of potassium at the outset of an attack of periperal convulsions.

Prof. Da Costa considers the climate of southern and central Colorado as best suited for cases of consumption which are unaccompanied with bronchial or nasal catarrh. When such a complication occurs, the climate of some portions of Florida is preferable.

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**The Effect of Term Examinations upon Vision.**

We have at various times taken the opportunity to refer, in terms of severe animadversion, to the great neglect of plain principles of hygiene in our schools, here and elsewhere. In this we have endeavored to convince school authorities that something more was necessary than the mere cramming of the brain by a species of hot-house process; that the body and its important functions, including, of course, those of the special senses, vision especially, should at the same time be carefully guarded and protected from injury. A recent paper in a contemporary magazine,* from the pen of a medical gentleman thoroughly identified with the subject of hygiene of school life, more particularly as concerns the care of the eyes, so nearly represents our views upon the subject that we gladly extract one or two paragraphs from it.

The purpose of the paper is stated to be simply to point out the harm resulting from extraordinary occasion, or is maintained too long by continuous exertion, pathological processes are set up which impair the integrity of the highly-organized tissues of the eye. Furthermore, the anatomical peculiarities of the eye seem to render it especially liable to hyperemia and to the resulting injury, since the increased blood supply increases the intraocular tension and this in turn retards the ready escape of fluids, thus producing a vicious circle, particularly harmful to the readily-yielding tissues of the young eye. Now, the system of term examinations under discussion, prompting as it does to weeks of extraordinary and prolonged work at a near point, furnishes all the conditions needed to bring about the vicious process here suggested.

With reference to these examinations, the writer quoted cannot refrain from suggesting, even at the cost of seeming presumption, that, in view of the great strain upon the physical endurance of the children, better results would be reached in the end by a more careful and persistent effort to fix the lessons of the term upon the mind by frequent reviews and careful teaching throughout the term, and by allowing the class standing and fitness for promotion to be determined by the marks for recitation and by the teacher’s knowledge of the pupil gained by daily contact. In this he is not unmindful of...
the practical difficulty of securing a uniform standard for promotion, particularly in our public school system, but this should not be allowed to outweigh the too frequent serious impairment of vision and general vigor consequent upon the present method of term examinations.

THE UNDERTAKER'S RESPONSIBILITY.

We are glad to find that the efficient Secretary of the State Board of Health of Pennsylvania, Dr. Benjamin Lee, in a recent circular, embodying certain "Precautions to be adopted by Funeral Directors to prevent the spread of Contagious and Infectious Diseases," agrees with the views expressed more than once in this journal as to the process of embalming so generally adopted by them. "Every undertaker," he says, "is aware that embalming has been objected to on the ground that the fact of death from poison may thus be concealed. The objection is a valid one, and will probably lead to legislative enactment on the subject. A written certificate of the cause of death should therefore always be procured from the attendant physician before performing the operation. It should never be attempted in the face of suspicious circumstances."

It sometimes happens, too, that the room in which the dead person is lying, the furniture, and the corpse itself, are all centres of infection, and then the undertaker's position becomes one of the gravest responsibility. As Dr. Lee states, it depends on his knowledge, energy and firmness whether the infection shall be stamped out then and there, or whether it shall make this room a fresh starting point for invading other homes and desolating other fire-sides. It follows from this that it is of the utmost importance that the members of this craft should be men of sufficient intelligence to be able to appreciate the exigencies of the occasion; of such technical education as will enable them to take the proper scientific steps to overcome the danger, and of such respectability that their recommendations will carry weight with their patrons, and that they need not hesitate to assert their authority. This desirable end can only be accomplished by a State system of registration and examination. That this will ultimately be obtained through the efforts of the many intelligent members of the calling who are urging its adoption, there can be little doubt.

It will be difficult to convince the average American of the infallibility of the statement recently made by the Vice-President of the French Society against the Abuse of Tobacco to the Académie de Médecine, that the Society had arrived, after an exhaustive study of the subject, at the conclusion that smoking (!) is the real cause of the depopulation of France. The prevailing opinion on this side of the Atlantic, whether correct or not, is that the smallness of families in that country, which results in decrease of the general population, is due to the fact that the usual methods for procuring increase of population are in some way thwarted by individual effort, or rather want of effort. All other reasons, in our estimation, end, as did the investigations of the French Society, in—smoke.

The Government of India proposes to amend the penal code by making the age of consent twelve years instead of ten. This would seem to be a sufficiently youthful age for early marriage, even in that tropical country.

Our Library Table.

[A full list of new publications noticed in this department, and all other medical works, may be procured by addressing the Editor of the COLLEGE AND CLINICAL RECORD, 54 N. 16th St., Philadelphia.]

From P. Blakiston, Son & Co., Philadelphia, we have recently received:


Prof. Sayre's name appears only in the introduction, the main body of the work being the result of the labors of Prof. Robinson, of the University of Kansas. Its utility to all students of pharmacy and medicine is evident at a glance. It is a carefully prepared Latin Grammar, the exercises in Latin and English employing the terms and phrases of the apothecary's shop and daily practice. This is an easy and pleasant way of simultaneously studying a language and a science or art.


A COMPEND OF DISEASES OF CHILDREN. By Marcus P. Hatfield, A.M., M.D. 185 pages. Price $1.00.

A COMPEND OF DISEASES OF CHILDREN. By Henry Morris, M.D. 175 pages. Price $1.00.

This trio of Quiz-Compends constitutes the latest issues of the useful series of publications which students and practitioners regard favorably as a medium of information on the various important branches of medical science. Each subject being carefully prepared for digestion may be said to be well peptonized for the reader, so that the information conveyed is readily assimilated.


The two authors of this work for laboratory use have included in it the methods of instruction in inorganic chemistry given in the Woman's Medical College and in the Pennsylvania College of Dental Surgery. It is well adapted for use in conjunction with any manual of elementary chemical principles, or to be supplemented by lectures.

A GUIDE TO THE PRACTICAL EXAMINATION OF URINE. By James Tyson, M.D. Seventh Edition. 255 pages. $1.50.

The deservedly cordial welcome extended by the profession to this work, which is probably the best of its kind, will doubtless be such as to gratify the author as well as the publishers in the presentation of this new edition.


From J. B. Lippincott Company, Philadelphia:

CYCLOPEDIA OF THE DISEASES OF CHILDREN, MEDICAL AND SURGICAL. Edited by John M. Keating, M.D. Vol. IV. 1890.

The editor as well as the publisher of this voluminous work may well be congratulated on its happy completion. The profession gains the full extent of enrichment that always results from the imparting of authoritative information from the pens of thoroughly capable writers and practitioners, some of whom have, indeed, in this instance, made a life-long study of the diseases which they have conscientiously observed and treated. It is a matter of congratulation that the names of so many of the younger men in the profession stand out prominently in all cyclopedic work of the present day. The future has a bright forecast, viewed from such a standpoint.

From William Wood & Co., New York:


Inquiring medical men of the present day, who desire to keep well informed as to the latest details of bacterial research, will find in this excellent volume a practical aid in their investigations. The first edition was issued in 1885, and the present is an authorized...
From W. B. Saunders, Philadelphia:—

**ESSENTIALS OF PRACTICE OF MEDICINE.** By Henry Morris, M. D., 368 pages. With a very complete Appendix on the Examination of Urine, by Lawrence Wolff, M. D. 66 pages.

**ESSENTIALS OF THE DISEASES OF CHILDREN.** By William M. Powell, M. D. 222 pages. $1.00.

**ESSENTIALS OF MINOR SURGERY AND BANDAGING.** By Edward Martin, A. M., M. D., 166 pages. $1.00.

**ESSENTIALS OF PRACTICE OF PHARMACY.** By Lucius E. Sayre, Ph. G. 179 pages. $1.00.

Without entering critically upon an examination of the individual merits of these useful works, we will merely remark that they well maintain the reputation of the preceding volumes for accuracy of information, general utility as works of reference, and handy and convenient aids in the practice of medicine.

From John W. Lovell Company, New York:—

**VIVISECTION.** By Albert Leffingwell, M. D. 20 cents.

The brochure before us is a republication of two magazine articles which appeared several years ago. The writer advocates the total abolition, by law, of all mutilating or destructive experiments upon the lower animals, involving pain, when such experiments are made for the purpose of public or private demonstration of already known and accepted physiological facts.

From The Illustrated Medical Journal Co., Detroit, Mich.

**POST-MORTEM; What to look for and how to make them.** By A. H. Newth, M. D., of London, England. Edited by F. W. Owen, M. D. 12mo. 136 pages. $1.00.

As stated in the preface, this handy little volume is not intended as a substitute for large pathological works, but as a supplement to them. Its value is as a reminder to the busy practitioner, and a guide to the student in making post-mortem examinations.

From The Manikin in the Teaching of Practical Obstetrics. By J. Clifton Edgar, A. M., M. D.

This brochure is a valuable addition to the literature of obstetrics. The author, who is the accomplished Adjunct Professor of that branch in the Medical Department of the University of the City of New York, discusses under three headings a most interesting practical subject: 1. The necessity for practice upon the manikin or cadaver before actual attendance upon labor cases. 2. A description of the various manikins and their accessories now in use. 3. What may be accomplished with the improved obstetric manikins. The utility of the manikin has never been so thoroughly illustrated as in this excellent pamphlet, reproduced from the New York Medical Journal, of recent date. The author is enthusiastic on the subject, and justly so when the possibilities of the useful application of the manikin as a means of instruction are fairly considered. Among the numerous cuts which add clearness to the text, may be especially noted those which portray the excellent manikin devised by Professor Parvin and Dr. Edgar jointly.

**Pamphlets Received.**

'Addresses at Commencement Exercises of Cooper Medical College.' By Levi C. Lane, A. M., M. D., and E. R. Taylor, of San Francisco, Cal.

'Nervous and Mental Diseases observed in Colorado.' By J. T. Eskridge, M. D., of Denver, Col.

'White Lead in the Treatment of Erysipelas.' By E. Stuver, M. S., M. D., of Rawlins, Wyoming.

'Cocaine and Antipyrine combined in the Treatment of Obstinate Vomiting, and as a Local Anesthetic for Minor Surgical Operations.' By E. Stuver, M. S., M. D.

'Pyoktanin in Diseases of the Eye, Ear and Throat.' By W. Cheatham, M. D., of Louisville, Ky.

'The Hypodermic Treatment of Internal Hemorrhoids.' By Q. A. Sherford, M. D., of Tyler, Tex.

'Imperforate Auditory Canals.' By Seth S. Bishop, M. D., of Chicago, Ill.


'The Treatment of the Morphine Disease.' By J. B. Mattison, M. D., of Brooklyn, N. Y.

'Some Considerations in regard to Acute Obstructive Diseases of the Lungs.' By Andrew H. Smith, A. M., M. D., of New York.
THE COLLEGE AND CLINICAL RECORD.

The Therapeutic Briefs.

—As a local Anesthetic, Dr. J. B. Mattison suggests a spray of the following combination: Menthol 3j, chloroform 5x, ether 5x.

—For Pruritus of the Anus and Vulva, Balfour has reported excellent results from an ointment containing eighty grains of calomel to an ounce of vaseline or other unguent.

—Sulpholac colloid, made by dissolving 4 parts of salol in 4 parts of ether, and then adding 30 parts of collodion, is highly spoken of as an application in Acute Rheumatism. Pain is said to be relieved rapidly.

—Soluble sulphates (South. Med. Record, Feb. 1st, 1891) completely antidote either carbolic acid or creosote, no matter how given, for when they meet they form a harmless compound (sulphocarbolic acid).

—For Chilblains, a writer in Weekly Med. Review suggests the following:

- B. Acid. carbolic, 3j
- Tinct. iodinii, 3j
- Acid. tannic, 2j
- Cerat. simplic., 3j
- M.

Sto.—Apply two or three times daily.

—For Comedones, Unna prescribes the following:

- B. Acid. acetic, 3j
- Hydrogen peroxide, 5j
- Vaselin., 2j
- M.

May be perfumed.

—A Favorite Cough Mixture of Dr. E. G. Janeaway is the following:

- B. Syrup. syrup. pruni virginian., 3j
- Tinct. hyoscyam., 2j
- Spirit. ætheris comp., 5j
- M.

Sto.—Dose, a teaspoonful.

—Dr. Clara T. Dercum reports (Univer. Med. Mag., January, 1891) a case of Opium Poisoning successfully treated with strychnine, after atropine and citrate of caffeine had been administered without good result. One sixteenth of a grain of strychnine was given hypodermically, at intervals of an hour, until seven-sixteenths of a grain had been administered.

—For Seat-Worms Archives of Gynæce. and Pediat. recommends the following, to be warmed and used as an injection, repeating it three or four times in the twenty-four hours:

- B. Tinctura rhei, gr. ij
- Magnesii carb., gr. ij
- Tinct. zingiberis, gr. ij
- Aqua, f 3j iv. M.'

—For Hemorrhoids, the following application has been suggested (Med. Mirror):

- B. Cocain. muriat., gr. j
- Morphine sulph., gr. ij
- Atropin sulph., gr. iv
- Acid. tannic. pulv., gr. xx
- Vaselin., ½s
- Olei rose., f 3j iv. M.

Sto.—Apply after each evacuation. Contents of bowels should be kept in a soluble condition.

—The following prescription was copied from an exchange (name now forgotten), for the treatment of Migraine, Facial Neuralgia, neuralgia from chronic cutaæ and sciatica:

- B. Arsenici lodidi, gr. j
- Extract. belladonnae, 5j
- Morphia valerianat., 8j
- Extract. gentian. pulv., gr. v
- Extract. aconiti racini fluid., gtt. j
- Divid. in pil. 6o.

Sto.—One to three in 24 hours.

—The Journal de Medicine, Jan. 4th, 1891 (Therap. Gaz., Feb. 16th), recommends the following ointment to be rubbed into the affected parts twice daily to remove the Pigmentations which so often disfigure pregnant women:

- B. Cocoa butter, 3j
- Castor oil, 5j
- Oxide of zinc, 3j
- Yellow oxide of mercury, 3j
- Essence of roses, enough to perfume.

—The Induction of Premature Labor is considered by Prof. Parvii seldom necessary in albuminuria, even in cases that go on to eclampsia (Practice, Jan. 1891). In cardiac cases also he employs it but exceptionally, but frequently has recourse to it in pneumonious diseases, more especially in acute lung affections, where dyspnea is a prominent symptom. In obstinate vomiting as well as in chorea it may occasionally be required, but only after all other means have failed.

—A writer in Canada Med. Record advises the following mixture in cases of Hemoptysis. Take forty to sixty drops, well mixed with sugar, to which one or two tablespoonsfuls of water may be added, every two, three or four hours, according to the urgency of the hemorrhage:

- B. Tinct. digitalis, f 7j 8
- Olei terebenth., 3j
- Olei menthe piperità, 3j
- Acid. sulphuric. aromat., 3j
- Spirit. vini rectificat., f 3j 8. M.

A more powerful liniment, and one which must be handled carefully, is the following:

- B. Tinct. acorni, ½j
- Chloroform. ¾j
- M.

—Dr. Charles A. L. Reed (Med. Mirror, January, 1891), concludes a paper on Operations in Ectopic Gestation, by endorsing the following view of Tait, viz.: "If ever I should make a diagnosis of tubal pregnancy before rupture, I should advise its immediate removal by abdominal section, as being more certain and far more safe than the fancy methods of puncturing the cyst and injecting poisonous fluids, or passing through it some kind of galvanic current."

—In Erysipelas, Koch (Therapeutic Gazette) applies, by means of a camel's-hair pencil, the following ointment in a perfectly thin layer over the affected parts:

- B. Creolin, 1 part
- Iodoform, 4 parts
- Lanolin, 10 parts. M.

—After the ointment is applied, it is covered with a thin layer of gutta-percha. This method is said to be especially applicable to erysipelas of the face and of the hairy scalp.

—It was stated recently by a leading Rabbi, in a lecture on the Jewish laws concerning diet, that owing to their abstinence from pork, the Jews enjoyed a special Immunity from Cancer. On referring, however, to statistics just received from Washington (Can. Med. Record, Jan., 1891), we learn that this is not the case. We find that of 1300 deaths among Jews there were 13.58 due to cancer for males and 21.65 for females, while for the whole of the United States the death rate was 13.09 for males and 23.59 for females. So that the statement above made does not seem to be borne out by facts.

—Dr. H. M. Whelpley (Pharm. Record, Jan. 19th, 1891) mentions the following as a popular Liniment for Bruises and other Minor Injuries:

- B. Tinct. capsici, 3j
- Tinct. myrti, 3j
- Tinct. opii, 8j
- Tinct. guaiaci, 3j
- Spirit. camphoræ, 8j

A more powerful liniment, and one which must be handled carefully, is the following:

- B. Tinct. acorni, ½j
- Chloroform, ¾j
- M.

—Quinquaud (Med. News, Jan. 31st, 1891) recommends the following treatment for Urticaria: Internally he prescribes alkali, arsenite of sodium, and naphthol; and when the itching becomes intolerable, the following lotion:

- B. Boric acid, ½j
- Chloral, 8j
- Water, 6 ounces.

The following powder is also of value:

- B. Powdered starch, ½j
- Oxide of zinc, 3 drachms
- Salicylic acid, 1 drachm.

—Dr. Bedford Brown (Med. News, January 24th, 1891) thus concludes a paper on Gangrenous Wounds and Diseases: To attain any degree of success in the local and general treatment of gangrenous wounds and diseases, it is absolutely necessary to discriminate between the various forms of the disease, also to determine the proximate cause and the general state of the patient. There are types of cases purely septic in origin in which sublimate dressings are applicable. There are other cases strictly of an infectious origin, upon which nothing acts better than bromine. Again, there are cases, whether of a traumatic or idiopathic form, in which vital action and vasomotor power are reduced to the lowest degree, and in these cases the strong solution of sulphate of zinc and dilute sulphuric acid acts well.
should be sent to bed with empty bladders, and should not take any liquid just before retiring. They sleep well in this position and do not complain. Fourteen cases were treated by this simple method only, and all were cured in a short time.

In the Rev. Génér. de Clinique et de Thérap. (Med. News, Jan. 31st) 1891, Raulin recommends for Nasal Diphtheria, both in adults and children, that the membrane is not to be removed by direct manipulation, but to be detached by antiseptic irrigation, while to prevent its re-formation, the surfaces are to be covered by the following:

B. Acid. lactic. gr. xxx
Acid. carbolic. gr. xiv
Glycerin. pur. fr. 5.

After the disappearance of the exudate the catarrhal rhinitis which follows is best treated by astrigent applications, and by washing out the nostrils with a spray composed of a solution of borate of sodium, or Dobell's solution may be used instead.

White (Medical News) recommends the following mixture, in capsules, in Acute Urethritis:

B. Salicylate of mercury, .01 gr. in 100 gr. of water.

The injection to be used three times daily.

In order to prevent the urine from running into the urethra in Nocturnal Incontinence, children are made to sleep with the pelvis elevated. (Correspon. für Schweizer Aerzte, in Medical Record, Jan. 24th, 1891).

In this position the bladder is capable of holding a certain amount of urine before the liquid reaches the level of the urethral opening. The foot of the bed must be elevated so that the bed forms an angle of forty-five degrees with the horizontal. The children should be raised to bed with empty bladders.

In a severe and protracted case of Night Terrors, the editor of Albany Med. Annals, Dec. 1890, employed Trouseau's method of using belladonna in epilepsy, under the view that the two conditions resembled each other. After other means had failed, there were given four-year-old boy five drops of tincture of belladonna at night. The dose was increased one drop each night until ninety drops were given. The boy's father was very eager for the disease. The relief had been very nearly complete. The boy's father was very eager for the disease.

Dr. George A. Brown (Montreal Med. Jour, Feb. 1891) considers Chorea a manifestation of some other disease, as rheumatism or organic disease of the brain. From the following reasons he regards it in the majority of cases as a rheumatic manifestation:

1. Rheumatism may precede, concur or follow an attack of chorea, which is the only disease which does so.
2. They have a common lesion, namely, endocarditis, and sometimes pericarditis.
3. In the majority of cases there is a rheumatic history.
4. It is more frequent in girls than boys, which is also true of rheumatism.
5. It seems to have the power of shifting from one side to the other, which is characteristic of the rheumatic poison.
6. There is generally an emotional excitability in both diseases.

Dr. W. A. Hammond (Virginia Med. Monthly, Dec., 1890) writes as follows:

When I have a patient suffering from insomnia, pain in the head, vertigo, hallucinations, suffusion of the face, cephalic heat, and other striking symptoms of, perhaps, less special importance, and when I find that these symptoms disappear under the influence of remedies such as the bromides, ergot, ice, and douches of cold water to the nape of the neck, in the same locality, nasal blood-letting, or spontaneous hemorrhage, position, and other means calculated to diminish the amount of intra-cranial blood, I do not see how an escape is possible from the conclusion that the patient suffers from Cerebral Hyperesthesia.

The injection to be used three times daily at night.

He believes that when judiciously employed it is much superior to the introduction of drainage tubes and frequent irrigation.

—Swimmer (L' Union Médicale, quoted in Boston Med. and Surg. Journal, January 15th, 1891) refers to the successful use of Iodoformi, Eidercia, and Glycerin in Cystic Cavities, the following formula being employed:

B. Iodoformi, .03 gr.
Eidercia, .02 gr.
Glycerin, .01 gr.

He believes that when judiciously employed it is much superior to the introduction of drainage tubes and frequent irrigation.

—Dr. R. Rothe (Therap. Gaz., Feb. 16th, 1891), referring to the value of Sulphite of Zinc as a Disinfectant, non-poisonous, non-irritative, and highly antiseptic, states that sulphurous acid is one of our most efficacious antiseptics, and that the antiseptic property of this acid is perpetuated through its salts. It has been shown that sulphite of zinc is always oxidizing when in solution, and this unstable condition of sulphite results in the production of a fluid craving for oxygen, which is antagonistic to germ life. In applying this dressing, a piece of gauze, which is to be placed in contact with the wound, is usually dipped in a weak carbolic solution, though this is not essential, and then three or four layers of dry sulphite of zinc are applied to the whole, being retained in position by a simple gauze bandage.

—Dr. S. Latimer Phillips (Atlanta Med. and Surg. Jour., Feb. 1891) writes as follows in regard to Syringing the Ear: We cannot be too careful in performing this apparently trivial operation. Very great force is not necessary, and I do not believe a very large and powerful syringe is needed. Some physicians have claimed that syringing could never do harm, provided only water was used, but I cannot agree with them. Frequently we see cases of ear disease only
aggravated by the continuous use of this instrument. While syringing is a good thing at times and under certain circumstances, yet I cannot counsel its indiscriminate use, and would advise that when it is necessary to use it, the greatest care and gentleness be exercised. In purulent troubles of the ear, usually one syringing of water will be sufficient to remove all débris, and when there is impacted wax a weak solution of bicarbonate of soda poured in the ear will after several hours so soften it that it can be removed without any difficulty.

—Dr. D. G. MacGowan (South. Cal. Pract., Jan., 1891), referring to the treatment of burns, states that the chief indications are to relieve pain, prevent suppuration, and prevent deformity. Pain is the most important symptom. Cocaine, one per cent., locally, in lanoline with subnitrate of bismuth, oxide of zinc or boric acid, spread upon lint (carbolized or sterilized gauze), in thick layers, cut into narrow strips, applied closely, covered over with rubber tissue and bandaged, gives great relief in a few minutes, without any return of pain. If the burn be in the deep tissues and involves the fat layer it is impossible to save the epidermis, and blisters form in from twelve to twenty-four hours, from accumulation of serum. In these cases the epidermis must be removed, and when this is accomplished he uses the subidote of bismuth.

—Dr. D. D. Stewart (Med. News, Jan. 31, 1891) describes as follows a NEW MODE OF EXHIBITING SULPHONAL: I direct that just before retiring the sulphonal powder be well stirred in a glass two-thirds full of boiling water (about six fluid-ounces) until entirely dissolved. To insure that it is at the boiling-point, it had better be heated on the spot. It can be boiled in a tin cup over the gas, or over a spirit-lamp. Solution will occur in a moment or two if it be well stirred, and cold water may then be very cautiously added to reduce it to a drinkable temperature, which if the patient be accustomed to taking hot fluids, will be one not sufficient to cause the slightest precipitation of the drug; or the hot solution of sulphonal may be permitted to cool to this temperature by continued stirring. The sulphonal must be taken wholly dissolved, and the hotter the solution is drunk the better.

Sleep results in most cases in a very few moments, and seems to be more profound and dreamless than that from a larger dose taken in the ordinary way, and the annoying condition of drowsiness usually present on the subsequent day is scarcely felt if the dose be properly graduated. The hot solution may be rendered palatable by addition of a tablespoonful of some such liqueur as crème de menthe ("green mint"), which will probably tend to promote still more rapid absorption of the drug. To obtain immediate and satisfactory results from this method the stomach should be empty or comparatively free from food, so that precipitation be not favored and absorption delayed by entanglement of particles of sulphonal and undigested food, but as it is unnecessary to take the dose until the retiring hour there will usually be no difficulty from this.

News and Miscellaneous.

We are informed by Dr. Wm. B. Atkinson, Permanent Secretary, 1400 Fifteenth Street, Philada, that the Forty-first Annual Meeting of the Medical Society of the State of Pennsylvania, will be held in Reading, on Tuesday, Wednesday, Thursday, Friday, June 2d, 3d, 4th and 5th, 1891, commencing on Tuesday, June 2d, at 9 A.M. The appointments for 1891 are—Address on Practice of Medicine, Dr. J. Chris. Lange, Pittsburg; On Surgery, Dr. O. H. Allis, Philadelphia; On Obstetrics, Dr. J. Milton Duff, Pittsburg; On Mental Disorders, Dr. Samuel Ayres, Pittsburg; On Ophthalmology, Dr. J. A. Lippincott, Pittsburg, and On Hygiene, Dr. A. B. Braumbaugh, Huntingdon. Dr. Samuel L. Korta, Reading, is Chairman of the Committee of Arrangements, to whom all applications to read papers at this session should be sent not later than April 1st. Secretaries of County Medical Societies are earnestly requested to forward to Dr. Atkinson, at once, complete lists of their Officers and Members, giving the post-office address of each. Railroad facilities will be announced when obtained. All who desire Examiners Orders should notify the Permanent Secretary, stating which railroad must be used.

A Vienna correspondent of the Medical Record, Feb. 21st, 1891, states that good nursing is almost unknown there. *Vienna is far behind Berlin in this respect. There the nursing in the best hospitals is in the hands of the Lutheran Sisters, who do poorly, if at all, as our trained nurses. But in the great Vienna hospitals male and female patients alike are given over to the charge of coarse women from the lower walks in life. Very indifferent care is thus given. From private sources about the city I hear also much about the wretched quality of the sick-room attendants. For the sick, especially the hopeless, and dreamless than that from a larger dose taken in the ordinary way, and the annoying condition of drowsiness usually present on the subsequent day is scarcely felt if the dose be properly graduated. The hot solution may be rendered palatable by addition of a tablespoonful of some such liqueur as crème de menthe ("green mint"), which will probably tend to promote still more rapid absorption of the drug. To obtain immediate and satisfactory results from this method the stomach should be empty or comparatively free from food, so that precipitation be not favored and absorption delayed by entanglement of particles of sulphonal and undigested food, but as it is unnecessary to take the dose until the retiring hour there will usually be no difficulty from this.

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pill becomes, the more greedy he is to absorb moisture when it gets a chance." It is an odd coincidence, but human nature has very similar characteristics: the older, drier and harder the drinker, the more greedy he is to absorb moisture when he gets a chance.

It is stated that the Illinois State Board of Health has decided that hereafter it will recognize no foreign diploma unless such diploma confer the right to practice medicine in the country in which it was granted. This rule applies to Australian, German, Russian, and Swiss diplomas, unless the holders have passed the State examination which entitles them to practice in those countries. It applies also to Canadian diplomas unless the holder be a licentiate of the College of Physicians and Surgeons, of Ontario and Quebec.

Mr. George Keil, Publisher, 1715 Willington Street, Philadelphia, requests all medical men in Pennsylvania, New Jersey and Delaware to send him their name in full, school of graduation and year, street and number, post-office and State, and office hours, for the "Medical and Dental Register-Directory and Intelligencer" of those States, soon to be issued by him.

Our esteemed contemporary, The Clinique, of St. Louis, entered upon new management in January, and appeared in a new dress. It is edited by Dr. William Porter, assisted by Dr. G. F. Pierrot and Dr. H. C. Harkins. We congratulate the able and genial editor, and all others directly interested, and Dr. J. H. Burns, of Macon, Georgia, has been appointed Surgeon for the Central Railroad system of that State.

Deaths.

BARR.—At Philadelphia, February 14th, 1891, John W. Barr, M.D. (J. M. C., 1874), formerly first Clinical Assistant to Prof. Ellerslie Wallace, of Jefferson Medical College.

GROSS.—At Boston, Mass., February, 1891, Ferdinand H. Gross, M.D. (J. M. C., 1885), of Philadelphia, consulting surgeon of the German Hospital, and at various times President of the American Medical Society, Vice-President Alumni Association Jefferson Medical College, Medical Director 14th Army Corps under General Thomas.

MesserSmith.—At Lancaster, Pa., February 14th, 1891, John S. MesserSmith, M.D. (J. M. C., 1833), retired Medical Director U. S. Navy, aged 81 years.

METZ.—On December 16th, 1890, Henry W. Metz, M.D. (J. M. C., 1886), of Allentown, Pa., in the twenty-sixth year of his age.

NICHOLS.—At Philadelphia, February 13th, 1891, Frankie, son of B. Frank Nichols, M.D. (J. M. C., 1875), in the tenth year of his age.

The treatment of ocular defects by means of glasses involves beside the optical correction, a factor of no less practical importance—their mechanical adjustment. The purpose of the present paper is to direct attention to some of the mechanical aspects of the subject, particularly to the principles involved, and to certain methods of mounting spectacle-glasses. The results of the most accurate refractive measurements may be entirely vitiated by a faulty position of the correcting glasses; not only so, but new sources of eye-strain may be created by the very means adopted to remove an existing fault. Correcting glasses are remedial agents, just as orthopaedic appliances are, and, as such, are powerful for evil as well as for good, and hence everything belonging to them falls within the duty of the prescribing physician.

The optical centre of a lens is generally that part of the glass which we wish to bring before the pupil, as it and the part of the lens immediately surrounding it are free from aberrations of all sorts—distort least. Occasionally, however, it may be desirable to displace this point by a definite amount; in any case, we should insist on having the optician carry out our directions as regards the manner of mounting and the position of the glass with the same exactness that he employs in making it of the proper strength.

The purpose of the spectacle-frame is to hold a pair of glasses before the eyes in a definite position and with the least possible annoyance to the wearer. To accomplish this, I devised a plan about thirteen years ago (1878) for the construction of spectacle-bridges, which plan provides especially for a wide range of adaptability and the consequent accurate adaptation of spectacles to individual faces of almost every conceivable form. No account of the principles involved has heretofore been published, so far as is known, although some special forms of the bridge, as originally made under my direction, have come into almost universal use, being known throughout the optical trade under the name saddle-bridge.

Previous to the introduction of this bridge it was not practicable to obtain spectacle-frames suitable for persons with unusual forms of nose or face or with excessively prominent eyes or long lashes. Then, beside the ordinary "regular bridge," there was nothing better in use than the "X-bridge" or the equally unsatisfactory "snake-bridge," in both of which the combined weight of the glasses and frames was often borne directly upon the crest of the nose, besides which they usually failed to place the glasses in the correct position before the eyes. Few could wear either of the latter with comfort, and those who succeeded often did so only by padding them with wrappings of thread, thus making an unsightly cushion at the point of contact with the nose.

The bridge (Fig. 1) under the plan referred to consists of (1) a nose-piece of arched form, of flattened wire and made to conform accurately to the shape of the nose at a definite point of selection, crossing the bridge of the nose at right angles and so resting saddle-wise upon it—whence its name. (2) A pair of adjustable return-pieces or arms, to the extremities of which are attached the rims or clasps carrying the glasses. These arms are produced by bending outward upon themselves the limbs of the wire from which the
arch of the bridge has been formed, and are
made to take any required position. The
arms are to be made long or short, they may
be set high or low, pointed inward or out-
ward, according to the requirements of any
given case.

If the eyes be specially prominent, and
the bridge of the nose be low, thus caus-
ing the lashes to project beyond the level
of the nose, the arms must be made rel-
vatively long (Fig. 2); or if the bridge of
the nose be low or flat, and the eyes be placed
relatively high, it may be required to direct
the arms perpendicularly upward (Fig. 3); or,
again, if the bridge of the nose be prominent,
and the eyes sunken, the arms should be
shortened, or even reduced to the minimum
required for purposes of lateral and vertical
adjustment.

The height of the eye as related to the part
of the nose on which the arch rests—the point
of selection—determines the amount of slant,
if any, to be given to the arms. In practice
it is found that in by far the larger proportion
of cases the arms are nearly horizontal, slant-
ing slightly upward; in exceptional cases they
slant downward below the horizontal; and in
rare instances it is necessary to give them an
almost perpendicular direction upward.

The angle which the arms make with the clamp
or rim carrying the glasses must vary according
to the direction of the arms, in order to keep
the plane of the glasses perpendicular to the
visual lines. The arm, where it is soldered to
the rim, or the clasp of frameless glasses, is
slightly bent in an upward direction. Increas-
ing or diminishing these curves changes the
position of the glasses vertically, and so com-
penstates for any degree of upward or down-
ward slant of the arms. This may be necessary
where, for example, the point of selection
of the arch is low down on the nose; the arms
must then ascend vertically to raise the glasses
to a level with the eyes; but this position of
the arms will cause the glasses to assume an
approximately horizontal direction—parallel
to the visual lines—if the arms meet the rim
at or about a right angle, as they usually do;
in such a case, the arm must be bent so as to
join the lens at an oblique angle or even lie
in the plane of the lens.

The proper adjustment of a pair of spec-
tacles in ordinary cases is largely determined,
as we have seen, by the length and direction
of the arms. In special cases, also, as in
asymmetry of the face, the compensation
required is to be effected by the same means.
In some cases the arms may need to be of
unequal length. It is of frequent occurrence
that the centres of the pupils on the two sides
are unequally distant from the centre of the
arch. When this condition exists it is to be
met by varying the direction and, it may be,
also the length, of the arms.

It is important from the point of view of the
optician, to note that the principal adaptations
of the bridge are preferably to be made
temporaneously and with the patient
present. In this way, with a variety of
sizes of the typical form at hand, the skillful
mechanic is able to produce any particular
modification which may be required without
special construction of the frames, even for
asymmetrical faces. It is often desirable to take
the conformation of the nose at the point of
selection. This may conveniently be done
with lead wire, and the outline thus obtained
may—by "rubbing"—be made a part of the
record of the case.

Variations in the size of the lenses employed
will also necessitate modifications in the lateral
adjustment of the arms. To get the advan-
tages of a large glass in cases where the dis-
tance between the eye is relatively small, the
arms will have to be bent inward—made to
approach each other. The opposite direction
may have to be given them in cases of unusual
width of face.

Lateral supports, or clamps, which take
their bearing lengthwise on the sides of the
nose near the base, as in eye-glasses of the
best construction, have occasionally been
employed by others in combination with
spectacle-frames, but usually in form and by
mechanical means not wholly satisfactory.

I have recently had made by the Fox Op-
tical Company a combination of the eye-glass
clamps with the saddle-bridge (Fig. 4), which
is neat and simple in construction, and which
combines the advantages of both in great
degree. The attachment is so made as to
preserve the adjustability both of the bridge
and the clamps. The special advantage of
this combination is that it distributes the
pressure over a larger surface, and upon parts
better able to sustain it than does the arch of
the bridge alone.

The side-pieces, or temples, should be
specially adapted to the ear with as much
care as the bridge is to the nose in each
individual case. They should be hooked
around the ears for constant use and be so
formed as to retain the bridge at the point of
selection on the nose, and thus secure a fixed
position of the entire appliance. The curve
of temples, as ordinarily made, is of far too
great a radius. It takes its bearing behind
the ear upon a limited surface, and so is liable
to cut; it fails to secure a proper hold to prevent its riding upward, and it often exerts spring-pressure productive of pain and injury to ears and nose alike.

An adapted temple, designed to fulfill the above indications and obviate these defects, has recently been constructed under my directions, and has borne the test of use so well as to justify its continued regular employment (Fig. 5). The wire of which it is made passes back in a straight line to the top of the ear, at which point it is bent somewhat abruptly downward, and is made to conform accurately to the posterior surface of the conch close to its junction with the head, where it rests in contact with the ear, but without perceptible pressure. Asymmetry in the height of the ears, causing tilting of the frames from the level, is to be met by a compensating adjustment in the temples, i.e., bending the temple upward on the side of the higher or downward on the side of the lower ear—or both—and so dividing the result between the two sides. The glasses should be slightly inclined from the perpendicular, so as to bring the lower edges somewhat nearer the face than the upper, which is to be effected by giving the temples the appropriate angulation at their junction with the hinges when it is impracticable to change the direction of the hinges themselves.

The material of the frames should usually be gold of a good quality and of a weight as light as is consistent with strength and steadiness. Steel rusts too readily and is not well adapted to the adjustments frequently required—more especially in the temples. Silver is so soft as to be almost worthless. The lenses themselves should usually be as large as the face of the wearer permits; seldom less than 28½ x 38 mm. for an adult, and not frequently as large as 29 x 40 or 30 x 42 mm., in order that the eyes may be well covered in their ordinary lateral movements. Such large lenses are hardly more conspicuous than small ones—especially if frameless glasses be used—because they allow the eye itself to be easily seen. The reflections from the edges of frameless glasses which are so annoying to some persons may be avoided by slightly dulling the polish on the lower edge; the source of this reflected light being usually at or above the level of the eyes, the reflection enters the eye from this edge alone.

The glasses should be worn as close to the eyes as possible, without touching the lashes. Occasionally, where the lashes are especially long, with feathery or uneven ends, they should be neatly trimmed with the scissors—a little procedure best practiced when the eyes are closed.

It is also to be borne in mind that the subject has an artistic aspect and that by giving proper consideration to this phase much can be done to remove the opprobrium which frequently attaches to the wearing of glasses. The neat adjustment of a pair of frameless gold-mounted spectacles is doubtless the best that can be accomplished with spectacles in this respect.

In the above it will be seen I have limited myself to a description of no one form of bridge, nor even of a number of special forms, but the effort has been made rather to demonstrate the mechanical principles involved in the construction and adaptation of spectacle-frames suitable to all the requirements of practice. By the means proposed it is practicable to secure the correct position of the glasses before the eyes, together with comfort to the wearer and a satisfactory artistic effect, thus fulfilling the three principal indications of spectacle-mounting.

In the discussion that followed, Dr. Edward Jackson remarked as follows: One of the difficulties I have met with in having opticians fit frames, and in making students understand how frames should fit, is in regard to the location of this "point of selection," to which Dr. Thomas refers. It is not any point arbitrarily chosen, but is, in each case, rigidly determined by the form of the face. To it the junction of the temples constantly tends to bring the bridge. The bridge placed above it is drawn down, or below it is drawn up toward it and comes to rest upon it. A point which has recently come to my notice in fitting frames is that the plane of the temples must pass through that part of the surface of the bridge that bears upon the nose. If it passes above or below this it tends to tilt the bridge, so that its edge bears on the nose instead of the flat surface. To effect the proper position it will sometimes be needful to attach the bridge and the joint for the temple, not at opposite extremities of the horizontal diameter of the lens ellipse, but at the extremities of a shorter chord lying above or below this diameter.

Dr. George M. Gould: I wish to speak on one point brought up by Dr. Thomas, and that is the reflection from the edge of rimless glasses. I have had patients who could not wear glasses on account of the annoyance caused by this reflection. Last year, in Knapp's Archives, I described a little device of my friend Dr. Rhoads, by which the edge of the glass was bevelled on a plane with the pupil. In this way all reflection is avoided. The only objection is that this exaggerates the reflection to the beholder. In reference to the effects of pressure of the bridge on the nose, I had a case last week which brought a new phase of this matter before me. A couple of months ago I applied glasses to a patient with specific rhinitis. Following this the nose ulcerated near the point of pressure, and several pieces of bone were discharged. I do not think that it was due altogether to misfitting of the frame, but principally to the fact that the skin was so sensitive that the least pressure caused trouble. It, however, gave me a lesson not to apply glasses in specific rhinitis in an acute stage.

The whole of the paper of Dr. Thomas is a corollary to the great fact that the optician should be an educated mechanic. The optician stands in the same relation to the oculist that the druggist stands to the physician. Until the optician learns to take a pride in his profession we shall not have well-fitting glasses, unless we are constantly on the watch. We should, therefore, do all that we can to elevate and encourage the dignity of the optician's profession.

Dr. Thomas: I am glad to hear the suggestions of Dr. Jackson in regard to the line of draught and the location of the temples. I think that there are cases in which this may make a good deal of difference, and it is a point which hitherto I have not taken into account. The bridge has had a widely extended use, for a number of years, and the only reason for bringing the subject forward now is that it is not perfectly understood by ophthalmologists and opticians. It is a bridge of wide adaptability, and is capable of being converted into a great variety of special forms, some of which have been here shown.

Notes of Practice.

SPECIAL HYPNOTICS.*

BY PHILIP ZENNER, A.M., M.D.,
Of Cincinnati, Ohio.

Morphia is most indicated when the sleeplessness is the result of pain, fear or anxiety, or other bodily or mental discomfort. It is one of the surest of the hypnotics, and its sleep comes nearest to the natural one in its refreshing effects. It is specially indicated in anaemic subjects, and is, on the other hand, to be used cautiously in congestive conditions, or where there is cardiac weakness. It is to be avoided in children.

Chloral is perhaps the most powerful of the sleep-producing remedies. On account of its weakening influence on the heart it should not be used for very long periods, and should be used cautiously in cases of weak heart. In small doses it is a very favorable hypnotic, and deservedly so. Usually it is given in com-
nation with the bromides, which increases its usefulness. A mixture of morphia and chloral has an unusually sedative effect.

Paraldehyde is a less powerful hypnotic than the preceding, but does not subject the patient to the danger of habit, nor does it threaten the heart. Its taste, occasional disturbance of the stomach and irritating effects on the bronchial tubes, in cases of bronchitis, are its chief objections. Its usual dose is one drachm, but it may safely be given in four times that quantity.

Amylene hydrate is said to be about equal to paraldehyde as a sleeping medicine, and to have none of the objectionable qualities of the latter, just mentioned. It is given in all forms of insomnias, the dose varying from ten to one hundred grains.

Urethan is a mild and agreeable, but less certain hypnotic, and is not used very extensively.

Sulphonal has, perhaps, become the most popular of the recent hypnotics. The average dose necessary to promote sleep is from twenty to thirty grains. It is slower in producing its effects than other hypnotics, usually a few hours intervening before drowsiness is felt. This is because the medicine is very slowly absorbed from the stomach. This can be remedied to some extent by having the medicine finely pulverized and administered in a large quantity of hot fluid, bouillon, milk or the like. It will generally fail to promote sleep when the latter is prevented by pain. On the other hand, it is of special value when there is great motor restlessness, in chorea, maniacal conditions and the like. In large doses, when long continued, it is likely to cause a sense of vertigo.

A still newer remedy, and likely to receive equal favor with sulphonal, is chloralamid. This is a combination of chloral and formamid, and is said to have the ill effect of the former, especially not to affect the heart or disturb digestion. Like sulphonal, it usually acts slowly, one to one hour and a half usually passing before sleep is produced. But it seems to have a somewhat more favorable influence than sulphonal in promoting sleep when pain is a disturbing element. The dose varies from fifteen to sixty grains. It is soluble in one and one-half parts of alcohol, or twenty parts of cold water. It should not be given in hot solutions, as it is decomposed by heat.

I will only mention one other hypnotic, hydrobromate of hyoscine. This is of special value in motor restlessness and the like. It is most frequently used in cases of insanity, especially maniacal conditions. Ordinarily the dose mentioned is from 1/32 to 1/16 of a grain, but it is given in maniacal cases in much larger doses, even as much as one-tenth of a grain hypodermically.

Perhaps I should not close this paper without mentioning some simple suggestions often sufficient in lighter cases of insomnia, and important in all, such as sleeping in a cool room, seeing that the feet and extremities are not cold, having warm, but light covers, not eating heavy meals shortly before retiring (though a light repast is often an aid to sleep), darkening of room and removal of other possible external disturbances. If in addition to all this the patient retires with the determination and the belief that he will sleep (and the assurance of the physician is often of great aid in this particular), there is considerable prospect of his being successful.

THE THERAPEUTIC USES OF OXALIC ACID.
BY A. W. MARSH, M.D.,
Of Oskwany Falls, N. Y.

Among the many remedies recommended in late years for amenorrhoea, the one that has proved most valuable, in my hands, is oxalic acid, as suggested by Dr. F. Paulet. It has none of the objectionable, and nearly all of the valuable, qualities possessed by the other emmenagogues. It is not unpalatable, non-irritating to the stomach in medicinal doses, certain in its action, has no oxytoec properties, and, more valuable still, may be used in all cases of amenorrhoea where an

emmenagogue is applicable. I have used it for four years in all such cases with the best effect possible.

It was while using the acid in the above-mentioned cases that I discovered another valuable case of the drug, which I have never seen referred to, and that is its sedative action in acute cystitis.

The following are a few of the many cases in which I have used it, and I have yet to record the first failure.

CASE I.—Miss C., aged 26. Had been under homoeopathic treatment two or three years for spondylosis and uterine prolapse. Had developed, several months previous to my visit, a vesical inflammation, primarily from the continued use of cantharidic blisters, without proper precautions. This condition was aggravated and kept up by the prolapsed condition of the uterus. For the cystitis I gave her the following:

- Ac. oxalic., 66
- Syr. aurantii cor., 1/34
- Aqua pluv., q. s. 1/4
- Soo. Teaspoonful every four hours.

The result was all that could be desired,—the acute symptoms all subsided immediately, and a few days saw her completely free from the vesical irritation.

CASE II.—Mrs. A., widow, aged 75. She has had several attacks of cystitis. Treated her with hyoscyamus, triticum repens, corn-silk, and pichi at different times, with rather unsatisfactory results, the inflammation continuing two or three weeks at a time. When another attack occurred, I gave the above prescription. The result was magical. In less than twenty-four hours the pain, tenesmus, and frequent desire to micturate had all disappeared, and, after two or three days, no evidence of the trouble remained.

CASE III.—A. B., aged 18. He retained his urine several hours after a desire to evacuate the bladder occurred. The distention was so great that he had much difficulty in emptying the bladder, when he did make the attempt. The result was an attack of acute cystitis. The pain and tenesmus were great, and the desire to urinate occurred every fifteen or twenty minutes. Gave the acid, and in two days he was completely cured.

CASE IV.—Mrs. J., aged 60, married. Complained of frequent desire to urinate, accompanied with pain and straining. Gave the acid, and directed her to avoid straining, etc. Found her better next day. Three weeks later found her worse than ever. The tenesmus was almost constant, and the urine dribbled away most of the time. Her limbs were swollen, and nephritis was suspected, though no albumin was found, but the microscope afterwards revealed casts in abundance. I again gave the acid, and within three days all the pain and straining had disappeared, although some soreness remained several days longer. She was able to retain the urine several hours, and had no further trouble with the bladder.

The above cases have been selected to show the different causes that produced the cystitis in which the acid was used. The causes might be multiplied, all showing the same marked results.

The action of the remedy is rapid and the results certain, and it may be used in all cases of acute cystitis, from whatever cause, care being taken to use either rain- or distilled water, to prevent the formation of oxalate of lime.

PLACENTA PRÆVIA.*
BY H. H. VINKE, M.D.,
Of St. Charles, Mo.

When called upon to treat hemorrhage the result of abnormal attachment of the placenta, I would content myself with arresting the hemorrhage until labor sets in spontaneously. After labor has set in, I would rupture the membranes as soon as possible. In partial placenta previa this can be done during the earlier part of labor; in the central form it will probably be impossible until labor is well advanced and the os well dilated. It will be found, however, that at the very beginning of labor the flow of blood is most alarming, and that as the os becomes more and more dila-
judicious, as a rule, to forcibly induce labor, but that it is safer to wait for labor to set in spontaneously. All ante-partum hemorrhages can be completely controlled, as a rule, by properly plugging the vagina. These antiseptic plugs may be safely left in place for twenty-four or forty-eight hours, and can be renewed whenever required. After labor has set in, the membranes should be punctured as soon as practicable.

THE CONTAGIOUSNESS OF CHRONIC URETHRAL DISCHARGES.*

BY GEORGE EMERSON BREWER, M.D.,
Of New York.

The practicing physician is frequently called upon to answer inquiries regarding the limit of the contagious stage of a gonorrhoeal urethritis. The question is a serious one, especially when considered in its relation to marriage, and should, I believe, be regarded as equal in importance to that of syphilis. It has not infrequently been my experience to be consulted by young men, a few weeks or months before a contemplated marriage, with a history of one or more attacks of gonorrhea in former years, and who believe themselves to be well; yet who upon a careful examination present the unmistakable signs of a chronic urethritis.

The only evidence of disease remaining in these cases may be and frequently is the presence in the urine of small thread-like bodies, to which the name of tripfer faden has been given by the German surgeons who first described them and demonstrated their importance. These minute shreds are composed of mucus, pus, and epithelium; and represent the secretions which adhere to any granular patch or area of chronic inflammation remaining on the urethral mucous membrane.

As these cases have often caused me no small measure of anxiety, it is the object of this communication to call attention to the opinions of some of our most prominent authorities upon the subject, and to elicit the views of those present whose experience has been greater than my own. In consulting the standard authors upon the subject of genito-urinary diseases, one is impressed by the marked difference of opinion, regarding the contagiousness of chronic urethral discharges, held by those whose reputation and experience entitle them to the foremost position in the discussion of this question.

Since the discovery by Neisser in 1878 of the gonococcus, and the establishment of its relationship to this disease, but one opinion can logically be held by those who accept his theory of gonorrhoeal inflammations, and that is, that all secretions containing this micro-organism are capable of transmitting the disease under favorable conditions. In his recently published work upon this subject, Earnest Finger emphasizes this point and states regarding marriage, that it should be absolutely prohibited in all cases where the existence of a chronic urethritis is evidenced by the presence of the "morning drop" or tripfer faden in the urine, until the following facts have been established:

1st. That after from two to four weeks of daily observation, the secretions from the urethra are found to be free from pus and made up wholly of epithelial cells.

2d. That no gonoccci can be detected by the microscope, even after a purulent discharge has been established by the employment of irritating injections of corrosive sublimate or nitrate of silver; and

3d. That neither prostatitis nor stricture exists.

In reviewing the records of nearly one thousand cases of urethritis treated by me during the past five years, I find that in six instances I was consulted regarding the propriety of marriage. My rule has always been in such cases never to allow marriage until at least three months had elapsed since the cessation of all acute symptoms, and until repeated examinations of the secretions (including the tripfer faden) had failed to show the presence of gonococci. In the six cases referred to, these conditions were observed—and in no instance has the wife exhibited the slightest evidence of infection.

It is to me somewhat surprising that, in most of the recent works on this disease, little or no attention is given to this very important subject, whereas the question of syphilis and marriage has occupied the attention of a very large number of writers. I think I am justified in saying that it is the opinion of those acquainted with the subject, that far more suffering and incurable disease in women can be attributed to gonorrhoeal than to syphilitic infection.

In conclusion allow me to urge upon all interested in this subject the necessity of unusual care in examinations undertaken with a view to forming an opinion regarding the propriety of marriage, in those who have been the subject of gonorrhoeal urethritis. The safest method would be to follow the advice of Finger as quoted above; certainly none should assume the responsibility of sanctioning a marriage without at least imposing the conditions which it has been my custom to insist upon, before I became acquainted with the views of this distinguished authority.

TREATMENT OF BRONCHITIS.*

A young man, say from twenty to twenty-five years of age, comes under our notice with a feverish cold; his temperature reaches 101°F. to 103°F., with dry chest notes; we order him straight to bed in a temperature of 65° to 70°F., covered with blankets, and straightway inject ¼ grain of nitrate of pilocarpine subcutaneously, encouraging the subsequent sweating with diaphoretics and warm drinks, to be mentioned later on; the mixture we prescribe is 1 lb. ammonium acet., 3 lb. sp. eth. nit., 3 oz. sweetened camphor water 3 lb., and with each dose two minims of Fleming’s tincture of aconite, to be taken every hour for the first three or four doses, subsequently every two hours, finishing up next day with two grain doses of quinine sulph. By this
means, in the majority of cases, we avoid having to pay many visits and save his club many weeks of sick pay. In this case we do not reach the second or moist stage of the disease, the first being what we describe as the hot, dry stage.

But we do not always get at our cases in such an early stage; usually the first has passed off and the second stage is commencing. We still inject the plicarpine and order the above mixture, but supplement the treatment now with steam from the bronchitis kettle, to which we add twenty minims of the ol. menthe pip. for each pint of water in the kettle. This steaming should be continued for twenty or thirty minutes every two hours, or perhaps continuously for the first six hours, should the case be severe. With children in the same condition we use bicarbonate of soda in the proportion of Siv to the kettle of water, poultices of linseed to the back and chest and a mixture proportionate to age, and for our little sufferers we manage to make a very nice bell tent with the mother's umbrella.

When the acute symptoms have passed off we rub the chest and back with a liniment composed of ol. camph. (essential) 5j, tinct. opii 3iss, lin. saponis 3iss, to be well rubbed in with the hand two or three times a day. Now the rationale of this treatment consists in causing the removal of carbon from the blood by the skin instead of the lungs, by inter-irritation and purgation, the patients being improved but not cured. The exudate may become absorbed in most part, but the appendages are damaged, inflammation in the pelvic peritoneum is prone to recur, and the patient is not permanently relieved. The extent of the changes in the uterine appendages can rarely be definitely decided by the bimanual touch. If the ends of the tubes are sealed, if the tubes are filled with serum, blood or pus, the trouble will persist in spite of all palliative measures of treatment. If the tubes are distended with pus, the ovaries glued to the tubes, inflamed and suppurating; if degeneration is going on in the structures involved; it is only a matter of time until rupture, peritonitis—and death will terminate the history of the case, if left to itself. When the symptoms point to the formation of pus, there is no excuse for a single day of delay with palliative measures. Here, as elsewhere in the body, the supreme indications are incision, evacuation, drainage and removal of disintegrated structures.

Non-surgical treatment in the milder grades of inflammation may remove the products of inflammation deposited in the surrounding peritoneum, but fail to cure the diseased appendages. I am personally cognizant of a number of patients who have suffered comparatively mild attacks of pelvic inflammation, in whose cases there has been no indication of the formation of pus, treated by rest and the most approved non-surgical methods, without permanent relief. The indications are not positive for surgical interference, since life is not endangered, but these women are unfitted for the active duties of life, are confirmed invalids, and several have acquired the opium habit. They are improved by the treatment, but are not cured.

When a patient presents the history of recurrent attacks of pelvic inflammation, it is at once indicative of leaky tubes. The proper treatment, the only treatment that will cure, is to remove the diseased appendages by abdominal section. It is folly to await the advent of rupture and general peritonitis before making a decision.

In conclusion, I beg to remark that it is amazing to see with what reluctance the profession has come to accept this great advance in pelvic surgery. For twenty-five years after Bernatz and Goupil announced the true pathology of pelvic inflammation, the profession refused to accept the truth. Even now when masses of suppurating tubes and ovaries are dug out of the pelvis in the midst of virulent peritonitis, and the patient saved from a hitherto fatal condition, many eminent members of the profession write and speak with disapproval under the misleading title of "the castration of women". So far as I am aware, pelvic surgeons operate for disease only, never for reflex disturbances and obscure symptoms. In the treatment of pelvic peritonitis, the result of tubo-ovarian disease as herein described, by abdominal section and removal of diseased structure, the patient is rescued from a mortal disease, saved intense suffering, and restored to health, happiness and usefulness.

THE TREATMENT OF PELLIC INFLAMMATION IN WOMEN.*

BY L. S. M'MURTY, M.D.,
OF LOUISVILLE, KY.

The treatment by appropriate surgical methods is but the application here of the principles universally accepted and adopted in other parts of the organism. From the view already presented of the pathological process, it is clear that we are dealing with inflammation and its results in the Fallopian tubes, with or without ovaritis and peritonitis. The grade varying from a simple catarrh, through the several grades of salpingitis and circumscribed peritonitis, with exudation of lymph, matting together adjacent parts, false membrane and effusion of serum, on to suppuration and general systemic infection and death. The milder grades are oftimes relieved by palliative measures without resort to surgical interference. Under the treatment so much in vogue, warm sitz baths, rest, the hot douche, massage, counter-irritation, and local depletion, pelvic inflammation with extensive exudation may disappear and recovery ensue. Especially may this obtain under the use of saline purgatives, by which an indirect method of peritoneal drainage is established. For such results to obtain, the treatment must be applied when the inflammation is recent and the exudate unorganized. In more severe cases, by rest, the hot douche, counter-irritation and purgation, the patients will be improved but not cured. The exudate may become absorbed in most part, but the appendages are damaged, inflammation in the pelvic peritoneum prone to recur, and the patient is not permanently relieved. The extent of the changes in the uterine appendages can rarely be definitely decided by the bimanual touch. If the ends of the tubes are sealed, if the tubes be filled with serum, blood or pus, the trouble will persist in spite of all palliative measures of treatment. If the tubes are distended with pus, the ovaries glued to the tubes, inflamed and suppurating; if degeneration is going on in the structures involved; it is only a matter of time until rupture, peritonitis—and death will terminate the history of the case, if left to itself. When the symptoms point to the formation of pus, there is no excuse for a single day of delay with palliative measures. Here, as elsewhere in the body, the supreme indications are incision, evacuation, drainage and removal of disintegrated structures.

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THE TREATMENT OF ACNE IN BOTH SEXES BY RELIEF OF GENITAL IRRITATION.*

BY J. M. WINFIELD, M.D.,
OF BROOKLYN, N. Y.

Dr. Piffard places acne in the group of reflex affections, "in consequence of a firm belief that in the majority of instances it is not a primary condition, but one dependent on disease of other organs reflected on the skin. The organs specially involved are those connected with the sexual or digestive systems." In describing treatment he recom-
mends that strict search be made for sexual causes, and when found removed if possible. It is observed that acne is a disease of youth, and there are many conflicting opinions regarding sexual excess—be it from masturbation or excessive venery—acting as an aggravating cause. Neumann says it occurs in persons of abstemious habits as well as those who are addicted to over-indulgences.

It would seem that masturbation has but very little to do with its causation, for we often see adolescents without acne who from their own confession have indulged in the common, if not universal, habit. Still, if this or any other mode of excess adds to the already existing passive congestion of the genital mucous membrane, undoubtedly there would be an outbreak of acne on the face and neck. There is at the period of puberty a hyperesthetic condition of the genital apparatus, and ninety per cent. of young males will be found to have hypersensitive urethral canals.

In girls at the beginning of menstrual life there are frequently a number of peculiar reflex nervous phenomena, which have more or less effect on the cutaneous circulation of the face, which is often enough to cause acne. Nearly the same thing produces acne rosacea at the climacteric period. In addition to these physiological causes, we constantly hear the gynecologist lament the fact that so many young women have some form of menstrual irregularity, such as dysmenorrhea, amenorrhea, or menorrhagia, all of which can produce enough reflex trouble to cause acne. Reflexes appear to play an active part in producing other skin diseases: for instance, urticaria seems to be a disease reflected from a deranged alimentary canal to the trunk, and chronic urticaria has been cured after operations for the relief of oophoritis and salpingitis.

The natural conclusion to be drawn is that acne is not a primary disease, but one derived from some other deranged organs, and those organs are most frequently the sexual.

The relief of genital irritation will not cure all cases of acne. The hot douche or cold

sound is of no avail in strumous or anaemic subjects until after they have had tonic treatment and improved hygienic surroundings. Then these local measures may and do prove a valuable adjunct. The best results were obtained in private practice rather than in those from the dispensary. The explanation is that it is exceedingly difficult to persuade the average dispansory patients to use these methods in the proper manner or to continue them for a sufficient length of time. It is hard to convince them that treatment applied to the sexual organs can have any curative effect on a disease of the skin located on the face. Another cause of failure is that they come from strumous ancestry, live in unhealthy houses, and eat unwholesome food. Still another is that these people pay little or no attention to the healthy action of the skin. It is observed that acne is a disease reflected from an irregularity, such as dysmenorrhoea, amenorrhoea, or excessive venery—acting as an aggravating cause.

The relief of genital irritation will not cure all but the most prosaic or strumous cases. The hot douche or cold irrigating with a 6 to 1000 sterilized (recently boiled) salt solution, for every particle of antiseptic material must be scrupulously excluded or removed, as such substances will almost certainly kill the grafts. A piece of sterilized protective (pure, thin, rubber tissue) excellent should now be placed over the whole wound, and pressure applied by means of a compress wet with the salt solution for five to ten minutes, until all oozing ceases. Meanwhile, a portion of skin, relatively free from fat and hair, usually the front surface of the thigh or upper arm, is selected, shaved, washed with soap and water, with alcohol, and thoroughly disinfected by 2 to 10 mercurie bichloride solution; this must next have the latter carefully removed by prolonged douching with the salt solution.

The skin being held tense with one hand, under salt-water irrigation, the upper layers are to be removed in as large strips as possible by razor or microscopic section knife, applied flatwise and cutting with a sawing motion. Each graft, as it is cut, must be carried, on the knife to the raw surface and gently floated off with the solution, aided by a sterilized probe or brush. The whole surface must be thus covered, the grafts slightly overlapping the margins and one another rather than leaving spaces. The grafts should then be gently pressed down into the space with a sterilized spatula. Next the grafts, with some of the surrounding tissues, should be covered in by a lattice-work of narrow strips of protective, which will retain them in situ and yet admit escape of wound-fluids. Over this a compress, wet with the salt solution, covered with more protective, an outside dry dressing; a gently compressing bandage, with a splint of dextrine dressing, must be applied if dealing with an important case or part, where motion will disturb the grafts. The surfaces from which the grafts are taken need only be dusted with iodiform, a dry dressing be applied and left undisturbed for one or two weeks. It is preferable, on the following day, to carefully remove all but the lattice-work of protective; irrigate with warm salt solution, and reapplied a dressing similar to the primary one. At the end of a week, the protective next the wound can be removed, and, after irrigation, reapplied if the wound is not entirely closed. At this time, perhaps, one or more grafts may appear to float away, but often at a subsequent dressing a few days later, it will be seen that the lost part was only the outer, effete portion of epidermis, while the deeper, active layer has adhered and healing resulted. By selection of the proper stage of the granulation process, and attention to detail, seven out of ten attempts—perhaps even a larger percentage—will succeed, and if failure results the procedure can readily be repeated. Skin from a recently amputated limb from another patient, or frog's skin removed at the time of operation, may all be successfully used. When applying this method to a plastic operation the only requisites are that everything shall be strictly aseptic, that no antiseptic on the other hand be employed, and that perfect hemostasis be secured.

In such cases scars may be dissected loose or be excised, large flaps may be formed, and the defects left be partially or totally remedied by a resort to this simple, safe and merciful method, which possesses the great advantage, as I have already pointed out, of being capable of repetition any number of times in the event of partial or complete failure.

MASSAGE IN CHRONIC DIARRHEA.

The conclusions arrived at by Mr. Eccles (Practitioner, Dec., 1890, and Jan., 1891) in regard to the treatment of this disease by massage, or kneading, of the abdomen are the following:

1. The generation of gas within the stomach and intestines is diminished and its expulsion effected.
2. The onward movement of the gastrointestinal contents is favored.
3. The rapidity of circulation through the visceral lymph- and blood-vessels is increased.
4. The circulation through the liver is improved, and thus the destruction of alkaloids...
by this organ is promoted. In this connection perhaps not the least valuable effect produced by abdominal massage is the stimulation to more vigorous action of the diaphragm and the consequent auto-massage, if one may so describe it, produced by the deeper inspirations and abdominal reflexes excited by the earlier manipulations of the abdominal wall.

5. The abdominal vascular area is dilated.

6. The rate of absorption from the intestines is increased.

7. The intestinal nerves are stimulated.

A NEW METHOD OF DRESSING THE CHEST IN PNEUMONIA, PLEURISY, PLEURODYNA, ETC.*

BY WILLIAM HUNT, M.D.,

This is the method I advise to dress the chest in a case of pneumonia, pleurisy, pleurodynia, etc. —

1. If there is to be any cupping or other preliminary operation, have that attended to; then all the ingredients wanting are pure colloidion and absorbent cotton in smooth layers, and a good broad brush, like mucilage brushes.

2. Apply a very thin layer over the side affected, from spinal column to sternum, and secure it with colloidion smeared thoroughly over it. Then go on with thicker layers, securing them with colloidion until a good padding is obtained, paying particular attention to the edges. In double cases you can act accordingly. The advantages are:—

1. One dressing, if well applied, will last throughout the case, and so, 2. fatigue and discomfort of frequent poulticing are avoided.

3. The side, in single cases, is held, as in a splint, while the free side does the breathing. A first-class non-conductor is covering the chest. I am not sure that but the contracting colloidion may have some influence in controlling the blood supply.

4. There is no particular interference, in one who has a good ear, with physical examination. May be it would be a good thing if there was; for, having once made the diagnosis, what is the use of exhausting the patient every day by trying to find out whether one-eighth of an inch, more or less, is involved? The general symptoms will tell that.

THE TREATMENT OF MULTIPLE NEURITIS.*

BY GEORGE J. PRESTON, M.D.,
Of Baltimore, Md.

The rules for treatment are simple. In the acute stage, the patient should be kept perfectly quiet in bed, on moderately light diet. Morphia may be required to relieve the pain. I prefer to put the patient at once on a combination of bromide and iodide of potash, in doses of gr. xx of former, and gr. x of the latter, three times daily. Starr recommends the salicain compounds in this stage. The limbs may be wrapped in flannel or oil silk, and very gentle friction or evaporating lotions employed; a douche, sometimes hot, at others cold, according to the sensations of the patient, is often beneficial. This treatment should be continued until the acute stage has passed. If the disease has been the result of poisoning by alcohol, lead, arsenic and the like, care should be taken that these substances no longer enter the system. In the case of alcohol this precaution is very necessary, for such patients are apt to continue its use unless they are placed under very close surveillance.

When the chronic stage has become established, that is to say the pains and anesthesia passing off, and atrophy beginning, strychnine should be given in increasing doses, from gr. $\frac{1}{2}$ to $\frac{1}{4}$ t., a ferruginous tonic is often called for. Cold douches are found to be very valuable in this stage and systematic massage should be practiced. Electricity is of very great use in this stage of the disease. It should never be applied early, except very weak currents to test the reactions. The constant current of moderate strength, to 30 milliamperes should be passed through the diseased nerves. The sitting should last about half an hour daily. The patient should be encouraged to use the paralyzed limbs, and gentle exercise in the open air taken as soon as possible. The faradic current is not of much use in stimulating the nerves, but is of great value in exercising the muscles.

Every muscle should be energetically faradized, and in this way much may be done to prevent atrophy and to restore the nutrition of those muscles which have already wasted. This, very briefly, is the outline of the treatment, which, of course, varies somewhat with the individual cases. Space does not permit any elaboration of it, or any mention of the treatment of the cases resulting from alcohol, lead and arsenic.

My experience leads me to believe that multiple neuritis is a far more common disease than is generally supposed, and this with the fact that it is a comparatively recently recognized affection, and not perhaps very clearly understood by the general practitioner, makes one hope that these notes of cases may prove of some interest.

RENAL TORPIDITY.

Dr. H. A. Hare (Univ. Med. Magazine, March, 1891) states that for a number of months he has been much interested in the study of several cases in which the kidneys seemed to be rendered inactive or deranged by disorders of the digestive functions, or in which the digestive functions seemed impaired by primary renal torpidity. In some instances this torpidity consisted not in an inability on the part of the kidneys to carry out the work assigned to them, but in a slowness of action generally understood by the general practitioner, as in the following prescription:—

Tincture of aconite
Tincture of belladonna

\[ \text{Camphorated tincture of opium} \to \text{1 drachm.} \]

Two to five drops once or twice a day, according to the age of the child, is the proper dose. If there is no febrile movement the dose may be increased as required, and if constipation is present the opium should not be used. In the second period, or when vomiting comes on, ippecac may be given in small amounts to allay gastric irritation, and in the third period when convalescence is established cold-liver oil, tonics, and Fowler's solution will be found of service.

NEW USE FOR GUTTA-PERCHA IN PRACTICE.

Dr. Benjamin Ward Richardson (The Asclepiad, 1891) has found that gutta-percha, by being softened almost to fluidity in hot water, to which a little glycerine has been added, can be made to take up not only tannin and perchloride of iron, but benzoin, carbolic acid, mercurial salts, and many other styptic and antiseptic substances. After it is saturated with the substance added to it, it is allowed to cool until it becomes simply a soft structure, that can be moulded into plates, discs, or pellets, which soon become hard and remain ready for use. These keep for any length of time. When required they are softened by immersion in hot water, and can then be moulded, according to the case, into plugs, splints, or coverings of dressings. The percha can also be drawn out, under warmth, into a fine thread, and used like adhesive plaster, as round a cut finger; where, left to harden, it becomes both plaster and splint.

He has tried to saturate the gutta-percha with styptics and antiseptics, by dissolving it first in volatile chemical solutions, and then admixing and evaporizing; but he prefers heating it simply in water, or in water with glycerine.

THE TREATMENT OF WHOOPING COUGH.*

The following treatment is used very largely by certain of the leading specialists in diseases of children in Paris, in cases of whooping-cough. It is divided into three periods. The patient should remain in one room or in bed, and the physician employs belladonna and small doses of opium with aconite, as in the following prescription:—

Tincture of aconite
Camphorated tincture of opium

[Extract from a paper in Med. News, Feb. 18th, 1891]
TREATMENT OF LOCOMOTOR ATAXIA.*

By Daniel R. Brower, M.D.,
Of Chicago, III.

In the matter of treatment of locomotor ataxia, if the diagnosis is made early, prolonged rest in bed should be an important element, and all mental work and anxiety should be regarded as highly dangerous, especially in the cerebral form; for certainly the parts of the nervous system that are involved at the beginning of these several processes should be put in a state of rest as near absolute as possible. This is true of every other kind of inflammatory disturbance, and why not of the disturbances that belong to locomotor ataxia in its several forms?

The etiological relation of syphilis, rheumatism and of gout should be recognized and appropriate treatment, such as is indicated for these three kinds of nutritive disturbances, should be employed. Special attention should be paid to the condition of the digestive system; the entire alimentary tract should be as far as possible put in order and kept in order. Tobacco and alcohol, except in the moderate quantities, will do harm; and excessive sexual indulgence is most injurious.

In the cerebral form of the disease the new treatment by suspension is likely to be beneficial. In the other forms of the disease I question very much whether any advantage will come from its use; but I have no hesitation in certifying to its great benefit in these cases, especially in the early stages, where the cerebral symptoms predominate; and I believe that in the peripheral cases nerve-stretching can be used with great benefit.

Dr. Bowlby, in his admirable book on "Injuries and Diseases of Nerves and their Surgical Treatment," certainly records enough cases to satisfy almost any one that sometimes, at least, great advantage comes to the tabetic of treatment be of any special service. While on the subject of nerve-stretching, I direct the attention of the profession to a modification of the ordinary apparatus, by which extension can be made in the recumbent posture, devised by Dr. Chas. F. Stillman, of Chicago.*

In the matter of drugs in the treatment of locomotor ataxia alternatives deserve the first place, and of these may be mentioned liquor arsenici et hydrargyri iodidi in about three-drop doses, well diluted, thus combining the alternative and tonic properties of arsenic, iodine and mercury. Nitrates of silver administered in capsule form rubbed up with camosoline to the extent of a third of a grain, three times a day, for a period of not longer than two months, after the arsenic course, will sometimes improve the condition of the patient. Phosphorus, either the phosphate of zinc or as the elixir of phosphorus, or as the pill of phosphorus, in gradually increasing doses, carefully watching the urine for evidences of irritation of the kidney, is also often of benefit in these cases. In the early stages of the cases, and in the sudden onset or acute exacerbation of the symptoms, ergot can be used with advantage. Counter-irritation of the spine and of the lower extremities by the actual cautery is useful in many cases, and cupping of the skin with the wire brush is also of great evidences of irritation of the kidney. Formerly washed out in order to avoid extension of the inflammation from this organ to the kidneys.

—Dr. Brubaker states that the pitch and cantharides plasters are the only blisters of any use for kidney pains, lambago, and the like.

—Dr. Lewis Brinton, before the clinic, ordered for a patient with acute bronchitis

R. Tinct. cocculina, gtt. xxx
This dose t. d.

In a case of exophthalmic goitre, brought before the clinic by Dr. Lewis Brinton, the patient was directed to take ten drops of strophantus three times a day.

—In the case of a young woman in the clinic, who had purulent cystitis, Prof. Parvin ordered a per cent, solution of creolin to be given three times a week by irrigator.

—Dr. Brubaker recommends the following prescription for the relief of chronic dyspepsia:

B. Tinct. gentian comp., f 3 ij
Sodii bicarb., gr. v
Tinct. nucis vomicae, f 3 ij
Syrop. rhel aromat., f 3 ij
M.
Sto.—Two teaspoonfuls in water before meals.

—Dr. Wigman, before the clinic, in the case of a child aged twenty-two months, suffering from hereditary syphilis, ordered hydrarg., protoside, gr. 26, internally, and externally, an application of oleate of mercury.

—Dr. Brubaker recommends the following prescription for chronic constipation:

B. Extract, physostigmatis, f 3 ij
Ext. belladonnae, f 3 ij
Ext. nucis vomicae, sa gr. iiij
Alolin, f 3 ij
Pt. pil., xij

—Before the clinic, Prof. Keen removed from the head of a child three years of age, which had been a pure meningocoele; the opening in the skull was closed by a piece of de-calced bone. The wound was united by sutures. No drainage used. Bichloride dressing was employed.

—Prof. Brinton recommends the following prescription for cystitis:

B. Uve. ursi, f 3 ij
Lupulin., f 3 ss
Acqua bullient., Oj.
M.
Adde—
Soda bicarb., f 3 ij
Tinct. opii camph., f 3 j.
Dose, f 5j—f 5 iv.

—A favorite prescription of Prof. Da Costa for essential epilepsy is the following:

B. Sodii iodidi, gr. iij
Sodii bromidi, gr. x
Potassii bromidi, gr. v
Tinct. gentian. comp., f 3 j.
Elixir. simpl., f 3 ss.
M.
Sto.—Take three times a day.

Diet, no meat; give fish and vegetables.

—Before the clinic Prof. Keen removed a carcinomatous breast from a woman forty-three years of age, there being considerable involvement of the axillary glands and pectoralis major muscle. All glands and fat were removed from the axilla, and all that portion of the pectoralis major muscle involved.

—In a case of mitral insufficiency, with marked cedema of feet and legs, brought before the clinic by Dr. Lewis Brinton, the following was prescribed:

B. Tinct. digitalis, gtt. x
Infus. digitalis, f 3 j.
M.
Sto.—t. d., after meals.

Also—
Potassii bitart., f 3 j.
In glass of water before meals.

—Dr. Wigman brought before the clinic a man who had suffered from diabetes mellitus for the last five years; at that time he was passing more than a gallon of urine a day, which contained a very large percentage of sugar. He was placed upon a modified diet, free from sugars and starch, and the following treatment: Sulphate of codine, half a grain, in pill, three times a day; also a dracon of phosphate of sodium, three times a day, in hot water. Three days later he was again shown to the class, the amount of urine being reduced to three pints, and the percentage of sugar considerably lower.
THE EDITORIAL, VIEWED FROM A PROFESSIONAL RATHER THAN AN EDITORIAL STANDPOINT.

The recent decision of a prominent weekly medical journal, that the columns ordinarily devoted to a leading article or articles, or to editorials, would be given over to reports of the progress of medicine with more profit to the average reader, suggests some thoughts on the real value of the editorial as a medium of information. Of course, each medical journal has an absolute right to insert in its pages whatever matter it thinks will be most palatable to its readers, with whom it stands on its own well-established relations, and with whose tastes and wishes it is most familiar. The editorial has come to be a feature in some journals, but not always a feature to be the general impression.

We do not doubt that every editor, no matter how skillful or ready in the use of the pen, some time or other feels that the editorial department proper is somewhat perfunctory in its character; “something must be written; what shall it be,” “what is there new to interest the profession,” “what is there in my thoughts about current topics which the profession would care to have imparted to them?” Still, for a while at least, the editorial pages must be filled; custom must have its sway, and for the present, at least, the medical journals of the day will cling to the old-established make-up.

It has been stated that, for some unknown reason, the number of new medical works or new editions of old books, showed an increase in 1890 over 1889, but it is said that works on theology, fiction, and history must have its sway, and for the present, at least, the medical journals of the day will cling to the old-established make-up.

THE INTERNATIONAL MEDICAL ANNUAL and Practitioner’s Index for 1891. Edited by P. W. Williams, M.D., Secretary of Staff, assisted by a corps of thirty-eight collaborators—European and American. 600 pages; 8vo. Illustrated. $2.75. E. B. Treat, Publisher, 5 Cooper Union, New York.

The ninth yearly issue of this valuable one-volume reference work perpetuates the enviable and deserved reputation which its predecessors have made, for selection of material, accuracy and usefulness. It has numerous illustrations—many of which are in colors. The “Annual” is, at a reasonable outlay, a very handy and reliable résumé of Medical Progress.

Part I comprises New Remedies, with a Review of Therapeutic Progress of the Year. Part II is devoted to Special Articles on Diagnosis; such as Deformities of the Hand, and their Diagnostic value in Nerve Lesions; and the Character of the Sputum as an aid to Diagnosis. Part III, the major portion of the book, is given to consideration of New Treatment; a retrospect of the Year’s work, with numerous Original Articles by eminent authorities. The fourth part is made up of Miscellaneous articles, such as Recent Improvements in Sanitation; Climatology and Hygiene; Alcoholic Inebriety, and the results of Asylum Treatment; Improvements in Pharmacy; etc.

The “Annual” is what it claims to be—a recapitulation of the year’s progress in medicine, serving to keep the practitioner abreast of the times with reference to the medical literature of the world.

P. Blakiston, Son & Co. announce for early publication, “A HANDBOOK OF LOCAL THERAPEUTICS,” being a practical description of all agents used in local treatment of disease, such as ointments, plasters, powders, lotions, inhalations, suppositories, bougies, tampons, etc., and the proper methods of preparing and applying them. The diseases which chiefly require local treatment are those of the respiratory passages, ear, eye, skin, together with certain general surgical affections, including the diseases of women. The following gentlemen have assumed the authorship:

—Harrison Allen, M.D., Emeritus Professor of Physiology in the University of Penna.; George C. Harlan, M.D., Surgeon to Wills Eye Hospital, and Ear and Eye Department of the Pennsylvania Hospital; Charles B. Penrose, M.D., Instructor in Clinical Surgery, University of Pennsylvania; and Arthur Van Harlingen, M.D., Professor of Diseases of the Skin in the Philadelphia Polyclinic and College for Graduates in Medicine.

A succinct description of their pharmaceutical properties will be given by Dr. George J. McKelway. The activity in the various lines of special medicine is one of the most striking phases of the times, and has materially changed many of the older methods of treating disease by local means. The handbook, it is believed, will be of value to general practitioners as well as to those who, like themselves, are especially interested in subdivisions of the clinical field. It will form a compact volume of about 400 pages, arranged to facilitate reference and containing, besides the usual index, a complete index of diseases.


PAMPHLETS RECEIVED.

‘Abnormal Intrathoracic Air-Pressures and their Treatment.’ By Charles Denison, A.M., M.D., of Denver, Col.

‘A Possible Cure for Pulmonary Tuberculosis.’ By Samuel O. L. Potter, A.M., M.D.

‘Klinisch-Experimentelle Studien über Chirurgische Infektionskrankheiten.’ von Dr. Julius Fessler, München. 1891.
An Analysis of the Ocular Symptoms found in the third stage of General Paralysis of the Insane." By Charles A. Oliver, M.D., Philadelphia.

A Case of Intracranial Neoplasia, with Localizing Eye Symptoms." By Charles A. Oliver, M.D., Philadelphia.


Therapeutic Briefs.

Dr. Eichler (Med. and Surg. Reporter) suggests the following as a Nasal Wash. It may be used in spray form:

1. To relieve pain, by hypodermic injections of morphia or inhalation of ether or chloroform.

2. To stimulate the heart to action—by use of brandy, whiskey, or sulphuric ether by hypodermic injections or by the mouth.

3. To keep or maintain the continued rhythmical action of the heart, and to diminish the frequency of nocturnal emissions, the following is recommended by Dr. Bumstead (Canadá Lancet):

- Potassii bromidi, gr. m. 
- Tinct. ferri chloridi, f. iij. 
- Aqua, f. iv, ad f. v.

St.-A dessertspoonful every fifteen minutes until the pain is relieved.

-Sig.-To diminish the frequency of nocturnal emissions, the following is recommended by Dr. Bumstead (Canadá Lancet):

- Potassii bromidi, gr. m. 
- Tinct. ferri chloridi, f. iij. 
- Aqua, f. iv, ad f. v.

St.-One or two teaspoonsful in water an hour after meals and at bedtime.

-Dr. Barton C. Hirst (Univ. Mag., March, 1891) suggests the following application for fissured nipples:

- Bismuth, subnitra, q. s. ad f. viiij. M.
- Glycerin, q. s. ad f. viiij. M.
- Aquæ, q. s. ad f. viiij. M.

The nipple and adjacent skin must be carefully cleansed, and the ointment then rubbed on liberally.

-For the prevention of dental caries, the following prescription has been suggested (Pharm. Record, March 5th, 1891):

- Acidum tartaricum, gr. lixv
- Tinct. mercurii chloridi, f. iiiij. 
- Tinct. myrrhi, f. iiij. 
- Potassii iodidi, gr. liij. 
- Acqua, f. v.

Add a teaspoonful to a small glass of water, and use daily as a mouth wash.

-In La Tribune Médicale (Med. News of recent date) Castel gives a summary of the present treatment of Chancroid. He points out that iodoform is probably the best of recent remedies, and the following ways in which it may be employed:

- Iodoform, 2 parts
- Powdered coffee, 2 parts
- Carbolic acid, 10 parts
- Iodoform, 2 drachms
- Carbolic acid, 2 grams
- Essence of peppermint, 1 to 2 drops.
- Iodoform, 1 drachm
- Camphor, 75 grains
- Essence of roses, 2 drops
- Iodoform, 15 grains

These methods mask, to a great extent, the disagreeable odor of iodoform without interfering with its therapeutic effect.

He also notes the following formula, recommended in America, Germany and France:

- Iodoformic acid, 15 grains
- Powdered chalk or starch, 2 drachms.
- Salicylic acid, 20 grains
- Alcohol, 45 drops
- Benzated lard, 2 ounces
- Salicylic acid, 15 grains
- Alcohol, 2 ounces
- Salicylic acid, 30 grains
- Alcohol, 3 ounces

He also states that pyrogallic acid is a very useful application, and that Terrillon uses the following formula:

- Starch, 3 ounces
- Vaseline, 6 ounces
- Pyrogallic acid, 1 1/2 ounces.

The salicylic and pyrogallic acid preparations are, of course, much more powerful stimulants and irritants of the sore than are those of iodoform.

-Coppi (Medical News) recommends the use of the following lotion in the treatment of eczema of the nostrils:

Powdered chlorine of sodium
Powdered bicarb. of sodium of each
Potassium iodid
Powdered salicylic acid

Mix, and dissolve a large pinch of this powder in a wineglassful of hot water and employ the solution as a wash for the eczematous patch. At night it is well to dress the part with oxide of zinc ointment in the strength of ten per cent.
In cases of Hemorrhage from the Mouth, several ounces of blood may be swallowed; but Dr. B. W. Richardson (Asclepiad, 1, 1891) thinks this is not necessarily injurious. The blood is digested, or if in too large a quantity is vomited, sometimes with faintness, but without serious danger or recurrence of hemorrhage.

Dr. Orville Horwitz (Med. News, March 21st), refers to the marked antagonism between certain classes of Specific Microbes, and cites cases in his own practice in which syphilis was modified in virulence by invasions by erysipelas, and to the important bearings this antagonism may have in the therapy of the future.

Polabruszki (Deutsche Med. Zeit. in Med. Age) states that Glycerin Suppositories are useful under the following conditions:—1. Constipation due to hardened faeces in the rectum. 2. Intestinal impaction in large intestines. 3. Pressure on the rectum from tumors. 4. To prevent straining at stool. 5. In children. 6. To hasten and increase ordinary evacuations.

Prof. DaCosta, in a clinical lecture at the Pennsylvania Hospital, referring to the use of Koch's Lymph, stated that “it is used for diagnostic purposes we may disseminate tubercles in a person in whom the disease was local. For osmotic purposes we may disseminate tubercles in the lungs of a person who has been exposed to their presence by inhalation. We have no right to subject a person to an error in diagnosis. This ointment was used in a case of pulmonary tuberculosis. It had a marked effect on the sputum, and the patient became symptomless.”

The London Spectator quotes “a most wretched lie-awake of 35 years, who thought himself happy if he could get twenty minutes sleep in twenty-four hours,” as saying: “I took hot water, a pint, comfortably hot, one good hour before each of my three meals, and one the last thing at night, naturally good hour before each of my three meals. The very first night I slept for three hours on end, turned around and slept again till morning. I have spent in wearying for the morning, they are all too short for the sweet, refreshing sleep I now enjoy.”

Certainly, in the personal experience of the writer, a cup of hot beef-tea taken at bedtime has been followed with similar satisfactory results.

At the clinic of Prof. Landon Carter Gray, of New York (Practice, Feb. 28th), much benefit has been obtained in Scatica from phenacetine, given in tablets of four to eight grains every three or four hours. There are a good many cases, however, which do not respond to it very markedly. Doubtless, too, there are many cases of sciatic neuritis, rheumatism, gout, etc., in which a diagnosis of sciatica is erroneously made; but perhaps more frequently sciatica is mistaken for one of these affections.

—Dr. L. Eliot (Va. Med. Monthly, Feb. 1891), referring to the Prophylaxis of Diphtheria, calls attention to the value of the constant vaporization of turpentine in the house where diphtheria is present. For this method he claims almost infallibility. He vaporizes the turpentine without the presence of any other agent. In the quarantine wards of the New York Infant Asylum, the following formula is used:

- A. Acidi carbolic., 10 grs.
- Olei eucalypti, 10 grs.
- Spirit. terebith., 15 grs.

Add two tablespoonfuls to a quart of water in a pan with a broad surface, and maintain in a constant state of ebullition or simmering, in the room occupied by the patient.

—David uses the following mixture as a tonic and antiseptic Mouth-Wash (Med. News, Feb. 21, 1891):

- A. Borax, 7 grains
- Thymol, 15 grains
- Water, 1/2 ounce. M.

A few drops of this are to be placed in a wineglass of warm water, and the mouth rinsed with it. In cases in which the breath is fetid, owing to deposits about the tonsils and gums, the following wash is said to be serviceable:

- A. B. Borate of sodium, 7 grains
- Thymol, 15 grains
- Water, 1/2 ounce. M.

—Dr. Veiel, at the annual meeting of German physicians held at Bremen, stated that he had used in the treatment of Furunculosis a paste consisting of equal parts of oxide of zinc and vaseline, to which was added 4 per cent. boric acid (Cinn. Lancet-Clinic, March 7, 1891). This ointment was thickly spread on lint. In cases of circumscribed furunculosis the paste was rubbed in and around the diseased parts three times daily. If the affection was universal, the whole body was rubbed with the application. Sublimated baths were at the same time used when the patient could bear them. In a case of universal furunculosis a perfect cure was obtained in seven weeks. Large boils were poulticed.

—Dr. Winogradoff (Medical Press) recommends a 5 to 8 per cent. solution of chloride of zinc as an application for the Prevention of Undue Perspiration of the Feet. He begins by ordering the feet to be well washed in tepid water, and then dabs on the solution, wiping off the surplus a few minutes later. The application is best made at night, and may require to be repeated a week later. It acts as a caustic, destroying the sudoriparous glands, and should never be used except by the medical man himself.

Facts and Miscellany.

—Elaborate arrangements have been made to celebrate the beginning of the Second Century of the American Patent System at Washington, on the 8th, 9th and 10th of April. All railroads leading into the National Capital have reduced their rates for the occasion and a great crowd is expected. President Harrison will open the celebration, and the literary exercises will be presided over by some eminent inventors. Twenty addresses upon different phases of invention will be delivered by men famous as masters of the subjects they will discuss. A national association of inventors and manufacturers of patented articles will be organized. There will be a grand reception at the Patent Office by the Secretary of the Interior and Commissioner Mitchell, at which it is expected Cyrus W. Field, Thomas A. Edison, George Westinghouse, George M. Pullman and others will assist. There will be a military parade, grand excursion to Mount Vernon, Planked Shad Banquet at Marshall Hall near Mount Vernon; and the Navy yard, National Museum, Patent Office and other interesting national establishments will be open to visitors. This is the first time in the history of the Republic that the inventors have celebrated.

—A curious case came before a court in New York City recently, which had a peculiar termination (Med. Record, Jan. 31st). A gentleman discharged a wet-nurse because she went out at night and, on this and other grounds, was not satisfactory to him. The nurse brought suit for breach of contract, and asserted that as long as she supplied...
the infant with good milk the father had no right to dismiss her. A pair of healthy-looking twins were produced in court as evidence of the superior lactogenic capacity of the wet-nurse, whatever might be the irregularity of her habits or the delinquencies of her morals. The jury rendered a verdict for the plaintiff, and awarded her the full amount of her salary according to her alleged contract.

—W. R. Warner & Co. are evidently determined to keep in the van of therapeutic remedies. "Antalgie Saline," appeals to us today for recognition as a remedy for the relief of "headache," also for influenza and neuralgia, and as an antidote of "la grippe" they issue the "Pil. Chalybeate Compound," the composition of which is—

Carb. protostilice of iron, gr. 1/6
Ext. ac. vorm., gr. 1/6
Stz.—One pill every four hours, and increase to 2 pills three times a day.

Antalgie Saline, one dessertspoonful every four or five hours till relieved, for headache. The same mode of administration precedes that of the chalybeate pills, for "la grippe."—Weekly Medical Re-

—Early in April there will be issued the first number of The Journal of Gynecology, a monthly journal devoted to Gynecology, Obstetrics and Abdominal Surgery, of which Dr. Charles N. Smith, of Toledo, Ohio, will be the Editor. The reading matter will consist of Original Articles, Society Transactions, Selections and Abstracts, and a Bibliographical Index, in which latter it is proposed to note every article on Gynecology, Obstetrics and Abdominal Surgery, appearing in American medical journals, giving the title, author, his name, and name and date of journal, being a quick and ready reference to the periodical literature of these three important subjects.

—the Annual Meeting of the Western Medical Association will be held in the public hall of the Watkins Institute, Nashville, Tenn., April 14th, 15th and 16th, 1891. In connection with an interesting and instructive list of papers prepared by eminent medical men from different parts of the State, the scientific features will be the bespoken presence of the Committee of Arrangements having secured the promise of a Vocal and Instrumental Concert by Mrs. A. H. Stewart, of Nashville, assisted by prominent amateurs of the same city, on the first evening—April 14th—when the President's Address, by Dr. George A. Baxter, President, will be delivered.

—When we consider that there is no condition of disease at some stage of which tonic alteratives are not indicated, it will be appreciated that next to agents such as opium and quinine, the action of which is specific, no class of remedies are more frequently demanded. Messrs. Parke, Davis & Co. supply under the name of syrup trifolium compound an alternative formula containing red clover, stellaria, cardu amarga, burdock root, pokeweed root, prickly ash bark, berberis aquifolium, all valuable vegetable alteratives, either with or without potassium iodide. This has been used by physicians with much success in all conditions requiring alternative treatment.

—According to Mr. Galton (Journal of Mental Science), a study of the natality of the members of some of the largest scientific societies of London, shows that the legal profession presents the most eminent men and the fewest idiots. The medical profession comes next, and lastly the clergy, who produce the smallest number of eminent men and the largest number of idiots and feeble-minded. The lawyers give origin to six times as many eminent men as the clergy. The clergy sustain six times as many idiots as lawyers. But then so much depends on what is meant by the word "eminent."

—Dr. James E. Reeves, of Chattanooga, Tenn., recently read a paper before the Tri-State Medical Society of Georgia, Alabama and Tennessee, in which he thus referred to the late Professor Robley E. Lovell:—"In the kindness of the Medical College, and because he was 'on all sides a learned doctor,' he was frequently called on by his colleagues to represent them at their lecture hours. His style, whether before his classes or in writings, was remarkably polished: refined without affectation, and easy without the sacrifice of dignity and correctness."

—On account of the meeting of the American Medical Association at Washington D. C., May 6th. The object of the proposed meeting is to make the rules and examinations of the boards of the several States as nearly uniform as possible. Licensing Boards now control medical practice in twenty-one States.

—Dr. W. C. Wile, of Danbury, Conn., has the sincere sympathy of his editorial brethren and of the profession at large, for the heavy loss sustained by him in the burning of the publication office of his two medical journals, The New England Medical Monthly and Prescription, on the 25th of February, and the destruction of the March issue of the monthly.

—The Mississippi Valley Medical Association will hold its seventeenth annual session at St. Louis, October 14th, 15th and 16th. All members of the medical profession are respectfully invited to attend. Dr. C. H. Hughes, St. Louis is President; Dr. E. S. McKee, Cincinnati, Secretary; Dr. I. N. Love, St. Louis, Chairman of the Committee of Arrangements.

—In the sixteenth annual meeting of the American Academy of Medicine will be held at Washington, D. C., May 2d and 3d, opening at 3 P. M., May 2d. As it will be just previous to the sessions of the American Medical Association, members will be able to attend both meetings. Charles McIntire, J. A.M., M.D., Secretary, American Academy of Medicine, Eastern Pa.

—The College of Physicians of Philadelphia has appointed a Committee to look after the placing of the Tablet to be erected in honor of the late Dr. Samuel Lewis, and to collect the sum necessary to defray the cost of the same. The Committee consists of Dr. Alfred Stillé, S. Weir Mitchell, and John Ashhurst, Jr., who ask for subscriptions from the fellows, of five dollars or less, for this object.
Personals.—Dr. Charles K. Winne (J. M. C. 1855) and brother of Dr. James W. Winne (J. M. C. 1851); Lieutenant-Colonel Dallas Heddens (J. M. C. 1879), aged twenty-five years.

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M. Gandy, Assistant Surgeon (J. M. C. 1879), constitute, with Major Alfred C. Girard, Surgeon, the Board to examine candidates for admission into the Medical corps of the Army.—Dr. F. E. Babcock (J. M. C. 1890), has removed to Fairhaven, Mass.—Dr. Henry Leffmann (J. M. C. 1859), of Philadelphia, has been appointed Port Physician by Governor Pattison, and Dr. Edwin M. Herbst (J. M. C. 1878), Lazaretto Physician.—Dr. L. D. Whitford (J. M. C. 1865) is now at Sedalia, Mo.—Dr. Edward P. Davis (J. M. C. 1888), Professor of Obstetrics at the Polytechnic School for Women, has been appointed one of the district physicians of the "Lying in Asylum" at Troxelville, Pennsylvania.

Marriages.

Smith—Heckman.—At Centre Hall, Penna., February 11th, 1891, Dr. D. G. Smith (J. M. C. 1890), of Freeburg, and Emma R. Heckman.

Yard—Van Rensselaer.—At Philadelphia, March 31st, Dr. John L. Yard (J. M. C. 1879) and E. Matilda Van Rensselaer.

Deaths.

Crawford.—At Greensburg, Penna., January 14th, 1891, J. L. Crawford, M.D. (J. M. C. 1868).

Heddens.—At St. Joseph, Mo., January 21, 1891, Thomas Heddens, son of Dr. W. I. Heddens (J. M. C. 1855) and brother of Dr. James W. Heddens (J. M. C. 1879), aged twenty-five years.


Riveley.—At Denver, Col., March 31st, 1891, Martin P. Riveley, M.D. (J. M. C. 1885).

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The statement was recently made by a lecturer in London, that the brain varies in average weight in different countries, the Scotch being 50 ounces, the English 49, the German 48.3, the French 47.9.

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... and the statement was recently made by a lecturer in London, that the brain varies in average weight in different countries, the Scotch being 50 ounces, the English 49, the German 48.3, the French 47.9.
member the well-grounded faith in the honor of the medical profession, its old tone. Keep this from deteriorating. Reflect that if this base yielding to a desire for notoriety goes on, there will be something more to be dreaded than illness, and that, the doctor.

There is another baneful result of this notoriety-seeking becoming manifest, the rushing into print to give positive opinions on professional matters which from their very nature are uncertain or are still undetermined. Do not let us blame the enterprising gentlemen of the press for trying to obtain these opinions. It is for them to endeavor to get information. It is for the man who knows the obligations of science to abstain in his vanity bordering on insanity, or in his zeal for self-advertisement, from disseminating half-digested or wholly inaccurate knowledge. Envy not the newspaper doctor the speck of glory he seeks to obtain by clinging to the coat-tail of some discoverer, or by pronouncing opinions of the hysterial order on famous cases which he knows only by report. He suffers in the estimation of those who can judge him best. He knows only by report. He suffers in the estimation of his profession: cast your diploma into the flames, if it has been seen those who never flinched for a moment while anything was to be done, depressed and worn by the knowledge of the inevitable result. "Time makes it no better for me," I heard a Nestor of great renown, whose silver locks covered the acquisitions of long years, and whose collected manners were proverbial, say, humbly. And time will not make it easier for you. How can it? Can the time come when you will see without emotion a child suffocating with croup and be aware that not even an operation offers more than the faintest chance? Can you watch placidly the horrible struggles of lock-jaw? Can you witness without distress the gasping for breath in an organic disease of the heart? If you can, you had better leave the profession: cast your diploma into the fire: you are not worthy to hold it.

The desire to see Medicine gain in potency and in power is the aspiration of all who long and work for progress in their art. The aspirations may be as dreams. But every worker must be to some extent a dreamer and have ideals. When he has no scientific longings, when he ceases to give play to his imagination, he ceases to work. It is, indeed, astonishing how the aspirations, the dreams, of one generation have been fulfilled in others. The greatest minds must have been the keenest dreamers. May we not suppose that the Homer of Medicine, Hippocrates, dreamed? How could he, the profound thinker, the philosopher, living in the Athens of Pericles, with Sophocles and Aristophanes as his contemporaries, most likely as his friends, writing with Socrates in framing a system of ethics, how could he, the Founder of Medicine, fail to let his imagination dwell on its future? Is it not probable that when he first applied cultivation by listening to the sound of liquid agitated in the chest, he thought of how other sounds might be found to indicate the workings of internal organs? Could he have looked to the early part of this century, he would have seen a young Frenchman, fond almost of himself as his own magnificent tongue, working incessantly at the problem until he was exhausted; he would have seen that gifted Laennec, before his attentuated frame gave way to the very disease he was fathoming, create and almost perfect the science which was the first step in making modern diagnosis what it is.

In the brilliant reign of Hadrian lived Soranus, who had been the tutor of Atticus. He devoted himself chiefly to the diseases of the female sex, and wrote the only complete treatise on the subject which has, as yet, down to us from antiquity. His work, remarkable for its fulness of knowledge, shows him to have been something of an enthusiast; and we can think of him in his evening walks near the splendid walls of high-turreted Rome,—the alte merina Romae that Virgil loved,—or returning from the Athenaeum, as wondering what were to be the developments following his labors and the instruments he had invented. Had his eye penetrated into the future, there would have appeared to him, standing on a platform in what would have seemed a most singular garb, but with feature marked as sentient in outline as those to which he was accustomed, a youth with a roll in his hand, and, attracted by the look of genius in his face, he might well have wished him strength to carry out resolves that were to lead to immortality:

"Macte nova virtute puer; sic itur ad astra."

And that wish would have been fulfilled in the creation of a science that owes everything to him,—to him, Marlon Sims, Jefferson Medical College, class of 1835.

One of the most striking events during the great siege of Metz by Charles the Fifth was the entrance ofParé into the beleaguered town. The soldiers of the garrison were suffering terribly from wounds and illness, and longed for him in whom they had boundless confidence. By the connivance of an Italian captain, he eluded the vigilance of the besiegers and passed through their lines into the fortress. The good news spread rapidly; the soldiers turned out spontaneously to give him a triumphal reception, greeting him with the cry, "We have no longer any fear of death, even if we should be wounded, for Paré our friend, is among us." Escorted by them, he soon finds himself with the great commander, the princely, humane Guise, whose handsome countenance is barely marred by the lance-wound through the head cured by Paré’s skill, and who now receives him very graciously, being, as Paré himself quaintly tells us, “very joyful of his coming.” It is not long before he is as warmly welcomed by the members of the brilliant chivalry of France, who are sharing with their gallant leader the honors and the dangers of the siege, by Roche-sur-Yon, by Francis and by René of Lorraine, by Nemours, by the intrepid Condé, by the knightly Montmorenci, and he hears from their courtly lips the same sentiment, that they now no longer fear death, if it should happen that they are wounded.

Scarcely rested, Paré began his beneficent labors, with what were then extraordinary results. In those hours of fatigue and danger, but of apparent lack of danger, he had not been able to help being, of how much he was beloved and trusted, must he not have felt that the use of the ligature which he had just introduced, and the simple method of treating wounds by which he had replaced the barbarous dressings employed prior to his day, would have fuller development and lead to yet greater progress? It has been so. The ligature received in John Hunter’s hands new scope and application; and a highly cultivated, ardent searcher after truth is, by the introduction of antisepsis, making of surgery one of the exact sciences. He has shown that even of seemingly grave wounds there is not much account to be made. In compound fractures, almost beyond the control of the skill of all the surgeons of former times, in which even to within a few years the
mortality ranged from twenty-six to sixty-eight per cent, antiseptic surgery has reduced the mortality to less than one-half of one per cent. Antiseptic surgery permits the brain to be laid bare and its diseased parts to be excised. Antiseptic surgery opens the abdomen with impunity. Antiseptic surgery saves easily hundreds of lives where formerly one was with difficulty rescued. How Paré would have delighted in all this! In the great triumphs brought about by Lister's work he would have seen his own aspirations for an almost perfect surgery fulfilled.

Conspicuous among the physicians of the seventeenth century, great among those of all time, is Sydenham. In early life an officer, one of five brothers who have fought in the army of Parliament, he remained loyal to the memory of the Protector, and his doctor's garb covered through life a soldier's love of action and decision. He brought us back to the near study of nature, taught us to look at it clearly, to derive our knowledge wholly from it, and he stands out in history the very embodiment of the insight and practical character of his race. He had but little respect for mere authority, and it is to be feared that, had he lived a hundred years before the time he did, he would have been cited with Geynes for an almost perfect surgery fulfilled. Antiseptic surgery permits the brain to be laid bare and its diseased parts to be excised. Antiseptic surgery opens the abdomen with impunity. How Pare would not have recanted. To him everything was observation, experiment. He pointed the way for advance in our science, and happy would he have been if he could have seen the future. To produce insensibility during which all work he would have seen his own aspirations for an almost perfect surgery fulfilled.

To return to the thoughts and the hopes of our day. The aspirations of the present are chiefly therapeutic. We are seeking with passionate zeal for new remedies, for new methods of cure. There is everywhere investigation, experiment, faith in the result of research. This is, indeed, an aggressive therapeutic age, in which the proper critic still has a place, but in which the skeptic must go to the rear... Doubt, says Thackeray, is always crying Phew and sneering. The Phews are not now very loud nor very influential. We do not begin by doubting; we begin by doing and then siting. Let us rejoice that such is the tendency. A thousand doubters would not make a Koch. Ten thousand doubters would not have formed a Lister and given us antiseptic surgery. It is recognized as the part of superior wisdom to try to do, and not to doubt without attempting first to do. "If doubt you must," says Aristotle, "doubt well." But to doubt well we must first work well.

The work now in progress all the world over is immense. Radical remedies are being sought for and diseases are attacked which a few years ago we recoiled from as beyond even attempt at cure. Day by day, step by step, discoveries are being approached which are already casting their shadows across our path. They will be reached one by one. It is well that this should be so. If everywhere were light at once, we should be limited in our knowledge. As with the heavens, the darkness lets us see the stars; the sun would obscure them, if there were perpetual light on this globe. But it is becoming more than a hope that the time will be when very many diseases which are now incurable will be remedied, and more will be prevented. Surely this time will come. Whether it be to-morrow; whether it be while you are still in the glories of manhood; whether it be when the smooth cheek of the youngest shall have grown furrowed and seamed with old age; whether it be when you are no more, it will come; come it must, come it will in God's own time.

Yet it is not only in therapeutic knowledge that Medicine is gaining and that aspirations are being fulfilled. In every department,—in the recognition of causes of disease, in the discrimination of morbid states, in hygiene,—in all directions it is widening and broadening. More than ever it is showing itself a science which soberly, steadfastly, purely, seeks only the true and the good. More than ever its aims, we must all endeavor to assist. You must, you are now as much privileged, as much under obligation, to aid, as any one. Only let the fire of science burn within you as a vestal fire.

One of the most widespread of our aspirations is that medical knowledge shall extend into all lands and the benefits of medical civilization be universal. And wonderful is what is being accomplished. There are China and Japan instinct with medical life. It is not many years since that medicines were used in them similar to those lauded by the credulous leeches of the darkest times of the Middle Ages. In somy a divine spark, and cannot go out while you are true and honorable and keep it alive for pure purposes.

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Quoted in The Nineteenth Century, June, 1857.
up! Many of our standard medical works have been translated. China possessed last year one hundred and four hospitals and dispensaries erected on European and American models. In Canton alone a devoted medical missionary, Dr. Kerr, has trained one hundred medical assistants, chiefly Chinese, and has in the past thirty-six years, with their aid, treated over five hundred and twenty thousand patients. The Japanese student is a familiar sight in all centres of medical learning; and Japan has advanced so rapidly that it has put us to the blush, for it has established a public laboratory for the analysis of chemicals and of patent medicines, and exacts that the proprietors of patent medicines shall prunt a sample, with the names and proportions of the ingredients, directions for its use, and an explanation of its supposed efficacy. In France and a few other countries alone is there elsewhere such protection to the public.

One more professional aspiration I may mention. It is one born of the best ambition, and I hope it will be that of many of you, — to become a teacher. If you do, you will but carrying out one of the honorable traits of this College. She has a gratifying record as the Mother of eminent teachers, and claims with pride her distinguished sons on many faculties of the land. Great schools leave the impress of their teaching and the characteristics of their success; they have great traditions. If you lead a teacher's life, you must accept with it a teacher's duty. One of his duties is to hand down the best traditions of medical life, and to try to do that which in time will add to them. He will, then, not simply instruct; he will do more, he will educate. He must also foster investigation, and be himself an investigator. His love for learning must never weaken; when he ceases to be more than an elder student, he ceases to be fit to be a teacher.

A teacher's work does not die with him. It lives long after, and may give great results. Voltaire says of Virgil that he was Homer's greatest achievement; Dante was Virgil's. In science, and in the teaching of science, we find the same. Medicine teems with instances. Boerhaave inspired Haller; Hunter, Jenner; Cullen, Rush; Bretonneau, Trouseau. Through his pupils a teacher lives; the man passes away, the teacher remains in his pupils and becomes part of them. What a thought, then, that the loveliest judgment of the laying of the street, the pledges of his aspirations fulfilled, the subsisting signs of his responsibility, transmit his life. What a thought, that through them he may influence action for more than one generation; that from his impulse may spring what is far above himself. What a thought, that the teachers live with those they taught. Mitchell, Meigs, Joseph Pancoast, the two Grosses, are still with us. Hushed are their voices: but as in a distant hamlet a middle-aged man is now anxiously bending over the bed of a desolate youth, his resources almost exhausted, some fertile suggestion of Mitchell comes to him; Meigs has helped him only a short time before with wise counsel given in language not to be forgotten. In another place a surgeon pauses in the midst of an unforeseen difficulty, when, in that moment of doubt, he remembers what he saw in watching the wonderful skill of Pancoast, and the hands of the famed surgeon seem to move once more coming to his aid; or he recalls some concise precept of one of a pair of great teachers, enunciated in lucid, forcible language by the lips of the son, or by the powerful father whose only rival in clear exposition was his son. His teachers are again with him; they are helping him from the spirit-world.

What a stimulus, then, all this is to him who has the aspiration to instruct. And when the hour comes that I shall lay down this robe of teaching, when the time arrives that I address you no more, there will always remain the thought— I say it in all humility—that I shall live in you. I shall be with you in your struggles, shall share with you your successes. At every bedside of distress, at every bedside of hope, we meet again. The teacher is inseparably joined to you, to all his pupils. Awful, ever-present responsibility, constant exciting to truthful, arduous effort; and happy he who has been so guided that he has never forgotten his responsibility nor relaxed his exertion; that he has used God's gift of teaching for God's purposes.

My friends, I must say no more. But I may not leave you without thanking you and your predecessors for the friendship of nineteen years, which has added so greatly to the brightness and pleasure of my life. May kindly feelings ever remain with you in the times that separate us, and may happiness and prosperity and every blessing, now and always, attend you.

Notes of Practice.

SUGGESTIONS, IN THE FORM OF A LETTER, FOR ABDOMINAL OPERATIONS AND AFTER-CARE.

BY WILLIAM GOODELL, M. D.,
Professor of Gynecology in the University of Pennsylvania.

Please procure the following articles for the operation of abdominal section to be performed at o'clock, on your patient:

Two yards rubber plaster.

Two rolls of raw cotton, which have been well baked in an oven, and, while hot, carefully wrapped up in clean brown paper.

Two yards and a half of all-wool flannel, for two binders.

Two pounds of ether, together with an anesthetic, which should consist merely of tea and toast, or of a cup of beef-tea, or of a goblet of milk, and, thereafter, she must eat nothing more.

Two ounces of Monsel's solution of iron.

One gallon and a half of a 5 per cent. solution of corrosive sublimate.

Two new tin basins, and one tin cup.

One china basin for the sublimatic solution. Two new tin basins, and one tin cup.

A bucket and a pitcher of hot water.

A small tub and an empty bucket.

Two bottles of boiling water, ready on the range.

Pure cold water in abundance, that has been boiled and kept in covered vessels.

Two large platters, or meat dishes, to be used as trays for the instruments. Or a tin tray may be made, nineteen inches long, twelve wide and three deep.

Six bottles filled with hot water and tightly corked.

Three clean kitchen aprons for the operator and his assistants.

One washstand for the basin.

Two tables on which to operate, each one not less than four feet long, and about two feet wide. Or an operating table may be made, twenty-two inches wide, thirty-one inches high and six feet long.

One empty wine-bottle for the aspirator.

One clean blanket for patient's lower extremities.

Clean towels, clean sheets, clean blankets.

Clean comforters and clean pillows.

Have all the foregoing articles in the room in which the operation is to take place. To avoid ether-vomiting her breakfast should consist merely of tea and toast, or of a cup of beef-tea, or of a goblet of milk, and, thereafter, she must eat nothing more. She must not get up, but must stay in bed until the hour fixed upon for the operation, when she should put on a flannel sacque and woolen stockings and drawers. The bedstead, on which your patient is to lie after the operation, should consist merely of tea and toast, or of a cup of beef-tea, or of a goblet of milk, and, thereafter, she must eat nothing more. She must not get up, but must stay in bed until the hour fixed upon for the operation, when she should put on a flannel sacque and woolen stockings and drawers. The bedstead, on which your patient is to lie after the operation.

* Instructions for Physicians for whom Prof. Goodell expects to perform an abdominal section (Medical and Surgical Reporter, April 11th, 1891).
generally be dispersed by turning the patient stubborn, a hypodermic injection of morphia annoying symptom which, however, can very good remedies. If the vomiting is very good. The closets and bureau-drawers should see her but yourself and the nurse. every hour of a mixture, containing equal will often allay it; so, also, will one of atropia. The room in which the operation is to be moved every other day. The ca-

rooms she prefers. Should the patient be able readily to pass her water into a urinal, it need not be drawn off. Otherwise, it must be drawn off regularly every six hours for the first two or three days. Later than this, the catheter need not be used so frequently, but only when the patient wants it. On the third or the fourth day, even earlier if tympanites appears, the bowels must be opened prefer-

and bearing in mind that the most common cause of danger from this operation is septi-
cemia, let both of you take a soap-bath, put on clean clothing, and avoid seeing on that morning any case of zymotic or of contagious disease. Let these precautions be observed also by those medical friends whom you may invite to see the operation.

The treatment after the operation needs careful attention. Your patient must be made warm with the hot-water bottles, and be kept perfectly quiet. For several days no one should see her but yourself and the nurse. For obstinate vomiting, which comes partly from the ether and partly from the shock, whiskey or chloral, or the wine of pepsin may be given in small doses, frequently repeated. Sips of very hot water, or a tablespoonful every hour of a mixture, containing equal parts of lime-water and cinnamon-water, are also good remedies. If the vomiting is very stubborn, a hypodermic injection of morphia will often allay it; so, also, will one of atropia. I have seen it yield to frequently-repeated doses of five grains of bismuth, one drop of dilute hydrocyanic acid and three drops of wine of ippecacuanha. Fluxus is another very annoying symptom which, however, can very generally be dispersed by turning the patient on her side and inserting a flexible catheter as high up the rectum as possible. If this fails to relieve it, or the temperature rises simul-
taneously with its appearance, saline cathartics should be given, aided, if needful, by turpen-
tine enemata. A very safe rule to follow is to open the bowels whenever wind does not escape per rectum and tympanites begins to show itself.

For the first twenty-four hours after the operation nothing whatever should be given to the patient excepting sips of hot water or of hot tea without sugar or milk, and an occasional teaspoonful of old whiskey; but even these should be given sparingly. After that time, tablespoonful doses of milk, of beef-tea, or of barley-water, may be given every two hours. This diet must then be gradually in-
creased, and especially if wind begins to escape from the rectum. If, during the first twenty-
four hours, nourishment seems indispensable; or if, later on, more nourishment than that given by the mouth is needed, you must resort to nutrient enemata of peptonized milk, or of beef-tea with whiskey.

Should the patient be able readily to pass the urine or if, later on, more nourishment than that given by the mouth is needed, you must resort to nutrient enemata of peptonized milk, or of beef-tea with whiskey.

The dressing, being antiseptic, need not usually be changed until a week has passed. Every stitch may then be removed, and the wound may be washed with a 1 : 2000 mer-
curic solution, dusted with iodiform and sup-
ported with long and narrow strips of rubber plaster. Over this some sublimated cotton or gauze should be placed, and over all a clean binder. For fear of a weak cicatrix and the formation of a hernia at the site of the wound, the patient should not get out of bed for at least two weeks, and should for six months more wear some kind of gored binder or an abdominal supporter, like "The Lon-
don Supporter."

If the foregoing directions do not cover every point, or do not meet every contingency that may arise, do not hesitate to consult me by letter or by telegraph as often as you may wish.

THE TREATMENT OF PNEUMONIA.*

Dr. W. S. Fenwick, of London, has recent-
ly presented in The Lancet, results of analy-
ses of one thousand cases of pneumonia treated at the London Hospital, between the years

1880 and 1890. These thousand cases include only such as were in the hospital for more than twenty-four hours before a crisis or death occurred. The elimination of such cases was very proper, for forty-nine per cent. of them died, and a therapeutical study of them could have only a very negative and melancholy interest value. Dr. Fenwick begins by referring to that first principle in pneumonia therapeutics, the individualization of the cases. Venesection and tartar emetic, which would be death to most city cases, may be, he says, the most potent of all remedies in the rural districts. He divides his cases into the asthenic and the sthenic. Under the asthenic cases he includes all in which the temperature averaged above 103°F., while in the sthenic cases the temperature ranged below this figure. He excludes all cases of secondary pneumonia. The sthenic cases, five hundred and two in number, appear to have been submitted to three kinds of treat-

ment, viz. 1. Cases in which the treatment consisted in the application of hot poultices to the chest, combined with the internal ad-

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THE COLLEGE AND CLINICAL RECORD.

DR. W. S. FENWICK: THE TREATMENT OF PNEUMONIA.

ministration of various expectorant and tonic remedies. 2. Cases whose medicinal treat-

ment consisted entirely of quinine in large doses. 3. Cases in which the disease was combated upon general antipyretic principles, similar to those employed in the treatment of other acute specific fevers.

With regard to the first form of treatment, some interesting facts are given bearing on the relations of the temperature and the mor-
tality in these cases. In 324 cases the aver-

gage temperature ranged between 103° and 104°F., and of these 60, or about 18.5 per cent., died. In 169 cases the average tempera-

ture ranged between 104° and 105°F., and of these 51, or thirty per cent., died. In 16 cases the average temperature exceeded 105°F., and of these 9, or 56.2 per cent., died. A study of the time of death showed, first, that during an ordinary attack of acute pneu-

monia death is most apt to supervene upon the fifth day, i.e., at the height of the fever; secondly, that after the eighth day the danger to life increases enormously with each day
that the crisis is deferred; and thirdly, that
the crisis itself is a period of very consider-
able danger.

With regard to the quinine treatment, it
was found that this drug was given alone and
in remedial doses in 52 cases. In the cases
with a temperature varying from 103° to 105°
F., nineteen per cent. died; of those with a
higher temperature, twenty-five per cent. died.
The results, therefore, were unfavorable
at the use of quinine.

In both this and the first class of cases,
the mortality exceeded twenty per cent.

The clinical histories showed that fatal
failure of the heart was of frequent occurrence,
and seemed to result from the sudden with-
drawal of the stimulating action of the fever.

The antipyretic treatment by drugs alone
was not employed in a sufficient number of
cases to enable our author to draw any con-
cclusions. In 26 cases the antipyretic treat-
ment consisted in the use of ice-bags or
Leiter's coils applied over the lung. Four
patients died, or about fifteen per cent., and
hence the conclusion is drawn that this treat-
ment answered better than either of the two
others.

The cold pack was used in 26 cases, with 4
deaths. Systematic sponging was used in 65
cases, with a mortality of only 12.6 per cent.
The ice-cradle was used in 43 cases, with a
mortality of only seven per cent. Naturally,
in all the above cases stimulants, such as
ammonia and alcohol, were given, as well as
at times quinine.

Taken altogether, there were 108 cases
treated by applications of cold in one form or
another, with a mortality of ten per cent., as
against twenty-three per cent. by other
methods.

There were 285 cases of asthenic pneu-
monia so-called, or types in which the aver-
gage temperature ran below 105° F. This
form of pneumonia is the one which usually
supervenes in the course of chronic disease,
and its fatality is very great.

Among 240 cases treated by poultices,
tonics, and stimulants, the mortality was from
thirty to fifty per cent. Some evidence is
presented to show that quinine is of value in
this class of cases. Antipyretic treatment is,
however, not only valueless but dangerous, as
is also venesection.

The study of Dr. Fenwick's cases reveals
the fact that the mortality of acute lobar pneu-
monia increases with the severity, and also
with the mildness, of the fever. In other
words, more deaths occur the more the tem-
perature-curve tends to rise above or sink
below an average of about 103° F.

Dr. Fenwick presents the results of two
different methods of treatment. In the first
the chief remedies were aimed at relieving
the condition of the lung; and while stimulants
were freely administered with the object of
whipping up the flagging heart, the cause of
its physical lameness was allowed to proceed
unmolested. The result was that, among 552
cases so treated, the mortality exceeded
twenty-three per cent. although alcohol was
exhibited in no less than seventy per cent. In
the second case a method of treatment was
adopted with one special object, to economize
cardiac force by minimizing the injurious in-
fuences of fever. In 108 cases of similar
severity to the foregoing, the treatment con-
sisted in the systematic reduction of tem-
perature by means of sponging or ice-crad-
ling. Of this number only 43 (forty-one per
cent.) received alcohol, and only ten per cent.
died.

A very important point was brought out in
connection with treatment at the time of crisis.
It was shown that when special attention was
paid to the danger attending this period not
a patient died.

Dr. Fenwick's experience points to the im-
portance of looking upon pneumonia not as a
local disease of the lung, but as a specific
fever, the lung disease being to it what the
typhoid ulcer is to the fever in that disease.

THE TREATMENT OF EPILEPSY.
Dr. Robert T. Eides, in a paper on this
subject, offers the following remarks upon
cases reported by him (Virg. Med. Monthly,
April):—

In looking over the recommendations of
authors for treatment, one finds that they
agree chiefly on one point, the uselessness of
a large number of drugs.

Nitrite of amyl, however, seems to have
been of considerable value. It was tried, but
not very successfully, in our case first reported.
In the other, it was of decided advantage.
Amylene hydrate has also been highly spoken of.

In this case, I was confident that ether had
a decided effect in postponing the attacks,
and chloral hydrate, in not excessive doses,
by the rectum, was even more efficacious.
How far chloral, if used early and freely,
might have been efficient, not merely in
checking the convulsive movements, but in
preserving life, is not so easy to say. It cer-
tainly seems to me that, either alone or com-
bined with bromide, it gives the best chance of
attaining this object.

It is not, however, so easy to be certain of
this, for the reason that in some cases, and
some fatal cases, the severe muscular contrac-
tions are not the most prominent features, but
the coma and fever, with a few well-marked
convulsions, and a more or less constant, but
not violent muscular twitching, seem to con-
stitute the disease. In the comatose stage, or
that of collapse, chloral would certainly not
seem indicated.

ANTISEPSIS AND ASEPSIS IN MID-
WIFERY.
BY I. S. HILEMAN, M.D.,
OF PENSION, Pa.*

The attention to the woman should be en-
forced by precept and example. Everything
should be chemically clean. Her warm baths,
should be chemically clean. Her warm baths,
should, before the accouchement, be taken
in a solution of 1-1500. Chloroform, if used
before and after labor, should not be given
unless indicated. The following are a compend of
the antiseptic and aseptic solution.

1. A warm bath to patient, just before labor,
when through personal letters, or through journals
and monographs.
2. Wash the hands, before examining,
through personal letters, or through journals
and monographs.
3. Bathe, just before labor, the external
genitals, especially the hairy parts, with an
antiseptic solution, and also when vulvar
vagina should be immediately placed in an antiseptic
solution and removed from the room. This
also applies to excreta.
4. Soiled lochial guards and all soiled linen
should be thoroughly boiled after their use, and
disinfected before again using. (This rule is prone to be
looked up by the nurse in using the catheter).
5. In using the catheter, the meatus and
surroundings should be cleaned by an antiseptic
solution.
6. The nurse should wear washable dress
materials.
7. An antiseptic pad for occlusion of the
vagina should be applied after the patient has
been cleansed.
8. An antiseptic pad for occlusion of the
vagina should be applied after the patient has
been cleansed.
9. Warm antiseptic vaginal injections before
and after labor.
10. Insert a vaginal suppository of iodo-
form to the os uteri.
11. A powder of iodoform and boracic acid
is thrown into the vagina after labor.
12. Dress sore nipples in a dressing wet
with alcohol.
13. The nipples should be daily cleansed
with a solution of borax during the month
before labor. During nursing they should be
cleansed after each nursing with a weak anti-
septic solution.

The best antisept for cleansing the hands
and external genitals is the one that is to be used.
Ethyl is an excellent substitute for alcohol in

* Extract from an elaborate paper on treatment preliminary to

premature birth, given at the meeting of medical and

women, held before the Lancaster Co. Med. Soc., Pa., in Lehigh

overcoming the sebaceous material on the hands, and has the additional benefit of being more often convenient. For purifying instruments, the choice lies between a 5 per cent. solution of carbolic acid, and a solution of creolin of equal strength; the latter probably better on account of greater antiseptic properties, more pleasant odor, and harmless. The pad should be made of salted, or otherwise medicated cotton, with a backing of carbolated gauze; to be burned when soiled. In addition to the antiseptic properties of this pad, it will enable us to judge more accurately of the amount of lochial discharge. No sponges, filthy as they are apt to become, are to be used. Antiseptic jute is probably the best substitute, as it is cheap enough to be burned. A convenient and desirable substitute for the mass of old blankets, quilts, and rags that catches the liquor amnii and general mass of debris which occurs during labor is a pile of newspapers, affording a protection to the hands, and has the additional benefit of being a powerful antiseptic. That chimera, chlorate of sodium, is no longer the sine qua non it once was. Much hope rests on iron, acting as it does as an oxidizing agent, and as such an agent producing a powerful antiseptic effect; whose value is still further enhanced by its being a physiological antiseptic in the true sense of the term. Dr. Runze (St. Petersburg) gives alcohol and daily hot baths (81°F to 85°F) quinine, aspidosperma; hypodermics of phenic acid, oil of eucalyptus and morphine have all proved useful. Enemata of chloral and belladonna can sometimes take the place of our sheet anchor—opiun. The more powerful antipyretics or cold water are supposed in such quarter to be essential for hyperpyrexia. Aconite or veratrum viride are to be employed as heart sedatives.

When the use of corrosive sublimate its abuse of the hands may in a great measure be corrected by washing with soap and water, drying, and using an ointment of which the following may be a suggestion:

*R. Lanolin, solution, 70 parts
Park. fluid, liquid, 2 parts
Ext. vanilla, 1 part
Oil, rose, 2 parts
M. et fl. terendo unguint.
Or glycerine and rose water, or lanolin alone will suffice.

Our obstetric bag; is it for us a friend or a foe? A practical one is made that can be put in a kettle of boiling water and disinfected, being of canvas sides and wooden bottom.

**CAMPHORIC ACID IN NIGHT-SWEATS.**

*BY HOBART A. HARE, M.D., of Philadelphia.*

Within the last eighteen months Combe-male has published the results which he has obtained from the employment of camphoric acid and the tellurate of sodium in the treatment of the night-sweats of phthisis, or those dependent upon some other severe systemic disorder. I have been so frequently misled by the enthusiastic reports of clinical observers both in Germany and France as to the value of some new remedy which they had tried, that I must confess to have taken up camphoric acid with a considerable degree of prejudice against it. I have studied its action, however, very carefully in the wards of St. Agnes's Hospital during the last six weeks, and I am now prepared to most thoroughly endorse everything which Combe-male has said about this drug. I believe it to be of greater utility than any of the remedies which have heretofore been generally employed, such as atropine, aromatic sulphuric acid, and suspending with alum or sulphuric acid water, or similar preparations. Altogether I have given it to about ten cases, and in every one of them it has acted, even if given in moderate dose, most satisfactorily.

When we consider that the dose of 20 grains of camphoric acid is only a third of what may be given in cases where this dose fails, namely, 60 grains, it becomes evident that the drug requires a more general trial by the profession, and that it will probaly take a prominent place in the list of our materia medica, and is absolutely devoid of taste, insoluble in water, and comes in small micaceous crystals, which are soluble in alcohol. It does not produce the gastric irritation and burning produced by camphor, and in none of the cases in which I have employed it has it ever occasioned any distress or untoward symptoms. As yet I have not had an opportunity to test the therapeutic activity of the tellurate of sodium, and I can say nothing, therefore, in regard to its value. Combe-male states that while it is useful in night-sweats it is not equal to camphoric acid in power, and I am so well satisfied with the latter drug that I shall only try the tellurate of sodium when I find a case in which camphoric acid fails.


FEL BOVIS INSPISSATUM—ITS IMPORTANCE AND USES AS A THERAPEUTIC AGENT.

Dr. William Henry Porter concludes a paper read before the Section on General Medicine, New York Academy of Medicine, recently, on this subject, as follows:

To enumerate all the good that can be ac-
complicated by proper feeding and the internal administration of ox-bile would be tedious. Enough has been given to fully illustrate the physiological principle of the action of fel bovis [in typhoid fever, nephritic diseases, faulty digestion, etc.], which can easily be applied to a greater or lesser degree in dealing with all kinds of pathological problems.

One more action and use, however, must not be forgotten in connection with ox-bile, and that is its great power and activity in softening and removing fecal matter from the colon, in connection with chronic constipation or where impaction has occurred. The fel bovis alone, or perhaps better in combination, as in the following formula, will soften and remove quite effectively impacted faces and stimulate the lower bowel to action when all other means have failed. It is also a very powerful agent for bringing away the gas and relieving troublesome tympanies. —

| R. | Insipsiated ox-bile, | 1/4 | Glycerini, | 1/2 | Ol. ricini, | 1/2 | Aqua destillat, | q. s. ad 3 viij. | M. |

Sc. — This added to a pint, or better still, a quart of warm soapsuds, the larger amount can be retained when slowly injected into the lower bowel.

After several copious injections have been administered and retained for a time and have come away without producing the desired effect, we are justified in assuming that the colon is free. This has been verified with sufficient frequency in the dead-house to warrant the statement that it will invariably soften and remove fecal matter from the colon, of course, excepting a tight stricture of the colon, or an accumulation of the lumen of the gut, which cannot be passed by the enema.

TREATMENT OF BALANITIS.

BY W. R. CHICHESTER, M.D.,
Of New York.*

In cases of balanitis one of the most potent causes for a continuance of the inflammation is the decomposed accumulation of the sebaceous material exuding from the follicles in the furrow at the base of the glans penis—mucus, pus, epithelium, etc. — which acts as a direct irritant. Assuming that the symptoms of this inflammation are well known, I wish to indicate a plan of treatment which has, during the past ten years, proved itself highly beneficial, and of which I can find no mention in medical literature. I refer to the local application of sulphate of atropia, the physiological action of which suspends the function of the mucous membrane and its glands when directly applied to the parts. This agent, combined with a mild astringent and a deodorant, gives us a means of absolutely controlling the secretion, at the same time it meets almost all other indications in treating the inflammation. The sedative action of atropia will relieve the tenderness of the parts, or if the pain is severe it can be combined with cocaine. The danger of systemic effect is almost nil; and should this follow, a suspension of treatment for a short time would suffice, when the solution may be reapplied at long intervals.

Where phimosis exists, a few drops of the solution may be injected between the glans penis and prepuce, with a slender-nozzled syringe, after the parts have been properly cleansed, and it will be found that the discharge will either immediately cease, or be greatly modified, affording us a point of diagnostic value in cases where urethral gonorrhoea is simulated. The ordinary advice to patients to keep the parts clean and dry cannot always be followed faithfully, and we can obtain better and quicker results if we take advantage of the peculiar action of this drug. Even in patients whose prepuce is long, and the mucous membrane lining it and covering the glans is sensitive to irritation, an occasional application of these combined agents will, in a very short time, render the part much less liable to inflammation. The subjoined solution is the one ordinarily prescribed by me, although it is open to any modification that the case suggests —

| R. | Atropia sulphati, | gr. j | Zincii sulphati, | gr. j | Acidi boracic, | gr. j | Aquae destillat, | q. s. ad 3 viij. | M. |

Sc. — Apply twice or three times a day with a small brush.

ARISTOL IN SURGERY.

Dr. C. M. Nicely makes a report in the Lehigh Valley Medical Magazine, April 1891, as to the use of this remedy at St. Luke's Hospital, South Bethlehem, Pa., in which he says —

Of late we have been using aristol, the new substitute for iodoform, on almost all our surgical cases, and with very satisfactory results. Aristol is the reddish-brown precipitate obtained by treating a solution of iodine in iodide of potassium with an alkaline solution of thymol. Aristol is insoluble in alcohol, glycerine, or water, but soluble in ether. It is odorless, non-irritant and non-poisonous. We have used it on freshly incised wounds, lacerated wounds, burns, varicose ulcers, on a case of incised wound of the cornea and on a case of lupus of the nose.

As far as our observations go they lead us to believe that, in the above conditions, aristol possesses all of the desirable qualities of iodoform and has great advantages over iodoform in being odorless, non-irritant and non-poisonous.

Experiments* with the pure drug have shown that when administered hypodermically or ingested no trace of iodine can be detected in the urine and the deduction is made that it can be used to large, raw surfaces without danger of the toxic effects to be expected from the free use of iodoform. Our own experience bears out the soundness of this conclusion. We have used it freely on a granulating surface two by one and a half feet, the result of a burn of the back, with only good results. The freedom from odor will especially recommend it for private practice, although its greater cost will militate against its extensive substitution for iodoform.

Dr. P. J. Eichhoff, quoted in American Journal Medical Science, April, 1890, states that "in cases of varicose and syphilitic ulcers a quicker result may be expected from its use than by any other means. The same may be said of its use in lupus. In the same journal for October, 1890, Gaudin is quoted as stating that in cases of cervical erosion and endome-

tritis it acts most favorably and that in epithelioma of the cervix it is not only a powerful disinfectant and deodorizer but promotes rapid cicatrization.

In psoriasis and other afflictions of the skin it may be applied as an ointment. Ten per cent. of aristol in lanolin, vaseline or other suitable medium is the strength recommended.

To the cervix it may be applied in ten per cent. ethereal solution, in suppository, or the powder itself may be dusted on directly.

EARLY OPERATION IN DISEASE OF THE VERMIFORM APPENDIX.

BY H. W. RAND, M.D.,
Of Brooklyn, N. Y.*

1. The majority of those cases of appendicitis characterized by mild symptoms require no surgical interference unless such symptoms increase, or persist unabated, after the third or fourth day.

2. The presence of slight induration, accompanied with moderate pain and tenderness and but little constitutional disturbance, does not necessarily indicate operation. Where, however, such induration continues to increase beyond three or four days, or there is an increase in the general symptoms by that time, operation will promise more than an expectant treatment.

3. Cases presenting, either from the first, or at any time in course, marked constitutional disturbance, notably chills, a continued high temperature or a variable temperature, rapid pulse, vomiting and increasing tympanites, with or without the presence of tumor, demand operation as early as possible.

THE PRESENT TREATMENT OF PNEUMONIA.†

The treatment of pneumonia, it is well known, has undergone quite a revolution in the past twenty-five years; the antiphlogistic methods formerly in vogue have been abandoned; a stimulating and supporting régime* concludes of a paper in Brooklyn Med. Jour., March, 1891.

† Boston Medical and Surgical Journal.
is generally enforced. Formerly, it was the custom to treat this disease from the first with liberal doses of tartar emetic; at the present day few well-instructed medical men rely much upon this medicament in the therapeutics of pneumonia. Statistics have proved again and again that pneumonia is a self-limited disease, that it does not do better with tartar emetic than without it, and at the most, only certain symptoms, as dyspnea, may be favorably modified by the administration of small doses of the antimonial. In fact, the microbial theory of pneumonia is coming more and more to the front, and the enemy.

Prof. Da Costa states that, in the treatment of chronic interstitial nephritis, nitroglycerine may be given in doses of two, to three, or increased even to thirty drops (if necessary), three times a day. At the same time give ergot, in a half-drachm or drachm dose, three times a day.

Prof. Da Costa recommends the following treatment for cerebro-spinal fever: Bromide of potassium, ten grains every two hours; also opium, the very best. In cases, where headache is very severe, local bloodletting by leeches or cupping is of great benefit. Laxatives should always be given.

The following prescription is claimed by Dr. Brubaker to have a greatly beneficial effect in asthma:

B. Liquid, potassii arsenitis, gtt. ij
Potassii iodidi, gtt. x
Syrop. tatu, aa

Syr.—This dose t. d.

Dr. Hearn, at the Jefferson College clinic, removed some tubercular glands of the neck and axilla from a man, thirty-five years of age. All the glands of the neck and axilla were affected. The wounds were cleansed with crude carbolic acid. Drainage was used; iodoino and bichloride dressing. Iodide of iron was prescribed internally.

Prof. Parvin recommends the following prescription for spasmody cough:

B. Acid. hydrocyan. dilut., f 3j
Syrop. senegas, f 3j
Syrop. tatu, f 3j

Syr.—f 3j t. d.

Dr. Brubaker recommends the following for gastricgia:

B. Acid. hydroycyan. dilut., f 5j
Bismuthi subnitrat., 5

Syr.—f 5j in water, three or four times a day.

To prepare it for use, put the sugar of milk, then the milk, then the cream, then the water, in a sterilized bottle; cork well, and put in a kettle of boiling water and boil for thirty minutes. The chemical change that goes on in the milk is not known. As the child grows older, the milk and cream should be increased and water diminished. At six months, the milk should be given alone.
Hair. The whole work has a scholarly appearance, and yet its chief attractiveness to the general reader will be the presentation of subjects to him in language that cannot fail to interest and instruct him.


The philosophy of this work is based on the theory that there is a special and very important and very frequent clinical variety of neurasthenia (nervous exhaustion) to which the term sexual neurasthenia (sexualexhaustio) may properly be applied. The long familiar local conditions of genital debility in the male—impotence and spermatorrhoea, prostatorrhoea, irritable prostate—have hitherto been almost universally described as diseases by themselves, are philosophically and clinically analyzed.


PRACTICAL NOTES ON URINARY ANALYSIS. By W. B. Canfield, M.D. The three latest issues of the excellent monthly series, "The Physician's Leisure Library," published by George S. Davis, of Detroit, at the subscription price of $2.50 a year; single copies 25 cents.


These two useful works will still further enhance the reputation of the series. They both have the merit of clearness of style and thoroughness and conciseness of information imparted.


This book of suggestions for mothers and daughters was not written for medical men. The information given is such as must be beneficial to those who will accept it, being based on common-sense views as to hygiene and the prevention of disease. It is issued in an attractive form by the publisher.


This is a thoroughly modern work, containing everything recent in the causation, pathology, diagnosis, prognosis, and treatment of surgical affections. The author is well known as one of America's leading surgeons.


A useful and practical work, especially as regards general and dietetic treatment, from the pen of an experienced practitioner who has made this disease a special study for more than twenty years.


A large amount of valuable information is comprised in this carefully compiled and useful little work, which will be found by physicians to be a handy aid to them in their daily practice.


A new edition of a deservedly popular work, greatly improved and brought thoroughly up to the day.

Dr. Edward Cass, of Dresden, Ohio, has sent us "A Pen Sketch of the Washington Centennial at New York City, April 30, 1889," which is full of interest as a faithful and well-written record of an important historical event.

PRACTICAL TREATISE ON ELECTRICITY IN GYNECOLOGY. By Egbert H. Grandin, M.D., Chairman Section on Obstetrics and Gynecology, New York Academy of Medicine, etc., and Josephus H. Gunning, M.D., Instructor in Electro-Therapeutics, New York Post-Graduate Medical School and Hospital, etc. Illustrated. 8vo, 180 pages.


A TEXT-BOOK OF BACTERIOLOGY. By Carl Fraenkel, M.D., Professor of Hygiene, University of Königsberg. 3d Edition, translated and edited by J. L. H. Lindsey, M.D., Professor of Pathology and Bacteriology, Medical Department of the University of Vermont, etc. 8vo, 380 pages; extra muslin, $3.75. New York: William Wood & Co.


FEVER: ITS PATHOLOGY AND TREATMENT BY ANTIPYRETICS. By Hobart Amory Hare, M.D., 166 pages. $1.25 net. F. A. Davis, Publisher.


Therapeutic Briefs.

IN URTICARIA, Stewart (Med. Brief) recommends sponging from head to foot, with a saturated solution of bicarbonate of soda.

It is stated that the SMELL OF IODOFORM may be quickly removed from the hands by washing once or twice with flaxseed meal in water.

An application suggested for PEDICULI PARIETIS is the following:—

B. Hydrog. chlorid. corrosiv., p. 1

Aceti, p. 500. M.

For the removal of LICE from the body, a decoction of quassia, to which a little glycerin and borax have been added, is said to be an efficient remedy.

Dr. Platon, of Berlin (Med. News) suggests insufflation into the rectum of a pinch of boric acid, to relieve CONSTIPATION. The results are said to be excellent.

It is said to be possible to restore ONE WHO IS INTOXICATED to the use of his faculties in a very short time, by administering to him a half teaspoonful of chlorid of ammonia in a tumbler of water.

In the ACUTE VOMITING OF PREGNANCY, Stewart (Jour. de Med. de Paris) recommends five drops of a solution of equal parts of


'Deafness as a Result of Nasal and Dental Diseases.' By D. H. Goodwillie, M.D., New York.


'Some of the Peculiarities of the Climate of California, and their relation to the Treatment of Consumption of the Lungs.' By T. D. Myers, M.D.


'A Case of Intracranial Neoplasm, with Localizing Eye-Symptoms.' By Charles A. Oliver, M.D., Philadelphia.

'A Study of the Modern Pathology and the Treatment of Chronic Granulations of the Eyelids.' By T. D. Myers, M.D.

The Therapeutic Briefs.
iodine and chloroform, in a little water, to be taken at the time of eating.

—Dr. Walker (Dixie Doctor) recommends for HEADACHE and SLEEPLESSNESS the application of cold water with a cloth covered with a dry one, and states that it will bring sweet, refreshing, natural sleep.

—for Earache, the Chemist and Druggist recommends the following:

B. Camphor-chloral, m xxvii
Glycerin, gr. xxxiij
Olej amygdal., gr. xx M.
Sto.—drops, on absorbent cotton, to be placed in the ear twice daily.

—Dr. R. S. Hill (Va. Med. Monthly, April, 1891) considers apoloid the most reliable drug he has yet used in DYSEMNORRHŒA, and he believes it is beneficial also in AMENORRHŒA.

—Salol Collodium, made by dissolving salol, 4 parts, in ether, 4 parts, and adding carbolic acid solution, at the site of emergence of the nerves, have been recommended by Kirchstein for NEURALGIA of the SUPRA- and INFRAORBITAL NERVES.

—in FLATULENT DYSPENSION, a writer in the Provincial Med. Journal suggests the following:

B. Magnesia, Calci phosphi, Carbonis ligni pulv., Sulphur, a aq. p. acq. M.
Sto.—A teaspoonful to be taken in water when necessary.

—to prevent DENTAL CARIES, we have the following (Med. News):

B. Acid. tannic., Tinct. iodinii, Tinct. myrrhi, Potassi iodidi, Aquae rose, Sto.—Put f 3 j in a wineglassful of hot water as a mouth wash.

—Hatfield (Diseases of Children) recommends the following liniment as a local sedative to the affected joints in ACUTE ARTICULAR RHEUMATISM:

B. Olei gaultheris, Lignum cinnamomi, Lignum piperit, Limnet. saponis, Linimentum nitrat., Sto.—Apply freely and wrap the joint in cotton batting.

—the late Dr. F. F. Maury's ointment for ULCERATION of TERTIARY SYphilis, especially the extensive ulcerating and scarring tubercular syphilodermia, has been in use for many years in the Philadelphia Hospital:

B. Opii pulv., Rhei pulv., Unguent. hydrarg., nitrat., Unguent. petrotali, Sto.—Apply a spread upon a piece of lint.

—Dujardin-Beaumetz (L’Union Médicale) uses the following powder in DYSPENSION:

B. Substrait of bismuth, Carbonate of magnesia, Prepared chalk, Phosphates of sodium, of each 3 ½ drachms. Mix and divide into forty powders; one to be taken after each meal.

—for COMEDONES, the following prescription is recommended in the British Jour. of Dermatology, for removal of the dark color, by Unna and Leistokow:

B. Lanolin, Vaseline, Hydrogen peroxide, Sto.—To be shaken. One teaspoonful two or three times a day in milk.
oil may be used with care as the phenomena of intoxication may appear. Internally, he employs supportive treatment with wine, acids, quinine, and musk.

For HAWKING due to accumulation of inspissated mucus in the naso-pharynx, a writer in the Omaha Clinic suggests the following:

- **Ammonii chloridi**

  **3 dr.** M. Fiat pulvis.

  Of this two teaspoonfuls are taken in a glassful of water on an empty stomach in the morning, every two hours during the day, and the last dose before retiring. This is continued until one single attempt at clearing the throat will cause an easy and loose expectoration, when the frequency of the dose is reduced first to every three, then to every four, and finally five hours.

- **Von Gense (Med. News, April 18th)** uses the following prescription for WHOOPING COUGH:

  - **B.**
    - **Carbolic acid**
    - **Rearranged spirit**
    - **Tincture of iodine**
    - **Tincture of belladonna**
    - **Peppermint water**
    - **Simple syrup**

  To a child of two a teaspoonful of this mixture may be given every two hours.

Lössler recommends the following solution in whooping-cough:

- **B.**
  - **Freshly prepared chloride of silver**
  - **2 dr.**
  - **2 pints**
  - **Hyposulphite of sodium, a saturated solution.**

Use by an atomizer, the liquid being directed into the pharynx. Repeat the application every two or three hours. This treatment is both phylactic and curative.

- **Dr. C. P. Noble (Med. News, April 25th)** suggests as a reliable Purgative Enema, the following:

  - **B.**
    - **Sulphate of magnesia**
    - **Glycerin**
    - **Oil of turpentine**
    - **Water**

  "Label, To be used as an enema."

It is especially applicable after abdominal section or after plastic operations on the female pelvic organs, and as an adjuvant to some cathartic taken by the mouth; it is also effective in getting rid of flatus, and in threatened obstruction of the bowels following operation, introduced by a long soft tube up the rectum, and into the descending colon. When passed through the rectal tube, its employment promises much in cases of partial obstruction of the bowels, and in the treatment of constipation or atresia, by a dilatation of the rectal artery, the enema is given best through a hard rubber piston syringe.

**News and Miscellany.**

Commencement of the Jefferson Medical College of Philadelphia.—At a Public Commencement, held at the American Academy of Music on the 15th of April, 1891, the Degree of Doctor of Laws was conferred on Daniel G. Brinton, M.D., of Philadelphia, and the Degree of Doctor of Medicine on the following gentlemen, by the Hon. James Campbell, President of the College, after which the Valedictory Address to the Graduates was delivered by Professor J. M. Da Cunha and H. H. Hopkinson, M.D.

Of the above there were from Pennsylvania, 89; New York, 4; Missouri, 7; Delaware, 2; New Jersey, 7; Texas, 4; California, 3; Georgia, 3; Indiana, 3; Maryland, 3; Tennessee, 4; and Arkansas, 3.

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ach. Hope on the Heart. Hell on the Cholera.


—Dr. George J. Fisher has compiled a large number of odd and quaint titles of medical treatises, occupying several pages of the *N. E. Med. Monthly*, April, 1891. We extract a few samples from this interesting collection, the genuineness of which is vouched for by the thoroughly reliable and highly esteemed author of the paper.


We have already distinguished himself as a medical writer and teacher, having obtained a success in teaching the modern treatment of stomach complaints. He has also shown his bladder with the electric endoscope. The greatest admiration and gratitude ought to be entertained by the student of medical medicine towards this humble and useful worker.

**SUCCESSOR TO PROF. BARTHOLOW.**—The Trustees of the Rappahannock Medical College have elected Dr. Hobart A. Hare, of Philadelphia, Professor of Materia Medica and Therapeutics, in place of Prof. Roberta Barthold. Dr. Hare has recently distinguished himself as a medical writer and teacher, having obtained a number of prizes in various parts of the world for his essays, and has recently issued a work, entitled *The Laughing Plant*, which has been much praised by the medical profession. Its convenience of administration is such as to enable it to be painted with brushes; submits itself to immersion, also to the extraction of beads, bones, and other foreign bodies which she allows to fall into her larynx, the sinus pyriformis, etc., so that skill is acquired in these delicate operations. Also posterior rhinoscopy, and passing of catheters into the Eustachian tube can be learnt with ease and skill, and will be a valuable aid to the medical profession.

**FRAU GELLY.**—In speaking of the famous Frau Gelly, of Vienna, the *Medical Press* (quoted in the *Boston Med. and Surg. Journal*, April 16) says, that this wonderful woman has, for something like a score of years, taught on her own person the wonders of laryngoscopy. She allows her vocal cords to be painted with brushes; submits herself to immersion, also to the extraction of beads, bones, and other foreign bodies which she allows to fall into her larynx, the sinus pyriformis, etc., so that skill is acquired in these delicate operations. Also posterior rhinoscopy, and passing of catheters into the Eustachian tube can be learnt with ease and skill, and will be a valuable aid to the medical profession.

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brother of Prof. J. M. Da Costa, of Philadelphia, as the foundation endowment of a department of biology, to be known as the Da Costa Laboratory of Biology, at the request of the Faculty of the Medical Department, to be erected on land brought to the College through the union with the College of Physicians and Surgeons; the head of this department to be known as the Da Costa Professor of Biology. It is hoped that the laboratory can be opened in October, 1892.

—Dr. Charles F. Heuser, of Baltimore (Med. Record), has died, leaving a will directing that, within twelve hours after his death a surgeon should cut out his heart in the presence of witnesses, after which his body should be cremated and the ashes placed in little silver phials and distributed among his friends. The first part of the direction was carried out, the heart being removed and then replaced in the body. The doctor's peculiar request was accounted for by his horror of being buried alive. It has been a family custom of the Heusers to have their bodies mutilated after death, Dr. Heuser, after his wife's death, drove a knife into her heart.

—Cremation flourishes in Japan. Tokio has six crematories, in which the bodies of at least one-third of the dead are burned. In 1888, 11,023 of the 34,437 persons who died were cremated, of the bodies of at least one-third of the dead are burned. In 1888, 11,023 of the 34,437 persons who died were cremated, and since burial in the city was forbidden the number has been increased. According to the style of cremation the price is $3.75, $2, or $1. Sixty-six pounds of wood, which costs approximately 25 cents, suffices for the burning of a body in three hours.

—The Forty-first Annual Session of the Medical Society of the State of Pennsylvania will be held in the Academy of Music, Reading, Pa., June 2d, 3d, 4th, 5th, 1891. Dr. Alexander Craig, of Columbia, Pa., is President, and Dr. W. B. Atkinson, Permanent Secretary. The Programme is at hand.

PERSONAL.—Dr. Joseph Y. Porter (J. M. C. 1870) sends us the Second Annual Report of the State Board of Health of Florida, of which he is secretary. He is also State Health Officer.—Dr. I. Lukens (J. M. C. 1890) has removed to Herman, Neb.—Dr. H. N. Winton (J. M. C. 1889) is at San Francisco, Cal.—Dr. A. O. Haymaker (J. M. C. 1890) is at Centre View, Mo.—Dr. J. S. Torbert (J. M. C. 1881) is at Winterburn, Pa.—Dr. Duncan Smith (J. M. C. 1892) is at Athens, N. C.—Dr. W. F. Wagner (J. M. C. 1884) has removed from Phillipsburg, Pa., to Richmond, Ind.—Dr. G. M. Speck (J. M. C. 1884) is at Dudley, Pa.—Dr. Benjamin Bradley Eads (J. M. C. 1891), of Paris, Ky., has been appointed Resident in Chief at the Jefferson Medical College Hospital.—Dr. W. M. Browder (Class of 1880), of Gallion, Alabama, is attending the spring course of lectures at the Jefferson.

Marriages.


Deaths.

CAMAC.—At Philadelphia, April 7th, 1891, Ellen Millvaine, wife of William Camac (J. M. C. 1852).

GARRISH.—At New York, April 1st, 1891, John P. Garrish, M.D. (J. M. C. 1890).

HUDDERS.—At Avondale, Pa., April 3d, 1891, John S. Hudders, M.D. (J. M. C. 1879), of heart-disease, aged 58 years. His wife died suddenly, from the same disease, two days previously.

REED.—At Philadelphia, April 1, 1891, Thomas B. Reed, M.D. (J. M. C. 1859), in the 57th year of his age.

in the Medico-Chirurgical College, Philadelphia.

—Dr. Charles W. Dulles has relinquished the editorship of the Medical and Surgical Reporter, after four years of active labor in its behalf. Dr. Edward F. Reichert succeeds him.

In connection with the paper of the evening, by Prof. Chittenden, upon the Nutritive Value of Beef-preparations, I have been invited by the Board of Directors of the Jefferson Medical College Hospital to contribute a few remarks upon "Nitrogen-containing Foods and their Relations to Certain Morbid States." Under the circumstances it is proper that what I have to say shall be made as brief as possible.

At the outset, our attention is drawn to the fact that, in order to maintain life, the supply of nitrogen, which is so essential to the maintenance of the body in a healthy condition, must be kept up from outside sources. There are two principal directions in which we may look for the supply of nitrogen: (1) the atmospheric air, and (2) the food.

Although the atmospheric air contains about eighty per cent. of nitrogen, we may dismiss this at once as not available, beyond a very limited extent. Experiment has shown that it is not consumed or absorbed in the act of respiration; but a certain amount of air is always swallowed with the food and passes into the stomach where it may become absorbed by the gastro-intestinal mucous membrane. It is possible that a small quantity is introduced by this channel, especially since it has been demonstrated that a moderate amount of gaseous nitrogen is excreted or exhaled by the skin.

Nitrogen-containing food must, therefore, be regarded as practically the only source of the constant supply of nitrogen, which is so essential to the maintenance of the body in a normal condition. In fact, due attention has already been given to this by Liebig, Fick, Wislicenus, Parkes, Pavy, Flint and others; and the proper relation of the two great divisions of proximate principles of organic origin, the nitrogenized and the non-nitrogenized, has been pretty closely determined. As their results are to be found in all the text-books, I will not refer to them in detail. I may remark, however, that, from the clinical standpoint, there appears to be a fallacy underlying all these calculations of dietaries,
where food-values are expressed in grains of nitrogen and carbon, such as an allowance is made for waste; the entire quantity ingested is supposed to be digested and assimilated. In practice, we know that the feces contain considerable nitrogen, which is not excrétery, properly speaking, but represents excess of consumption, part of the food having escaped digestion. In nursing infants, the feces consist largely of undigested casein. Even adults are not able to entirely digest milk, and if so simple an article of food as milk is not completely assimilated, what warrant have we for assuming that the nitrogenized constituents of peas and beans, or of animal tissue, will yield their full equivalent of potential force to the organism? On the contrary, we know it to be a fact that much food-stuff passes through the alimentary canal, without giving its nutritive substances extracted by the digestive organs and absorbents.

We may, however, both clinically and by physiological experiment, making due allowance for the personal equation, determine with sufficient exactness the kinds and proportion of different foods required to maintain the body in a normal condition. Proceeding on the same lines, we may discover the effects of an excess, actual or relative, of nitrogen; or, on the other hand, we may ascertain the results of deprivation, either partial or complete. We may, also, be able to see some therapeutic applications of the knowledge thus gained.

From the time of Hippocrates, and even earlier, it has been known that health and disease are largely influenced by food, and that the effects of an animal diet are different from those of a diet exclusively of vegetable foods. A distinction was even made between leguminous and other forms of vegetable food. It was not until our own day, however, that the practising physician possessed sufficient knowledge of the chemistry of food and of metabolism in health and disease, to enable him to direct the diet according to scientific principles. Following the definition, given by Hippocrates, "Medicine consists in addition and subtraction, the addition of the things which are deficient and the subtraction of those things which are redundant; he who practises this is the best physician, but he whose practice is farthest from it is the farthest removed from a knowledge of the Art;" we can now prescribe viands suited to a deficiency of nitrogen in the system, or substitute others if there is an excess. To the therapeutic aspect of the subject, I will now very briefly ask your attention.

Taking up the latter instance first, we find that a diet poor in nitrogen is useful in the several forms of rheumatism, in gout and lichenia, and also in recurring attacks of biliousness and bilious headache. Scurvy appears to be caused by an absolute, as well as a relative, excess of nitrogen in the food, and I have seen it caused by the use of an excessive amount of fresh meat among children in an orphan asylum. In its treatment, vegetable food relatively poor in nitrogen is usually employed. Some skin diseases, possibly of licheniac character, are only to be cured by withholding nitrogenized food. It seems possible that a liberal use of meat in the diet may have some connection with the development of cancer; a disease which appears to be on the increase, as was pointed out by Dr. R. A. Cleemann, of this society, in his Address on Hygiene, delivered before the Medical Society of the State of Pennsylvania, a few years ago. Dr. W. Mattieu Williams, in a little work on the Chemistry of Cookery, pointedly directs attention to the large consumption of meat as a cause of various forms of cancer. In families where a hereditary tendency of this kind exists, it is possible that it might be overcome by vegetarianism. Some nervous affections, notably epilepsy and chorea, are greatly benefited by abstinence from meat in the food.

Owing to the writings of Robertus, Fathergill and others, a causative connection between a diet rich in nitrogen and some forms of kidney inflamation or degeneration is now generally recognized. In the treatment of the various forms of Bright's disease, attention to the diet is generally admitted to be of prime importance. There is a widespread opinion that nitrogenized food is favorable to the occurrence of inflammation, and for this there seems to be a scientific foundation. Parkes has shown that a non-nitrogenized diet causes lowered blood pressure and diminished arterial tension. Meat, therefore, is ordinarily prohibited under the antiphlogistic treatment, as it was formerly called. This should not be applied too strictly, however, for in some cases of sub-acute or chronic character, a generous and nourishing diet is necessary. In acute inflammations of mucous surfaces, especially in plethoric subjects, meat is usually forbidden.

On the other hand, nitrogenized food may be prescribed where there is, from any cause, a deficiency of albuminous principles in the blood, for example, in anaemia or chlorosis. In phthisis, this conclusion is sometimes quite marked, and good results have been obtained from the "Beef and Hot-water" plan of treatment; or from the use of fresh Bullock's blood or haemoglobin, which require less digestive capacity, and are more easily assimilated than muscle-tissue.

Children frequently suffer from a deficiency of nitrogen. Where an infant is reared upon condensed milk entirely, the limbs are plump but the tissues are flabby, on account of anaemia. Such children are late in getting their teeth, and have little power of resistance against disease. The addition of oat-meal, barley or rice to the milk will often bring about marked improvement and may prevent the development of rickets. Just here I might stop to point out the fallacious character of some of the arguments based upon the comparative chemical composition of woman's milk and other foods. Leids found, in a number of specimens of woman's milk, that the nitrogenous constituents varied from 4.58 to 0.85 per cent. So that one specimen of mother's milk may have six times the amount of nitrogenous material contained in another.* This shows the necessity, when the child does not thrive at the breast, of examining the milk to find out if it be deficient in nitrogenized constituents. If so, the addition of beef-meal, Bovine, or other nitrogen-containing food in an easily assimilable form, is advisable.

Eczeema in infants, or in sewing women, is often traceable to a deficiency of nitrogen in the food, and Dr. Roché, of Baltimore, advises the addition of meat-broth and eggs to the diet as an essential part of the treatment. Similarly, in many syphilitic eruptions upon the skin, in broken-down subjects, good food is a necessary preliminary to any specific treatment. Neurasthenia and atonic dyspepsia, which are so often associated in the same patient, especially if he is at the same time anemic, can only be relieved by nitrogenized and fatty food, administered in a form easy of assimilation and at comparatively short intervals. On the other hand, in diabetes and in obesity, the diet may be largely nitrogenous, but in this case it is because there is a desire to reduce the carbo-hydrates and not because an excess of nitrogen is particularly sought after.

To return to the children, I wish to call attention to the fact that during the period of growth and development more nitrogen is needed than after the body has assumed its full stature. Hence, school children should have a due allowance of meat, and should be encouraged to eat oat-meal, corn, beans, peas and other vegetables known to contain this valuable constituent.

In the foregoing brief résumé of an important and interesting subject, I have not made any distinction between the nitrogenous, proximate principles of animal and vegetable origin. Chemically and physiologically they are nearly identical; but, practically, there are minor differences of palatability, digestibility and relative utility, which, at present, my limits will not permit me to consider.

—Dr. A. L. Benedict (Buffalo Med. and Surg. Journal, May, 1891) reports a case of Erysipelas successfully treated by the application of a fifteen per cent. solution of menthol in liquid petrolatum.

*Quoted by Starr in his "Hygiene of the Nursery," Philadelphia, 1890.
BY E. H. SMALL, M.D.

On November 29th, 1890, I was called to see M. B., a fat, healthy looking, breast-fed baby boy, aged eleven months. His hands and feet were much swollen, edematous, and of a cyanotic tinge. His mother said that they had been "spotted" that is, ecchymotic, before I had come. The fingers were strongly flexed at the metacarpo-phalangeal joints, while the phalangeal joints were as strongly extended. The thumbs were adducted and flexed. The feet were extended at the ankles as in talipes equinus, while the toes were strongly flexed. Attempts to straighten out these contractions caused great pain. The mother said that at first the child cried a great deal, and that his hands and feet were tender and painful. So much were the hands and feet, particularly the dorsal surface, swollen, that I suspected nephritis. The urine, however, contained no albumen. The child had always been strong and healthy, having had no other sickness.

Two days before (Thanksgiving) the child had been scored the gums, to eat, which had caused indigestion. When I called he had had no satisfactory movement of the bowels for some time. I gave him two half-grain doses of calomel one hour apart, and twenty drops of the elixir of bromide of potash. The child had always been strong and healthy, having had no other sickness. When I first saw this case I thought it to be meningitis, and its course and termination have proved it to have been such. I had never before seen this disease in a child, but had seen one case in Vienna in a pregnant woman.

Although this disease has doubtless always existed, and although it was described as far back as 1831 by a Frenchman, M. Dance, as occurring in an adult, and in 1832 by another Frenchman, M. Tonnete, as a new convulsive disease of childhood, yet it is but seldom mentioned in the more common medical textbooks. The name tetany was first given to it by Dr. Corvisart, in 1831. Dunglison's Dictionary, 1874, speaks of "Tetanilla," diminutive of tetanus, saying that this disease is also called tetany.

Dr. Smith, of New York, defines it as "a disease in which there is a tonic contraction of the muscles, commonly those of the extremities, but sometimes those of the face or trunk, produced by causes external to the nervous system, and usually of temporary duration." This definition shuts out true muscular contractions arising from disease of the brain or spinal cord, in which the contractions are both but a symptom and not the disease itself. Henchow describes it under the name of "Klephatishken contracturen," and regards it as a kind of abortive form of convulsions. Dr. Cherdel, of London, says, "Laryngismus, tetany, and general convulsions are the positive, comparative, and superlative of the convulsive state in childhood."

Causes.—Cases are recorded between the ages of six months and sixty-one years. Most cases occur in infancy and childhood; more in males than females. The most common cause seems to be disorders of the digestive system, as diarrhea, habitual constipation, worms, and diphtheria. Charles Warrington Earle, of Chicago, gives a case of a healthy girl two and a half years old, in whom tetany occurred on the day after she had eaten heartily of fried potatoes. Perhaps my case was caused by the turkey and cranberry sauce of Thanksgiving, two days before.

It may arise in persons who have had a poor health from other diseases, as pneumonia, bronchitis, chorea, typhoid fever, and dysentery. Exposure to wet and cold has seemed to cause it. Hence some think it is a rheumatic affection. Erb says, "Many physicians have regarded it as an exquisite example of rheumatic disease. In adults, commencing puberty, pregnancy (as in the case I saw in Vienna), and nursing, may cause it. Rachitis is also regarded as a cause, which may hold in my case, on account of the delayed dentition, large size of fontanelle, and enlarged articulations."

Symptoms.—In patients old enough to describe their symptoms, tetany begins with pain in the head and an uneasy, tingling, burning sensation in the limbs. In children the objective symptoms are those first noticed. The peculiar shape of the hands and feet, their rigidity, and pain on pressure are the commonest symptoms. Generally the fingers and toes are flexed on the palms and soles, occasionally extended. At times the joints of the hands and feet are also affected, or the elbow-joint, so that the forearm appears flexed upon the humerus, the hands upon the forearm, and the foot upward or else toward the sole. The thighs may be abducted or flexed, the legs extended or flexed, and the feet extended as in talipes equinus. The contractions are always bilateral and symmetrical. Attempts to straighten out the contractions cause pain. Edema, with a cyanotic tinge of the back of the hands and feet, and occasionally ecchymoses, produced, according to Henchow, by the pressure of the contracted muscles on the intermuscular veins, is oftentimes present. In some cases the muscles of the trunk and head may be affected, but this is rare in children. Troussseau's sign (compression of the artery and nerve supplying the contracted muscles increasing the contractions) can be sometimes observed. The electrical excitability of the nerve supplying the affected muscles is increased, as is also the patellar reflex.

Diagnosis.—This may be made out by the peculiar grouping of the symptoms, the characteristic position of the extremities, and the absence of cerebral and general disturbances. Tetanus neonatorum and organic disease of the brain and spinal cord are the principal diseases with which it may be confounded. Tetanus generally occurs within a few days after birth, almost never after the first month; tetany is very rare under the age of one month. In tetanus the muscles of mastication are early affected; in tetany the contractions begin in the extremities, and the muscles of mastication are never, or only in the last stages, affected. In tetanus the symptoms tend rapidly to become worse and worse, generally ending in death; in tetany, as a rule, the child is soon well. Tetanus is in some way connected with injury to the umbilicus or umbilical cord; in tetany trauma has nothing to do with the case. In organic diseases of the brain the contractions are usually limited to one side, with other symptoms of brain involvement; in tetany the contractions are bilateral.

Prognosis.—In children tetany, when uncomplicated by grave disease causing it, almost always ends in recovery, though it may recur. The duration is from a few days to several weeks or months—indefinite.

Pathology.—Since tetany in children is so rarely fatal, and then usually from the complicating or causative disease, but few autopsies have been made, and in these no lesions have been found which seem to bear a causal relation to the disease. Herz says that clinical phenomena indicate that the disease is due to anemia of the cord.

Treatment.—When the cause is known, especially when from diseases of the digestive system, its removal will soon be followed by the disappearance of the disease. Bromide of potassium, in doses according to age, should be used. Chloral and Calabar bean are recommended. Envelope the hands and feet in hot fomentations, or use massage with alcohol and water. A child of fifteen months recovered in one week on gr. 1/2 zinc sulphate and gr. 1/2 atropia sulphate, three times daily, which is all that is necessary in children. In adults, cannabis indica and morphia hypodermically have been used with good results.
The treatment of diphtheria naturally varies somewhat in accordance with views held as to its being primarily a local or a general disease. Those who believe in a primarily local origin will naturally have a strong interest in destroying in situ the morbid germ before they have had time to generate their virus and poison the organism. Under the other theory, the indication to promote local antisepsis and limit the spread of false membranes is equally recognized; but he who regards the diaphtheritic plaques as only the expression of a general disease, bearing the relationship to the latter which the scarlatinal angina bears to scarlet fever, will not so strongly insist on energetic local treatment as he who looks upon the local lesion as the centre of the infection. Those, doubtless, that hold to the latter view have the most sanguine expectation that a specific will yet be discovered which, applied in time to the morbid focus will nip the disease in the bud.

Certainly the results of the cauterization treatment, carried out with the intent of destroying the microbe in situ, have not been remarkably successful, unless we except the apparently favorable experience with carbolic acid and with phenicated camphor of Archambault and Gaucher, at the Hôpital des Enfants Malades; of Soulez, of Romorantin; of Sevestre, at Hopital Trousseau; and of Barthez, and others adopted substantially this procedure, using muriatic acid, saturated solutions of nitrate of silver, sulphate of copper, etc., forcibly removing false membranes where they could, and cauterizing the denuded surfaces.

It is needless to say that the method of cauterizations, as formerly advocated by this school, has been deservedly pronounced a failure, and is now a thing of the past. Cauterization, as Cadet de Gassicourt says, does not prevent the patches from forming anew; it causes pain and dysphagia, and the more the derm is denuded the more the extension of false membranes is increased and promoted.

It may, however, be said, in defence of the later method proposed by Gaucher and his colleagues, that it is less severe than the methods of Bretonneau and his school, as phenic acid is comparatively a mild caustic, and, in the diluted form in which it is used, effects little destruction of tissue, while being nocuous or destructive to the microbes. It may well be, as these writers claim, that, in cases of adults where this heroic treatment can be properly carried out, it may save life where other methods fail, due pains being removed without violence to the parts beneath them.

**Surgical Treatment of Appendicitis.**

By Randolph Winslow, M.A., M.D. *

1st. Inflammatory affections in the right iliac fossa are almost invariably due to diseased conditions of the appendix vermiformis.

2d. When an abscess forms in the course of such affections, the pus is found, primarily, within the peritoneal cavity, and not in the post-coccal connective tissue.

3d. Many mild, and some severe attacks of appendicitis are recovered from without operation.

4th. When there is severe localized pain, tenderness, and a tumor present in the right iliac region, with the constitutional suppurative inflammation, an early operation is demanded to evacuate the pus. This should be done as early as the third day when possible.

5th. Delay is more dangerous than operation, as the adhesions surrounding the pus may give way, and a rapidly fatal peritonitis may be set up.

**Tests for Albumen in the Urine.**

Dr. Henry Jackson (Boston Med. and Surg. Journal, May 14th), states that the most delicate test for albumen which it is practical to use is the coagulation of the albumen by aciddication with acetic acid and the application of heat. This test is subject to two sources of error: first, if sufficient acid is not added, phosphates may be precipitated, which simulate exactly coagulated albumen; second, if too much acid is added and the urine be boiled, a soluble acid albumen may be formed. The test with ferrocyanide of potassium is exact and easily performed in the office; the specimen of urine is made strongly acid by the addition of acetic acid, and then a few drops of a ten per cent. solution of ferrocyanide of potassium are added. If albumen be present a slight cloud appears in a few seconds, or if the albumen be abundant, a flocculent sediment is formed. There are two objections to this test: first, if the urine be rich in uric acid, the primary aciddication with acetic acid may cause at once an abundant precipitate of urates; second, if there be a large amount of mucin present, a cloudiness is caused by the ferrocyanide due to the coagulation of the mucin. Nitric acid is a most valuable test, as by this means it is possible to demonstrate a very small amount of albumen unless urates are present. A precipitate
may also be caused if the patient is taking any medicine of the balsam class, as copaiba, etc.

Direct experiment has shown that acidification and heat will demonstrate a smaller amount of albumen than nitric acid in the cold. Also the value of this test is not interfered with by the presence of urates or any drugs that I know of.

REVLUSIVE MEDICATION.

By Hubbard M. Smith, M.D.,
Of Vicenza, Ind.

In catarhal troubles with children, especially of the chest, I have found counter-irritants a sheet-anchor in the first stage of the disease. The assertion of the opponents of this course, that they are "useless," even "injurious," and "augmenting fever and suffering," is purely imaginative and bordering on a sickly sentimentality. Often have I been called to the bedside of little sufferers with congestion of the lungs, evidencing pain at each respiration, which was short, with great restlessness and fever, when they have been soothed to a sweet sleep in half an hour or less by a jacket of mustard-cloth, often sinking to sleep while the mustard was on them. To say that such treatment was cruel, useless, and calculated to augment fever is to assert that which experience demonstrates not to be true.

Two years ago I was called to see a brother physician who was suffering greatly from pneumonia and enlarged liver, and he had obtained no rest nor relief. I ordered a mustard-plaster large enough to envelop chest and extend partly over the abdomen. He expressed himself afterwards that the mustard treatment was a revelation to him; its influence was so prompt and marked that he abandoned his theories about rubefacients and blistered for substantial facts. One trouble with the profession as well as the laity in the use of these agents is that they are too sparing with them. To be of material benefit, large plasters must be used, and for effect, not merely pretense in a routine way. I confine my remarks in this article as referring mostly to children. When the child is very young, when I have occasion to use mustard, I order two tablespoonfuls of the strongest mustard (ground) to a pint of boiling water, and then have a cloth, sufficiently large to envelop the whole chest, dipped in this and wrung out so as not to drip when it is wrapped around the child, and a warm, dry cloth is placed over; better if a rubber cloth or oiled silk is used. This application is repeated soon again unless the surface is very red; and when the redness begins to fade the application is repeated. In many cases the congestion never eventuates into inflammation under this treatment, and soon the patient is convalescent. If this plan be pursued early and rigorously, blistering seldom becomes necessary. But in adults, even when the inflammation was passing through its stages, when the patient's case seemed in a balance, and when suffering was acute, I have witnessed quick and permanent relief follow a large blister, followed with an emollient poultice.

THE TREATMENT OF HEADACHES.

By Francis X. Dercum, M.D.,
Of Philadelphia.

A great deal might be said in regard to the treatment of the cases that belong to the group of migraine. In the first place, the patient should be put on such constitutional treatment as will improve the general condition and bring it up to a high standard. Every error of diet should be eliminated, not because the patient has gastric catarrh, but because he suffers with migraine. These patients should be given large amounts of milk in addition to other food. The food given should be in a digestible form. Exercise is another important factor. This should be rigidly insisted upon. However, in spite of what you do, although the attacks may be less frequent, it is improbable that you will be able to stop them altogether. I do not say that this is invariably true, but it is so in many cases. In addition, it is necessary to practice some decided interference at the time of the attack. One plan is to use morphia. Of course, that is a decided way of dealing with pain due to any cause. This is, of course, a dangerous method of dealing with pain, especially where there are recurring attacks, for the patiently inevitably acquires the morphia habit. Again, especially where the migraine is associated with sympathetic spasm, the pain is often relieved by large doses of whiskey, especially if it be given hot. Various drugs have in recent times been given, not only for migraine, but also for other head pains, notably antipyrine and antifebrin. Antipyrine is a very valuable drug, and is a decided addition to our armamentarium. In some way or other the notion has been abroad, and is held by many people, that antipyrine is a dangerous drug. An ordinary individual will stand ten, fifteen, and even twenty grains without noticeable effect on the heart or pulse. Antifebrin is a dangerous drug, and should not be given in large doses. Antipyrine, however, only exceptionally acts as a depressant. A good plan is to associate the antipyrine with bromides. The depressing effect, if any, can be prevented by giving digitalis, or especially by aromatic spirits of ammonia, which is acceptable to the stomach in this condition. Cannabis indica also enjoys a reputation in the treatment of migraine, and a just one. One-fourth to one-half a grain of the extract may be given at intervals of four hours.

In the treatment of functional headaches due to anemia or chlorosis or to hyperemic states, general principles, of course, must guide you. The anemic patient needs the best hygiene, and especially does he need iron. He requires the most nutritious diet. The headache of chronic nervous exhaustion may be given at intervals of four hours. The headaches due to disorders of nutrition, as the various diasthetic headaches, will call for the special treatment. The uraemic, rheumatic and diabetic headaches suggest what is to be done. The same is true of the toxic headaches. I shall here refer to one point only, and that is in connection with the malarial headache. This is not, as a rule, relieved by ordinary doses of quinine, such as would prevent the recurrence of a chill. If you do not give large doses, you will fail. Twenty grains, or even more, are required to make an impression. Where it is necessary to give very large doses it is well, in order to avoid irritation of the stomach, to give the drug in ten-grain doses in capsules every hour with a quantity of milk, until the required amount is taken. In that way the quinine will dissolve slowly in the presence of the curds of the milk, and there will not be much irritation of the stomach. In order to obtain the best effect the remedy should be administered four or five hours before the expected attack.

In regard to headaches of reflex origin, each case will require its appropriate treatment. The eye, nasal and gastric headaches suggest their respective treatment. Gastric headaches are due to chronic gastritis, and the treatment should be directed to the relief of this condition. Do not let yourself be turned aside from the proper thing to do by dabbling with pepsin and other digestants. Put the patient on a bland diet, give him nothing but milk, perhaps with a few crackers, or stale bread. To this possibly may be added beef juice from time to time. If he will consent to give the stomach a rest he will will consent to give the stomach a rest he will
she got worse, and after a time typical hemi-
as it might have been. Instead of improving
good health. She had a good color; she was
rest
experience. I had under my care, some years
hysterical. Otherwise she was apparently in
in hysteria, I will cite a case from my own
must guide you. You must treat the hyster-
followed by the administration of an alkali,
ach is relieved. The vomiting should be
warm water until he could retain no more.
there be formed, as some assert, an albumi-
nate of silver, there can be no doubt that the
procedure. The cases in which recovery ensues
opinion, unless operative interference is car-
and eventually lost the sight of the eye upon
the anaesthetic side. I merely cite this case
to show how profound hysteria may be,
her. For the painful congestion in the frontal
sinuses, cloths wrung out in hot water and
laid on the forehead gave relief, as did also
antipyrine used in fifteen-grain doses.

RESULTS OF A STUDY OF TWENTY-EIGHT CASES OF APPENDICITIS.
BY GEORGE RYerson FOWLER, M.D.,
Of Brooklyn, N. Y. *

My judgment is that in all cases in which in-
flammatory conditions referable to the appendix
vermicularis are present, extreme danger to life exists; whether the simple catarrhal
variety of the disease, or impacted faecal mat-
to life exists; whether the simple catarrhal
inflammatory conditions occurring in the
neighborhood of the cecum. The great
majority of these cases will perish; in my
opinion, unless operative interference is car-
rried out. The exceptional cases in which re-
covery without operation has taken place,
have probably led to the death of a very con-
siderable number of other patients who should
have been operated upon and saved.

The question of early exploratory laparot-
omy is an important one, and, I believe, will
be a source of greater concern to the attend-
ing physician and operating surgeon than
any other feature of the case. Bearing in
mind my own cases, in which early operation
was indicated and refused, and in which death
occurred,—and, on the other hand, the good
results which in other cases have followed
operative interference,—and again, the fact
that some of these were cases denominated
of the mild type, which would ordinarily
have been relegated to purely medical treat-
ment, and in which the operation disclosed
a most desperate condition of affairs, I be-
lieve that early operative interference is in-
dicated. In the majority of cases this will
reveal conditions which fully justify the pro-
cedure. The cases in which recovery ensues
after the disease is well under way are exceed-
ingly rare. In my judgment the surgeon
would be justified in opening the abdominal
cavity and making an exploration of the
right iliac fossa in doubtful cases, determining
as a result of that exploration whether or not
further interference be indicated.

THE TREATMENT OF INFLUENZA.

Dr. A. Greenwood (Boston Med. and Surg.
Journal, April 30th) relates his experience as to
"those things which have given the most relief"
in influenza in recent cases.

In no case has treatment been begun on the
first day; but for the severe headache of the
second day antipyrine, in fifteen-grain doses,
have served me well, and given much relief to
patients.

For the sore throat and painful laryngitis,
hot, moist applications are indicated, either in
form of poultices or cloths wrung out of hot
water; and the relief thus afforded, as I can
testify, is very grateful.

For the feeling of soreness and tightness in
the chest, nothing gave so much relief as a
clear mustard paste to the front of the chest.
left on fifteen or twenty minutes till the skin
was well reddened.

At night the patient should take ten grains
of Dover's powder, which will probably insure
a good night's rest; and this may be repeated
the following night.

As the expectoration ceases, the cough be-
comes useless and distressing to the patient,
and to relieve this one of the anodyne cough
mixtures may be given. I have had very
good success with a combination of morphine
and hydrocyanic acid, as in the following:

B. Morph. sulph., gr. 1/2
Acet. hydrocyan. dil., 3/4 dr.
Syr. tolu. 3/4 dr.
Syr. simp. ad 3/4iv. M.
Sta.—Teaspoonful every three hours, for cough.

This will usually stop or relieve the cough
so that it need not be taken more than two or
three times a day after the first few doses.
One patient did not follow directions, but
continued the medicine after the cough had
stopped until such marked physiological
effects of the hydrocyanic acid appeared as to
frighten her.

TREATMENT OF SIMPLE CHANCRE.*

In the Revue Generale de Clinique et de
The rapeutique, Castel, after pointing out that
the danger of this lesion resides in great part
in its virulence and in the facility with which
re-inoculation is possible, proceeds to con-
sider the best applications for its relief. After
reminding us of the fact that Ricord habitually
employed the charcoal and sulphuric acid
treatment for this purpose, and obtained from
its use very extraordinary results, he draws
attention to the more recent methods of treat-
ing the disease, also calling attention to the
use of Canquoin's paste. Diday and Fournier
recommend the employment of a solution of
nitrate of silver, and the latter has found that
the application of a 3 per cent. solution pro-
duces very excellent results. The lesions
should be dressed with a tampon of absorbent
cotton dipped in this solution and renewed
three times a day. With this treatment simple
chance should be cured in from three to six
weeks, and it may be advisable to apply not
only antiseptic washes, but oxygen water and
solutions of chloral or Labarrage's solution.

According to Rollet and Mauriac the follow-
ing applications are also very useful:—

B. Water, 6 drachms
Lemon-juice, 75 grains
Laudanum, 45 minims
Gouraud's extract, 1 drachm.

Or.

B. Water, 1 ounce
Citric acid, 45 grains
Hydrochloric acid, 45 grains
Perchloride of iron, 45 grains

THE USE OF ASTRINGENTS IN TREATMENT OF EYE DISEASES.

BY JULIAN J. CHISOLM, M.D.,

Of Baltimore, Maryland.

When you have made the diagnosis sure, and you have a case of conjunctivitis to treat; if it be a mild case, restrict your applications to the mild astringent, of which borax, grs. x to 3j. is the type. When more redness, grittiness and secretion is visible, use sulphate of zinc, never exceeding gr. j. to 5j. of water three or four times a day. In the more severe cases, accompanied with muco-purulent secretion in more or less abundance, use yourself, in the eyes, once a day, a nitrate of silver solution, grs. v. to 3j. of distilled water. Never give this to a patient for home use; while you are daily instilling the caustic solution yourself, let the patient have a mild astringent for more frequent applications at his home.

I have said nothing of boric acid solutions, so extensively used by some. It possesses no astringent properties. In the treatment of conjunctivitis, in my hands at least, it has been as inert as rose-water, to which the world and its ravages on the blood, mercury becomes a blood-spoiler than mercury when judiciously employed in fractional doses, in combating inflammations, whether acute or chronic, should be absolutely discarded.

3. Calomel has a limited usefulness in infantile therapeutic practice, but principally as a gastric sedative and as a thorough antiseptic cathartic.

4. Calomel is an efficient purgative, stimulating the secretions of the intestines and the bladder. The urine, flowing constantly and remaining so long unchanged in the alimentary canal that it exercises a local antiseptic and sedative effect, and hence proves valuable in many morbid states of that canal.

As a cathartic, it is good to clear the prime vitia, especially when no other cathartic can be borne, owing to irritability of the stomach; in the onset of some inflammatory or febrile diseases it may have a useful depurative and even derivative effect.

5. In obstetric "billious" complaints calomel has a place which is entirely subordinate to other more rational and hygienic modes of treatment.

THE PLACE OF MERCURY IN THERAPEUTICS.

BY E. P. HURD, M.D.,

Of Newburyport, Mass.

1. Mercury must still take the palm over all other remedies in the treatment of syphilis. Here the choice is between two evils; but the syphilitic poison is a greater blood-spoiler than mercury when judiciously administered; and, in antagonizing and destroying the virus of syphilis and preventing its ravages on the blood, mercury becomes a genuine reconstituent tonic. The mercurial treatment is not to be commenced till the symptoms of the disease have declared itself, and is to be instituted only in the secondary stage.

2. Mercury (under the form of calomel) has no place in medicine as an antiphlogistic or alterative, and its employment in fractional doses, in combating inflammations, whether acute or chronic, should be absolutely discarded.

3. Mercury must still take the palm over all other remedies in the treatment of secondary syphilis. Here the choice is between two evils; but the syphilitic poison is a greater blood-spoiler than mercury when judiciously administered; and, in antagonizing and destroying the virus of syphilis and preventing its ravages on the blood, mercury becomes a genuine reconstituent tonic. The mercurial treatment is not to be commenced till the symptoms of the disease have declared itself, and is to be instituted only in the secondary stage.

2. Mercury (under the form of calomel) has no place in medicine as an antiphlogistic or alterative, and its employment in fractional doses, in combating inflammations, whether acute or chronic, should be absolutely discarded.

3. Calomel has a limited usefulness in infantile therapeutic practice, but principally as a gastric sedative and as a thorough antiseptic cathartic.

4. Calomel is an efficient purgative, stimulating the secretions of the intestines and the bladder. The urine, flowing constantly and remaining so long unchanged in the alimentary canal that it exercises a local antiseptic and sedative effect, and hence proves valuable in many morbid states of that canal.

As a cathartic, it is good to clear the prime vitia, especially when no other cathartic can be borne, owing to irritability of the stomach; in the onset of some inflammatory or febrile diseases it may have a useful depurative and even derivative effect.

5. In obstetric "billious" complaints calomel has a place which is entirely subordinate to other more rational and hygienic modes of treatment.

SALOL AS AN ANTISEPTIC IN CANCER OF THE UTERUS.

OF the symptoms characterizing cancer of the uterus in its later stages, more especially when it is complicated by a vesico-vaginal fistula, none is more trying to the poor sufferer than the constant and copious discharge of muta-viz., a phenylsulphate and salicylic acid—keeps the parts sweet, and its action adds greatly to the comfort of the patient.

TREATMENT OF GONORRHOEA IN A CHARITY HOSPITAL.

BY C. D. ROY, A.B., M.D.

In a charity hospital like this, it is very seldom that patients come in with a gonorrhoea in the acute stage. By acuteness I mean the very commencement of the discharge. They generally come in after the discharge has lasted a week or more. If the history gives any acute character at all, and not that of chronicity, the patient is put on the following mixture:

B. Potassii acet., 3j.

Sia.—One teaspoonful three times a day.

The same time the urethra is irrigated by hot bichloride solution (1-30,000) three times daily. No stimulating drinks in the way of tea or coffee are allowed. If under this regime the symptoms do not abate, mild injections of the following solution are instituted:

B. Zinc sulph., 5j.

Aquae. 3j.

Sia.—One teaspoonful three times a day.

The urine is always kept bland and unrattitating, and I have found the above method very satisfactory.

In giving these modes of treatment, it must be borne in mind that I am giving those which have proven most efficacious among the large number which is yearly treated in the hospital.

Dr. Jules Simon considers insomnia a symptom of much importance in infants. In many diseases it is a symptom of minor importance, and of no special interest. In others it is one of the chief manifestations of the disease. The influence of delirium has been greatly exaggerated. Unless congestion of the gums or surrounding parts is present, it causes but little disturbance of the sleep. Dyspepsia and indigestion are the most common and universal causes of disturbed sleep, even without the definite symptoms of vomiting, diarrhoea, or marked constipation.

A discussion of the treatment would involve a review of the whole subject of dietetics. Causes referable to the nervous system probably occur next in frequency. All young infants may, even in the first year, present evidences of acute cerebral congestion. Extremes of either cold or heat may produce the same
result. A child that has been exposed to a strong wind during its daily airing, or one that has had insufficient protection from the sun, may pass a restless and uncomfortable night. This condition must be distinguished from the insomnia of meningitis, which, in some cases, is for many days the only sign. In older children, headache due to overtaxing of the brain is not uncommon. Anemia and rapid growth, in conjunction with over-study, is a fruitful cause of insomnia. In children of rheumatic parents this tendency is especially marked. Among nervous causes in these older children, hysteria, chorea, and epilepsy are the most common.

The young hysterical subject is always liable to insomnia, with or without headache. Some attribute all headaches of this period to over-study, but the author believes that the distinction should be carefully made between such headaches and those due simply to rapid growth and over-study. The insomnia of epilepsy is peculiar to itself, and is sometimes the only symptom for a considerable period. The child suddenly wakes from profound sleep, as if exhausted, and falls into a deep sleep. These attacks are always accompanied by incontinence of urine. Insomnia complicating chorea is an exceedingly grave symptom. Earache is always accompanied by insomnia, and usually by continuous crying. Hernia is a cause of pain and sleeplessness that is frequently overlooked. Intermittent fever is in some cases more marked by wakefulness at a definitely recurring period. Insomnia and headache are prominent and early symptoms of albuminuria.

NAVEL OBSTRUCTION.*

At a recent meeting of the Medical and Surgical Society of Baltimore, Dr. Jno. N. Mackenzie urged more careful attention to the nose than it receives, in combating different abnormal conditions. Respiration should be through the nose, and should be unobstructed. If it is not, the cause of the obstruction should be found and removed. Sir Morell Mackenzie thought that the so-called American catarrh is due to dust in the air; the author is of the opinion that our sudden changes of the temperature are at least as much to blame. They both act by inducing congestion of the nasal erectile tissue, and finally hypertrophy and obstruction by continued irritation.

Mouth breathing is the cause of different forms of damage to the respiratory tract; the inspired air being cold and filled with impurities. In order to fulfil their function the Eustachian tubes require nasal respiration. Obstruction in the nasal cavity will cause obstruction in them, interfering with the admission of air to the middle ear, and inducing middle ear disease. Different affections of the eye may also be traced to the same source.

THE NECESSARY PEROXIDE OF HYDROGEN.

By Robert T. Morris, M.D.,
Of New York.

Stop suppuration! That is the duty that is imposed upon us when we fail to prevent suppuration.

As the ferret hunts the rat, so does Peroxide of Hydrogen follow pus to its narrowest hiding place, and the pyogenic and the other micro-organisms are as dead as the rat that the ferret catches when the Peroxide is through with them. Peroxide of Hydrogen, \( \text{H}_2\text{O}_2 \), in the strong 15 volume solution, is almost as harmless as water; and yet, according to the testimony of Gifford, it kills anthrax spores in a few minutes.

For preventing suppuration we have bichloride of mercury, hydronaphthol, carbolic acid, and many other antiseptics; but for stopping it abruptly, and for sterilizing a suppurring wound, we have only one antiseptic that is generally efficient, so far as I know, and that is the strong Peroxide of Hydrogen.

Therefore I have qualified it, not as "good," not as "useful," but as "necessary." In abscess of the brain, where we could not thoroughly wash the pus out of tortuous canals without injuring the tissues, the \( \text{H}_2\text{O}_2 \) injected at a superficial point will follow the pus, and throw it out, too, in a foaming mixture. It is best to inject a small quantity, wait until foaming ceases, and repeat injections until the last one fails to bubble. Then we know that the pus cavity is chemically clean, as far as live microbes are concerned.

In appendicitis, we can open the abscess, inject Peroxide of Hydrogen, and so thoroughly sterilize the pus cavity that we need not fear infection of the general peritoneal cavity, if we wish to separate intestinal adhesions and remove the appendix vermiformis. Many a patient who is now dead could have been saved if Peroxide of Hydrogen had been used when he had appendicitis.

The single means at our disposal allows us to open the most extensive abscesses without dread of septic infection following.

In some cases of purulent conjunctivitis, we can build a little wall of wax about the eye, destroy all pus with Peroxide of Hydrogen, and cut the suppuration short. Give the patient ether, if the \( \text{H}_2\text{O}_2 \) causes too much smarting. It is only in the eye, in the nose and in the urethra that Peroxide of Hydrogen will need to be preceded by cocaine (or ether) for the purpose of quieting the smarting, for it is elsewhere almost as bland as water.

It is possible to open a large abscess of the breast, wash it out with \( \text{H}_2\text{O}_2 \), and have recovery ensue under one antiseptic dressing, without the formation of another drop of pus.

Where cellular tissues are breaking down, and in old sinuses, we are obliged to make repeated applications of the \( \text{H}_2\text{O}_2 \) for many days, and in such cases I usually follow it with balsam of Peru, for balsam of Peru, either in fluid form or used with sterilized oakum, is a most prompt encourager of granulation.

If we apply \( \text{H}_2\text{O}_2 \) on a probang to diptheritic membranes at intervals of a few moments, they swell up like whipped cream and come away easily, leaving a clean surface. The fluid can be snuffed up into the nose and will render a fetid ozena odorless.

Class-Room Notes.

—Before the clinic Dr. Lewis Brinton prescribed the following, in a girl sixteen years of age, who had chlorosis:—

\[
\begin{align*}
\text{B.} & \quad \text{Acid arsenios,} & \text{gr.} & \frac{1}{4} \\
& \quad \text{Ferri sulphat,} & \text{gr.} & \frac{1}{2} \\
& \quad \text{Potassii carbonat,} & \text{gr.} & \frac{1}{6} \\
& \quad \text{Adipis,} & \text{S iv.} & \text{M.} \\
\end{align*}
\]

Divid. in pil. j.

SIG.—Two pills t. d.

—Dr. Cantrell gave the following prescription in a case of scabies:—

\[
\begin{align*}
\text{B.} & \quad \text{Beta naphthol,} & \text{gr.} & \frac{1}{2} \\
& \quad \text{Saliphr,} & \text{gr.} & \frac{1}{6} \\
\text{M.} & \quad \text{Sto,—Apply to affected part.} \\
\text{Sto.—Frequent bathing; and the clothing is to be scalded.} \\
\end{align*}
\]

—Prof. Brinton states that after the dilatation of a stricture of the urethra, if a cold stream of water is allowed to flow on the under surface of the head of the penis, it will give great relief from the pain following the dilatation. In these cases he always gives one drachm of paregoric to prevent shock.

—A favorite prescription of the out-door medical department of the Jefferson Medical College Hospital, in cases of difficult digestion accompanied by constipation and flatulency, is the following:—

\[
\begin{align*}
\text{B.} & \quad \text{Tinct. nucis vomicae,} & \text{gr.} & \frac{5}{ij} \\
& \quad \text{Tinct. belladonnae,} & \text{gr.} & \frac{5}{ij} \\
& \quad \text{Extract. physostigmas,} & \text{gr.} & \frac{5}{ij} \\
& \quad \text{Extract. eurystroxyin, q. s.} & \text{gr.} & \frac{3}{ij} \\
\text{M.} & \quad \text{Sto,—Apply to affected part.} \\
\text{Sto.—A teaspoonful t. d. after meals.} \\
\end{align*}
\]

—Another prescription that had been used with much success for chronic diarrhea is:—

\[
\begin{align*}
\text{B.} & \quad \text{Iodoform,} & \text{gr.} & \text{v.} \\
& \quad \text{Salol,} & \text{gr.} & \frac{5}{ij} \\
\text{M.} & \quad \text{Sto,—Two pills t. d.} \\
\end{align*}
\]
ANTISEPTICS AND OTHER FOOD PRESERVATIVES.

One of our esteemed contemporaries * has recently devoted considerable attention to this subject, in the interest of human health; and has pointed out that many chemical substances are now being used for the preservation of food, on account of their value as antiseptics. We suppose the dealers in articles of human sustenance look at the matter commercially only, when they take steps to prevent decomposition of food, by anticipating the attacks of microorganisms upon it, or to destroy those which should their invasion have advanced so far; but it becomes an interesting question whether dietetic articles are likely to gain anything in palatability, digestibility, or wholesomeness, after being subjected to artificial methods of preservation, offered them by intimate contact with such diverse chemical agents as saccharin, salicylic acid, bisulphate of lime or of potassium, or the numerous copyrighted powders, solutions and preservatives, which have been devised for this object.

As the writer of the article referred to justly remarks, the people of the United States are too busy to trouble themselves very greatly about what they eat. Laws concerning food do not exist in many of the States, and are not well enforced in any of them; conse-


sequently there has been but little investigation into the extent of the use of chemical food preservatives. The writer refers as follows to matters in his personal experience, and concludes his paper with a strong protest:—

"I can speak authoritatively of at least one class of food materials, namely, fermented alcoholic beverages, wine, beer and cider, with which my official work has had much to do of late years. In Bulletin No. 13, part III, of the Department of Agriculture, I published the results of the examination of a large number of wines and beers purchased in Washington. Of samples of beer not contained salicylic acid. These were all bottled beers, and constituted nearly one-third of the entire number of bottled beers examined, 19.

Of the 70 samples of wines examined, 18 had received an addition of salicylic acid, and 13 of sulphurous acid, making altogether over 40 per cent. of the entire number. This investigation was made in 1886. The practice of adding antiseptics has undoubtedly increased since, and I have no hesitation in saying that over one-third of the bottled beer now sold in Washington is preserved with antiseptics. I have samples of some non-alcoholic beverages which an unrestricted use of antiseptics has rendered possible and called into being. Here is a sample of 'orange cider,' so called, no doubt, because it contains neither cider nor orange juice, which is bottled and sold in Washington. It is a solution of sugar slightly acidulated with tartaric acid, and flavored to make it agreeable to the taste, and preserved from fermentation by a strong dose of salicylic acid. Here is another sample of a similar substance, received by me from Pennsylvania, called 'orange wine' in this case, which is very heavily loaded with salicylic acid.

"This sample of 'cherry wine' I have found to be preserved with saccharin, as also this sample of 'unfermented wine.' I believe this is the first published mention of the occurrence of saccharin in food products in the United States.

"We have an enormous amount of food adulteration in this country, but the greater part of it is such as lowers the quality of the article by cheap substitutes without introducing injurious materials. The addition of antiseptics, however, does both, for it not only introduces a dangerous foreign substance into the food, but it also enables the dealer to dispose of articles improperly prepared for preservation, or of an inferior quality, by preventing their decomposition until he has worked them off his hands. The question of the harmfulness of these agents when taken into the system it is, of course, more properly the province of the physiologist and therapeutist to determine. It seems scarcely rational to believe, however, that substances capable of arresting or destroying the action of microorganisms or fermentative agents of microorganisms or fermentative agents outside of the body should have no effect whatever upon the processes of digestion, which are well known to be themselves dependent upon the action of the same or similar causes."
of bacteriology, we can recommend this treatise as undoubtedly offering the best presentation of the subject yet issued.


This is an excellent little work, being the latest issue of the useful series, "The Physician's Leisure Library." Its practical hints make it a desirable book for the physician to have always within reach. The author is well known for his special adaptedness for pediatric practice and as a teacher in this important department of medicine.

**Medical Symbols, in connection with Historical Studies in the Arts of Healing and Hygiene.** Illustrated. By Thomas S. Szolinskey, M. D., Ph.D. 171 pages. $1.00, net. F. A. Davis, Publisher, Philadelphia.

It is well for the physician to turn aside occasionally from the well beaten path of the practical present, to lose trodden fields of research. This posthumous work is the outcome of an essay on the same subject which appeared during the author's life in a medical periodical. Medical Mythology, Talismans, Amulets, Pharmacists' Symbols, and numerous other matters for reflective study, form the leading subjects of the various chapters.

**Fever: Its Pathology and Treatment by Antipyretics.** By Hobart Amory Hare, M. D., B.S.C. 166 pages. $1.25 net. F. A. Davis, Publisher.

To this interesting essay was awarded the Boylston Prize of Harvard University in July, 1890. It is a lucid description and examination of the various antipyretics employed in the treatment of fever, and as such will possess more practical interest to the profession than the mere study of fever as an entity or a pathological curiosity.


The three chapters of this work include the skin, the hair and nails, the mouth; surfaces and cavities to which cosmetics are conveniently applicable. Although from the title "cosmetics" the work might seem to be one adapted to the popular fancy, it is really intended for medical men and their pharmaceutical cousins, giving nearly 300 formulæ of value to both classes, the appropriate remedies employed being carefully considered and their utility explained.

"Protection or Free Trade?" By Henry George, of New York.

This work is interesting to men of all professions and modes of thinking, no matter whether they agree with the author's views or not.

**Seventeenth Annual Report of the Secretary of the State Board of Health of Michigan, 1890.**

**Pamphlets Received.**

- 'Hypertrophy of the Pharyngeal Tonsil.' By E. Fletcher Ingals, A. M., M. D., Chicago.
- 'A Clinical Study in the Diagnosis and Treatment of Hyperpyrexia.' By Howard F. Hansell, M. D., Philadelphia.
- 'A Death Caused by a Uterine Dilator.' By Howard A. Kelly, M. D., Baltimore.
- 'Sacro-Iliac Diseases.' By Benjamin Lee, A. M., M. D., Philadelphia.
- 'Possible Sterilization of City Water.' By R. Meade Bache, Philadelphia.
- 'Proceedings of Sanitary Convention held at Alpena, Mich., July 10th and 11th, 1890.'
- 'Eleventh Inaugural Address.' By Clark Bell, Esq., President of the Medico-Legal Society, New York.

- 'An Address before the Medical Society of the State of California, April, 1891.' By W. R. Cluness, M. D., President.

**Therapeutic Briefs.**

- Dr. A. Levy (Pharm. Record, May 14th, 1891), states that the extensive use of Thiersch's solution (named after a German surgeon) in many modern abdominal, intestinal, and bladder operations, conducted in hospitals and frequently at the patient's residence, and in urethral and uterine irrigations performed at the surgeon's office, has induced him to recommend the combination of this solution (consisting of salicylic acid 2 parts, boracic acid 12 parts, in 1000 parts of water) in the form of compressed tablets, each containing—
  - Salicylic acid, resublimed, 14 grains.
  - Boracic acid (boric) resublimed, 84 grains.

To each tablet is added sufficient distilled hot water to measure 1 pint. The solution may thus be prepared as needed.

Löffler (Deutsche Med. Wochen., in Med. News, May 24) recommends that as a prophylactic at times of threatening danger from Diphtheria healthy persons should gargle, for five or ten seconds, every three or four hours, with a 1:10,000 or 1:15,000 solution of corrosive sublimate, or, perhaps better, because the taste is less disagreeably metallic, with a 1:8000 or 1:10,000 solution of cyanide of mercury. Chloriform water (1 part chlorine in 1000 parts water) and thymol (1 part dissolved in 500 parts of 20 per cent. alcohol) may also be used. Mosler's method of gargling, accurately described in the Deutsche Med. Wochenblatt, No. 1, gives the best results. In the form of vapor, such remedies as oil of citron and oil of eucalyptus are especially active.

When a person is affected with the disease, in addition to gargling with the weaker solutions as mentioned, he should gargle, every three or four hours, with agents capable of destroying the cultures. The most appropriate of the latter class, according to Löffler, are solutions of corrosive sublimate, 1 to 1000; 3 per cent. carbolic acid, dissolved in 30 per cent. alcohol; and alcohol and oil of turpentine, each with 2 per cent. carbolic acid. The throat may also be painted thoroughly and repeatedly with 5 per cent. carbolic acid, 2 per cent. bromine, or 1 per cent. chlorine solutions. Concentrated aqueous solutions of creosol, especially p- and o-creosol, also deserve mention.

- In the Journal de Médicin de Paris (Therapeutique Gazette), the following ointment is recommended to be rubbed into the affected parts twice daily, to remove the Pigmentations which so often disfigure pregnant women—
  - B. Cocoa butter, Castor-oil, Oxide of zinc, Essence of rose, enough to perfume. M.

- Koch's Tuberculine, Liebreich's Cantharidinate of Potash, the transfixion of the arterial blood of the goat into the veins of the tuberculous patient as suggested by Dr. Bernheim, the injection of the serum of dog's blood as suggested by MM. Hericourt and Richet, the subcutaneous administration of gold and manganese commended by Prof. J. B. White, Dr. Rousseau's treatment by the injection of aromatic vegetable essences or perfumes, may all be regarded as still sub judice for treatment of Pulmonary Consumption. The most promising method is now considered to be the injection of chemically pure iodine and chloride of gold and sodium, in connection with the inhalation of chlorine gas, as commended by Dr. E. L. Shurly, Professor of Clinical Medicine and Laryngology, Detroit College of Medicine, and Dr. Heneage Gibbes, Professor of Pathology, University of Michigan. The necessary solutions should be absolutely pure and of uniform quality. Messrs. Parke, Davis & Co. announce that, at the request of Dr. Shurly, they have prepared solutions of chemically pure iodine and chloride of gold and sodium, which are put up in
one ounce bottles, and will furnish physicians with clinical reports embracing the method of using these remedies.

—The Revue Gén. de Clin. et de Thérap. (Med. News, April 18th) gives the following treatment of Mure for hysterical cases of Hyperesthesia or Anesthesia of the Larynx. Internally he prescribes large doses of bromide of potassium for hyperesthesia, or the sulphate of strychnia to those who have anesthesia.

Externally he makes application of the following on each side of the larynx—

B. Hydrochlorate of cocaine, dissolved in alcohol, 2 grains
Metallic iodide, 1/2 grain
Iodide of potassium, 1/2 grain
Laudanum, 15 drops
Pure glycerin, 1/2 ounce.

Or—

B. Hydrochlorate of cocaine, dissolved in alcohol, 4 grains
Metallic iodide, 1/2 grain
Iodide of potassium, 4 grains
Pure glycerin, 1 ounce.

Or in other cases morphine may be used in place of the cocaine as follows—

B. Hydrochlorate of morphine, 2 grains
Metallic iodide, 1/2 grain
Iodide of potassium, 1/2 grain
Pure glycerin, 1 ounce.

—Psoriasis, D. C. W. Allen (Brooklyn Med. Journal, May, 1891) states, that in view of the irritating and discoloring qualities of chrysarobin, such other drugs as anthrarobin, hydroxylamine, pyrogallol, aristol, chrysarobin, such other drugs as anthrarobin,

hydrochlorate of cocaine, 2 grains

Or in other cases morphine may be used in place of the cocaine as follows—

B. Hydrochlorate of morphine, 2 grains
Metallic iodide, 1/2 grain
Iodide of potassium, 1/2 grain
Pure glycerin, 1 ounce.

—Dr. Rothe (British and Colonial Drug- gist) has used in Erysipelas an ointment prepared as follows—

Creolin, 1/2 parts
Cretar prep., 1/2 parts
Azoing ppcr, 1/2 parts
Oil. menth. pip., gtt 15 "

This is spread in the thickness of the blade of a knife over the diseased parts twice or three times a day, a thin layer of cotton-wool being applied as a covering. In from twelve to twenty-four hours improvement was always apparent, and the disease was cured in three or four days. The same ointment also did good service in a case of weeping eczema of the face, as also in several cases of eczema in children. A patient suffering from scabies was treated with a thorough washing with soft soap and inunction of this ointment, with such a decided effect that Dr. Rothe considers creolin to be undoubtedly specific for the disease.

—The Boston Med. and Surgical Journal, of recent date, quotes the following prescriptions—

Fissures of the Tongue.—The following is given in Medicine Moderne, No. 10, 1891 :

R. Acidi carbonici, gr. xiij
Tinct. iodi, 3 grains
Glycerin., aa 3)

Sig.—Paint carefully in the fissures.

Emulsion of Cod-Liver Oil.—The Formulary advises the use of condensed milk as a vehicle for emulsions, and gives the following for cod-liver oil—

R. Cod-liver oil, 8 parts
Condensed milk, 3 parts
Glycerin, 3 parts
Distilled water, 2 parts
Oil of bitter almonds, 1 ounce

Rub the condensed milk in a mortar, adding the cod-liver oil little by little, and finally the water and glycerin.

Cocaine in Asthma.—C. R. Sylva (Indian Med. Gaz., March, 1891) reports a case in which very severe attacks of asthma were in a few minutes completely relieved by the following subcutaneous injection—

R. Cocaine hydrochlor., 4 grains
Morph. sulph., aa gr. 1/4
Aquæ destil., q.s. M.

—Dr. W. Thornton Parker (Med. News, May 6th), referring to Professor Von Gieth’s External Treatment of Chest Diseases, at Munich, by olive oil, states that the method which has been found most convenient is to pour the quantity of olive oil required into a moderate-sized bowl, which has been previously warmed, which will take off the chill from the oil. A large strip of soft cotton cloth (an old pillow- or bolster-case will give just what is required) is then prepared, to completely encircle the patient’s chest. The strip is then placed in the bowl of oil until it is completely saturated, or rather super-saturated with the material. This is then applied to the patient’s chest, and outside this strip a second one is placed of dry cloth, and when necessary a third strip may be used. Flannel and linen are not suitable in this treatment—old, soft, white bleached cotton is what is needed. The strips are secured and held firmly in place by safety-pins. This treatment will be found most acceptable to patients and successful in results. At first the idea of the oil next to the skin may be repulsive, but very shortly patients learn to like it and recognize the comfort its application is almost certain to induce.

—The following is recommended by Kas soudski as a useful application in the treatment of internal and external Hemorrhoids (Revue de Thérap. Médico-Chirurg., in Med. News). For internal hemorrhoids, he prescribes—

R. Chrysarobin, 15 grains
Iodoform, 5 grains
Balsam. Peruv., 3 parts
Extract of belladonna, 8 grains
Cacao butter, 6 drachms. M.

Of this are made ten suppositories, and one suppository ought to be inserted into the rectum each day. After five or six hours the pain and the tumor diminish. The treatment may continue for several months without harm.

For external hemorrhoids the author recommends washing them with a solution of corrosive sublimate of the strength of 1 to 1000, or of carbolic acid, 1 to 50. After this the following salve may be applied—

R. Iodoform, 5 grains
Extract of belladonna, 8 grains
Vaseline, 1 ounce. M.

—As the result of personal observations, Dr. Richelot (L’Union Médicale, in Med. Record), presents the following conclusions:

1. On account of the proximity of the uterus the chill from the oil. A large strip of soft cotton cloth (an old pillow- or bolster-case will give just what is required) is then prepared, to completely encircle the patient’s chest. The strip is then placed in the bowl of oil until it is completely saturated, or rather super-saturated with the material. This is then applied to the patient’s chest, and outside this strip a second one is placed of dry cloth, and when necessary a third strip may be used. Flannel and linen are not suitable in this treatment—old, soft, white bleached cotton is what is needed. The strips are secured and held firmly in place by safety-pins. This treatment will be found most acceptable to patients and successful in results. At first the idea of the oil next to the skin may be repulsive, but very shortly patients learn to like it and recognize the comfort its application is almost certain to induce.

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1. On account of the proximity of the uterus
—According to the *Journal de Médecine de Paris* (May 16th), Lutaud employs the following pills for the purpose of producing sexual stimulation:

- **B.** Powdered mix monica, ½ grain.
- **C.** Bromide of iron, 13 grains.
- **D.** Phosphorus, ½ grain.

Excipient, a sufficient quantity.

Make into twenty pills and take one each night.

In addition to this treatment the patient should resort to hot and cold douches and gymnastic exercise, massage, and systemic tonics, and frequently coca will be found of value, as in the opinion of Lutaud this drug possesses very distinct aphrodisiac properties.

—Cayet, in a Paris thesis (*Revue Internat. de Bibliog. Médi.*, in *Med. News*), gives a method of treatment which was employed by Talamon in the treatment of the pustules of smallpox, and which he has used for the relief of erysipelas. The following solution is applied to the affected parts by means of an atomizer:

- **B.** Corrosive sublimate, ½ grain.
- **C.** Tartaric or citric acid, ½ grain.
- **D.** Alcohol, 1½ drachms.
- **E.** Sulphuric ether, enough to make 3 ounces.

This solution should not be sprayed into the nostrils, and the eyes must be protected. The atomizations are to be repeated two or three times a day, and Cayet asserts that the cutaneous inflammation passes away in four days under this treatment.

—Dr. Stephen Smith (*Med. Record*, May 30th) refers to the treatment of peritonitis by opium: “Whatever may be the possibilities of the art of surgery in the treatment of peritonitis, and they are by no means inconsiderable, the question may be pertinently asked, Has any remedy or combination of remedies in the hands of the physician, given results equal to, or better than opium, in a series of cases similar to those recorded in this paper? And if it be true that by employing opium, as recommended by Professor Clark, more than fifty per cent. of cases of peritonitis as met with in practice can be saved, should not this method of treatment be at once adopted in all cases, and the resources of surgery be applied where all the manifestations of the disease indicate the necessity of its additional remedial measures?”

—Picot (*Semaine Médicale*, in *Boston Med. and Surg. Journal*, May 28th) uses for subcutaneous injection in pulmonary tuberculosis a clear fluid, made by dissolving one centigramme of iodoform and five centigrammes of guaiacol in one cubic centimeter of sterilized olive oil and vaseline. This is the initial dose, and it is gradually increased to three cubic centimeters. The supraspinous fossae are chosen for the injection. Diamantberger (*Gazette des Hôpitaux*) uses the following injection:

- **B.** Guaiacol.
- **C.** Oil of sweet almonds, ½ oz.
- **D.** Hydrochlorate of cocaine, gr. v. M.

This is sterilized by heat. The amount used must be regulated by the reaction. The author commonly injects seven minims every second day for two weeks, and then increases the frequency and the amount.


- **B.** Bichloride of mercury, 3 grains.
- **C.** Arsene of sodium, ½ grain.
- **D.** Sulphate of strychnine, ⅙ grain.
- **E.** Carbonate of potassium, ½ grain.

Make into sixty pills and give one pill after each meal.

—For eczema of the anus and genital organs, Lustgarten advises, in *La Semaine Médicale* (May 16th), the following ointment:

- **B.** Olate of cocaine, ½ to 30 grains.
- **C.** Lanolin, 1 ounce, 2 drachms.
- **D.** Olive oil, 2½ drachms.

Use externally.

Make an application of this ointment twice daily, and after each application powder the affected part with any absorbent powder whatever. Warm soap baths will aid in curing the disease. In puritus ani, suppositories of cocaine can be employed with advantage.

According to a Paris correspondent of the *Pharm. Record*, May 14th, 1891, an “ether and corrosive sublimate spray” is coming into use for the treatment of erysipelas and of smallpox inoculations. The formula, as first prepared by Dr. Talamon, is as follows:

- **B.** Corrosive sublimate and tartaric acid, of each, 1 grain; alcohol, at 90°, 5 c. cm.; sulphuric ether, q. s., to make 100 c. cm. Pulverization dries almost as soon as it is applied, and it should be immediately followed by a second application. It is not painful, and the reports say it is very effective. This has also become a very successful remedy for dandruff, but, of course, it must be cautiously used.

The following medical opinion upon an applicant for life insurance was received a few days ago by one of the New York companies from an out-of-town examiner (*Med. Record*): “I find the abdominal muscles relaxed so much that they allow the bows to fall low in the pelvis, and by so giving pressure upon the womb, rectum and by the prehension, impede the free flow from the femoral vein. &c. &c. now by this relaxation of the abdominal muscles of course the upper organs are unsuppressed aspetially on the right side such as liver and right lung. This giving an allgone feeling &c. I am speaking of Mrs. Nelly D——.”

In *Acne Rosacea* affecting the nose, Unna prescribes ichthyol internally, in doses of five grains, and lotions of ichthyol in aqueous solution. At night, the following paste is applied to the nose:

- **B.** Sulphur, ½ oz.
- **C.** Rice powder, ⅝ oz.
- **D.** Ointment of zinc oxide, ⅝ oz.

Sig.—Mix, and make a pomade.

If the patient is scrofulous or debilitated, he also orders cod-liver oil, syrup of iodide of iron, etc.

To sterilize instruments without dulling them, Von Bergmann's method is thus detailed (*Med. and Surg. Reporter*): To render instruments perfectly aseptic, and to preserve the cutting edges from oxidation, they are boiled for five minutes in a one-per-cent. solution of carbonate of soda. They can remain in this solution indefinitely, without rusting or dulling the cutting edge. When required for operation they are taken out, dried with a sterilized piece of gauze, and handed to the operator. Whenever, in course of the operation, they come in contact with anything not aseptic, all that is required to resterilize them is to dip them for a few seconds into the boiling solution of sodium bicarbonate.

The following formula for purgative pills is given in *Med. News*, May 16th:

- **B.** Aloes, 15 grains.
- **C.** Resin of scrimmage, 7 parts.
- **D.** Resin of jalap, 7 parts.
- **E.** Calomel, 7 parts.
- **F.** Extract of belladonna, 3 parts.
- **G.** Extract of stramonium, 3 parts.

Make into twenty-five pills and give one to two a day.

—Paschkis (*Arch. f. Derm. u. Syph.*, 1891, Hefi 1; in *Boston Med. and Surg. Journal*) has found that the special advantages of lanolin are increased when diluted with paraffin. The formula which he found best for a basis is:

- **B.** Lanolin, 66 parts.
- **C.** Liquid paraffin, 6 parts.
- **D.** Ceresin, 1 part.
- **E.** Distilled water, 65 parts.

As a solvent for diphtheric membrane (*Canada Lancet*):

- **B.** Pepsin, 5 lbs.
- **C.** Acid. hydrochloric. dilut., 1 ill.
- **D.** Aq. destillat., 1 ill.
- **E.** Glycerine, 5 lbs. M.

Apply to the surface.

L'Union Médicale (*quoted in Med. News*) states that Isaac uses the following prescription in acne:

- **B.** Resorcin, ⅘ to 1 drachm.
- **C.** Powdered oxide of zinc, 1 drachm.
- **D.** Powdered starch, 1 drachm.
- **E.** Vaselin, 2 drachms.

This is to be applied daily and night to the affected part. If it is not desired to apply it during the daytime, it may be removed by the aid of olive oil and soap and followed by an inert absorbent powder.
Löffler recommends the following solution to be used in the treatment of Whooping-cough (*Med. News*, April 9th):—


Use by an atomizer, the liquid being directed into the pharynx. Repeat the application every two or three hours.

The following solution of Quinine is said not to be disagreeably bitter (*Tribune Med., in Boston Med. and Surg. Journal*, May 28th):—

B. Quinine sulphate, gr. xv
Adic sulphuril dil., m. x
Ol. menth. piper., gtt. x
Saccharin (sat. sol.), v. 
Aqua, ad v. 
M.

Dr. A. Ernest Mayland (*Annals of Surgery*, May, 1891) considers that a Sepsis Spongè may be rendered quite aseptic and yet be the transfers of conveying toxic agents to a part. That is, the microbes might be killed, but not their products, so that it would be the right practice to discard forthwith all sponges which have been used for any distinctly septic cases.

Dr. J. M. Winfield (*Journal of Cutaneous and Mental Diseases*) states that in nearly every case of Acne in the Female there will be found some menstrual or genital trouble. Almost all women have a temporary outbreak of acne at the menstrual period, and if there is a chronic rosacea it is apt to be aggravated at that time.

To Preserve the Teeth, the following wash is quoted from *Medicine Moderne* (*Boston Med. and Surg. Journal*, May 28th):—

B. Acid sulphate of copper, *j* 
Tinct. lodi, *j* 
Tinct. myrrhae, as 5 sa 
Portulac loddii, m. xj 
Aqua rose, 3 leave. M.

Sig.—One teaspoonful in a glass of warm water.

Dr. Henry G. Piffard (in *Evening Post*, May, 1891) believes that in Lupus the surgical procedures heretofore in use are to be preferred to the Koch injections, on the ground of better results, greater safety and less suffering and inconvenience to the unfortunate victims of the disease.

**For Intertrigo, Med. News, May 16th, suggests:** —

B. Boric acid, 7 grains.
Lanolin, 12 drachms.
Vaseline

This ointment is to be applied to the diseased area, which is first cleaned by the use of a mild soap.

**News and Miscellany.**

**Alumni Association of Jefferson Medical College.**—The annual meeting was called to order at twelve o'clock (noon) of April 13th, 1891, in the lower lecture-room of the College, Dr. Laurence Turnbull acting as chairman. The Chairman of the Executive Committee made a verbal report, in which he stated that the Executive Committee had held regular meetings during the year. There had been ten mid-year meetings of scientific and social character, which were very interesting. Dr. E. L. Vansant, Treasurer, offered a report, which was approved, showing a balance in the treasury of $170.83. The Nominating Committee then reported the following: President, Dr. O. H. Allis; Vice-Presidents, Drs. J. C. Wilson, J. M. Barton, Morris Longstreth; Corresponding Secretary, Dr. R. J. Dunglison; Recording Secretary, Dr. Orville Horwitz; Treasurer, Dr. E. L. Vansant; Executive Committee, Drs. Chas. Wrigman, James Graham, W. Joseph Hearn, George McCollian, L. Webster Fox, L. Turnbull, Edwin E. Graham, H. F. Halsell, S. S. Cohen, E. P. Davis, R. R. Bunting, Morris Gould, J. C. DaCosta, W. M. L. Coplin, H. A. Wilson, Wm. E. Ashton, A. Hewson, Lewis Brinton, L. Judd, E. Quinn Thornton, D. D. Stewart, Jas. H. Bell, Horace Hill, E. Tully, Wm. M. Capp. Order for 1892, Dr. T. A. Capp. There being no other business before the Society, the meeting was adjourned sine die. Dr. Emmet subsequently declined the appointment of orator.

**An International Medical Congress.**—The managers of the National Prohibition Park, of Staten Island, invite representative medical men from all localities in the United States and the Dominion of Canada to meet in conference on the 15th and 16th of July next, in the great Auditorium Building of the Park. The chief object of the meeting is to be the comparison of views on the relationship of physiology and alcohol. Among the questions to be discussed will be the following:

What are the Hereditary Effects of Drunkenness? Are there any Hereditary Effects that Follow Moderate Drinking? To what Diseases are Inebriated Men Especially Exposed? Is Alcohol a Poison? Is Alcohol in Any Sense a Food? What are the Proper Uses of Alcohol as a Medicine? Is there Danger of Producing the Drink Habit from the Prescribing of Alcoholic Medicines? How Large a Percentage of Deaths may be Attributed, Directly or Indirectly, to the Use of Strong Drink? Should Alcoholic Liquors Ever be Used Except Under the Direction of a Medical Adviser? At this Conference, all views will be given an impartial hearing. Many well-known medical men have already signified their willingness to participate in such a Conference. The Congress will assemble at 10 A.M., July 15th and 16th, and continue its session for two days. Dr. Nathan S. Davis, of Chicago, will preside at the Congress, and will make the opening address. It is particularly requested that from each town throughout the country, and also from each ward of every city a delegation of three physicians be appointed to attend.

Dr. Sam'l O. L. Potter, Prof. of Medicine in the Cooper Medical College of San Francisco, and a graduate of Jefferson Medical College of Philadelphia (with 1st prize, '82), recently passed the requirements of his license examination in Edinburgh, 2 of London, 1 of Dublin, and 1 of Edinburgh, 2 of London, 1 of Aberdeen. The censors accepted his Jefferson diploma for all the requirements of their license or graduating degree. Dr. Potter left his bed in convalescence from an attack of broncho-pneumonia to undergo these examinations, and has since had a relapse and been dangerously ill.

The Prosthetic Electric Sternotomies advertised in our journal introduces a new idea in therapeutics, the fact being well established in Europe and America, among the best electro-therapeutists, that the application of the negative pole to the prostate reduces the hypertrophy of the gland, and therefore sensibly relieves, sometimes entirely disintegrating, prostatitis and prostaticorrhoea. If it did not care, but merely relieved, as it always does, the depressing pangs from enlarged prostate, it ought to be considered a great boon. But it does more than this, except in cases that have reached radical degeneration of the gland. Almost impossible micturition from prostatic pressure has been relieved by two or three applications of the current. Taken under observation. Patients thus admitted to this hospital are attended by the physician for whom the case is admitted as freely as through he were a member of the staff. The admission blanks must invariably be signed by a member of the staff, who thereby assumes the responsibility of any results from the treatment.
A FURTHER COMMUNICATION ON A NEW METHOD OF COMpressING THE subClavian arteRy.

BY W. W. KEEN, M. D.

Professor of the Principles of Surgery, Jefferson Medical College, Philadelphia*

I desire to call the attention of the Society to the method which I proposed some time since for controlling the circulation in the upper extremity by elastic compression of the subclavian artery. This, it will be remembered, was effected by a pad over the subclavian, held in place by the ordinary rubber bandage of the Esmarch apparatus; the elastic bandage being carried from the chest over the back, and then alternately between the thighs and in the opposite armpit.

Not long after I made the suggestion I made a trial fit for my friend Dr. Hearrn, in the clinic at the Jefferson Medical College Hospital. In this case the application was a failure. The failure, I think, arose from two reasons. First, the man had a very prominent clavicle and a deeply seated first rib; and, secondly and chiefly, the pad used was the ordinary roller bandage. The conical graduated pad, as suggested by Dr. Parkes below, is far better.

I received a letter from the late Professor Charles T. Parkes, of Chicago, dated October 24, 1890, recording his use of it in another case in which the absolute control of the subclavian was almost a sine qua non for the perfect operative procedure, and in which the method, submitted to such a crucial test, succeeded so well that I venture to quote from his letter. I need scarcely point out that all our former methods for controlling the artery would not have given such command of the circulation as to make the deliberate dissection and ligature practised by Dr. Parkes a possibility—

"Allow me to congratulate you on the perfect success of the plan recommended by you for the control of the circulation in the upper extremity. The adoption of it yesterday enabled me to carry to a successful issue an operation for the relief of an immense traumatic aneurism of the axillary space, following a laceration of the axillary artery by a bullet from a heavy 45-caliber revolver. After the application of the rubber bandage in the manner you recommend with a compress over the subclavian artery, I laid the aneurism wide open, cleaned out all the clots, and finally found a large tear in the artery, and applied a ligature above and below it without the patient losing any blood. Twelve hours after the operation circulation was restored in the limb as to make a successful termination almost certain. I attribute the ease and readiness with which the difficult procedure was accomplished, to the perfect control of the circulation permitted by the adoption of your plan. It is certainly of great value. If an amputation at the shoulder-joint had been required it could have been done without the loss of a drachm of blood.

"No more trying test could be given to the method than the case in which I used it. A traumatic aneurism in the axillary space from a large wound in the artery is certainly one of the most difficult things we have to deal with. The application of the bandage in this case enabled me to work deliberately and with perfect control. No motion on the patient's part can displace it.

"I think the character of the pad used under the bandage and over the artery has much to do with the success of the method. This pad should be somewhat in the nature of a graduated compress, small enough at its apex to fit into the interval between the clavicle and the first rib, and yet thick enough and firm enough to reach well above the clavicle and the side of the neck, so as to take all the pressure off the rubber."

To answer this purpose I have had made a wooden pad. The bevelling of the top is for the purpose of enabling the rubber bandage to hold it in place and prevent its slipping either inward or outward. The two holes at
THE RELATION OF IMPERFECT SURGERY TO THE SEQUELÆ OF PELVIC AND ABDOMINAL OPERATIONS.

BY JOSEPH E. HOFFMAN, M. D.,
Of Philadelphia.*

So much has lately been said and written relative to the results and, therefore, to the justifiability of abdominal and pelvic operations, that it is necessary for the candid critic and honest operator to stop and consider what on the one hand is the exact status of the repentant critics and of their changed attitude toward the position and merits of surgery, and on the other how far inaccurate methods are accountable for some of the failures and misfortunes of what would otherwise be a field of almost unprecedented brilliancy and encouragement in the results that have been obtained in this branch of surgery.

In the first place it is to be noted that of all the men who have gained prominence in any of the various domains of surgery in general, not one has abandoned that specialty from a surgical standpoint in order to treat it empirically by any other method. Sir Henry Thompson, for instance, has not departed from the exact surgery of the bladder in order to destroy its calculi by solvents or electricity; Mr. Macewen, bone surgery; or Schaeffer, orthopedics. What is meant to be here illustrated is that when a man has once chosen a specialty and worked up to that specialty by an experience gained by natural selection and application, his specialty has become so much a part of him that its abandonment is just as impossible as the negation of the laws of gravity. His training makes it the law of his mental gravity, and the same laws apply to it as to weight and inertia in the physical world. The greater his experience, the longer his training, the more certain is he in regard to the limitations, the requirements, the possibilities of his work, and as a result of all this his position, when taken, is an entrenched one, from which he is not to be moved and made a weathercock of every shade of opinion, whether of madmen, fools or philosophers, for none of these are apt to speak from a practical experience, in surgery at least, and practice, not theory, has made surgery what it is.

That there are specialties in surgery has come about by the consensus of opinion among surgeons in general, and physicians, strictly so-called, that there is need of them. The specialist in any branch is the living embodiment of the necessity of his work. To whom then is the title of "specialist" to be applied? In each branch constantly, to those who work contentedly with their expressed sentiment, or if not teachers whose line of procedure is uniform and the result either of their own experience wrought out by laborious pains-taking, or conforms with that of other expert workers in the same line.

To that class of see-saw workers who anon operate, but to do the first step of whatever, or is the change made like that of the repentant critics and of their changed attitude toward the position and merits of surgery. From this standpoint I make the plea that each one of us, before he condemns surgery, its justifiability, or its results, shall judge of them all. As sensible men and women, saying that we are in need of surgical attention, to whom shall we go? To the apologist for their work, to those who have operated themselves into repentance, who have made an experience only to regret it? Certainly not. Experience and judgment in
this work is no more to be gotten in lumps, than can knowledge be bought by the wagon-load of books.

If there has not been an antecedent experience from which special knowledge has been differentiated, this special knowledge, though it may be wide enough theoretically, practically is cramped and dwarfed. The wider the general experience, the more exact will be the special. Having considered the class of operators we must look to for errors and repetition, let us look at the work as surgery simply, not in the light of miracles it is supposed and often promised to work. Miracles nothing human can perform. No surgeon has a right to promise an absolutely certain result in every case. I have too frequently heard promised, "The operation will make you a well woman." Patients are persuaded into operation when they should be left to choose it for themselves. I have nothing but condolence, may be contempt, for the surgeon who has to persuade his patients to be operated upon. Herein comes a great deal of the blame of surgery in the abdomen and pelvis. Who ever heard of a surgeon's having to persuade a patient to put a splint upon a broken leg or a ligature around a bleeding vessel? The indications for every operation should be plainly stated, and the patient or her responsible friends be responsible for the decision for or against operation. The disasters of operation, on the other hand, ought not to be attributed to the inherent danger of abdominal or pelvic interference. We are to remember that, as a rule, except in extreme hemorrhage and in diseases implicating the kidneys, bladder, or ureters, abdominal operations ought to be, as a rule, successful. It is well for all aspiring operators, and for many who consider themselves established, to ponder well the words of Savage. He says: "I think we ought to get into our minds, as a prominent idea, the view that after an abdominal operation a death should be considered to an extent as preventable, and that when one does occur we should hold with ourselves a moral inquest as to the cause, how it might have been prevented, and whether in any way it was associated with aught relating to ourselves." As time goes on, I am more persuaded that in the question of success or failure, less and less depends on the patient, her conditions and surroundings, and more and more on ourselves and the attention to certain details which have been found to be essential." With such a standard as this a man cannot fail to do the best possible work. High ideals, though they never be quite realized, are a safeguard against the nauseating complacency with which certain operators contemplate their woeful results, blaming either Providence or the nurse, allowing themselves to escape unscathed.

It is well just here to consider Mr. Savage's expression when he says: "Less and less depends upon the patient, her condition and surroundings." For this is at once too wide and at the same time widely true. It is just as evident that patients go on suffering time and time again, until they are hopelessly ill, as it is that, if taken earlier, no matter what their surroundings, they could have been cured. This fact must stand out a perpetual contradiction to those who in charity advertisements for private aggrandizements raise in season and out the over-laudatory achievements of hospital surgery. Right here I want to say that the best results that have ever been gotten in this city in a wide series of cases have been gotten in private houses, many of them having none of the recognized conveniences either for comfort or ideal cleanliness. The room that the patient occupied was often the only clean one in the house, and yet, as a rule, all of these patients get well. We as operators, have no business to scare a patient into a hospital for our own convenience. By so doing we bring into the chances of her suffering an additional element of doubt.

In estimating the importance of the sequel of any surgical operation, we must compare them with the gravity of the condition for which the operation was done. Generally speaking, promptitude in ridding a patient of any surgical disease is a step toward avoiding after complications as well as primary impediment to rapid satisfactory work. If a patient is suffering from suppurative abdominal disease, which by its presence threatens life primarily by septicemia, or indirectly by secondary implication of vital organs, the fact that a hernia or fistula remains after operation in no argument either against the advisability of operation nor against the results of the operation. The argument rather rebounds against the critics, and should convince them that early operation, while giving the patient a better primary chance for life, secondarily would leave him in better condition to resist the influences that tend to prevent prompt healing and, therefore, conduces to fistula and hernia formation. To appreciate these and other pathological points, a thorough appreciation of the pathology of pelvic inflammation is necessary. A devotee of the ancient doctrines of pelvic cellulitis has no hope of becoming either a skilful diagnostician in or a surgeon of pelvic disease, since his supposed pathology does not agree with the actual condition of affairs, and hence he is handicapped from the start and the incubus of tradition must be fatal to his progress. In advanced cases of tubal and ovarian disease, theory will tell him to treat the disease by derivative measures, aiding himself possibly by closure of a cervix, when, lo! the patient grows worse in his hands, and is only rescued, by the merest chance, by final resort to the abdominal section. In such cases it is no uncommon condition in which there is such a generally vicious condition that healthy tissue in which to place a ligature can scarcely be found, and the result is a fistula, through which a ligature ultimately is passed. Here only the most careful technique, of making a good stump, cleaning out necrosed tissue for this purpose, and diligence in using accurately all precautions against infecting the ligature while it is being placed around the pedicle, will prevent the formation of fistula, or at least of the conditions which will result therein. Hernia are cited as a perpetual menace against the propriety of abdominal operation. Women are said to be worse from them than from their original trouble. In these cases the value of personal opinion goes very little to announce the true condition. The surgeon or the critic of surgery who estimates the value of either medicine or surgery by the reports of the patient will argue from very uncertain and worthless data. Some patients will complain more from a slight hernia than originally they did at the trouble necessitating operation, or at least their complaints are very distinct. In the first they groaned in anguish, begging relief, while at last they repudiate all surgery because they no longer suffer torture at each menstrual period. To this they are frequently encouraged by meddlesome women who, never having suffered, cannot appreciate the tortures of disease, or by malevolent professional rivals who descend to such indecent methods in order to compass the ruin or professional distrust of the community against the operator.

As a rule, hernia and fistulæ especially should be rare. Hernia is a constant danger in fat women, both as primary, owing to the uncertain healing of the fat, and secondarily as a result of weakening the abdominal support. Hence the rule should be in all such cases to keep the patient in bed much longer than is required to heal the incision, and after getting up constantly to wear an abdominal support. A failure so to advise is just as culpable as to admit the elastic support over a dislocated patella, and can only occur as the result of sheer carelessness or ignorance of the requirements of this special class of cases. Fistulæ besides resulting from ligatures, may have their origin in lesions of the intestine resulting from the freeing of adhesions. Fecal fistulæ are rarely persistent, almost never so, and in the great majority of cases can be avoided if a careful watch is had over the bowel involved in the adhesions. Here the result of bad work must result disastrously, both so far as perpetuating the fistula is concerned and in doing damage to the intestine. To obtain perfect results the intestine is so to be mended, not only to prevent leakage of its contents, but to avoid adhesions compromising its function and conducting to
In this relation the deaths from intestinal obstruction after operation are to be considered. In the hands of experienced operators this rarely if ever happens, and if it occurs it is recognized and relieved. One death occurring from such cause coming under my knowledge was the direct result of placing the patient shortly after operation in the care of a physician without any experience whatever in a surgical way. The complication accordingly was not understood, and by the time surgical aid was sought the woman was practically dead. Imperfect after-attention of surgeons eager only to operate, has been and will continue to be the cause of much reproach to surgery.

Until his patient is out of bed and moving about freely, the surgeon has no right to dismiss her as cured. If a hernia occur after operation it is the duty of the surgeon to explain its nature and make early effort to cure it. The earlier it is cured the less will be the obstacles in the way of permanent relief. To have a patient die of operation for hernia, the result of the surgeon's own operation, ought to be a calamity almost unheard of. Nevertheless it ought to be understood that, owing to the size of the sac, and the consequent extent of the adhesions, some herniae are practically incurable unless at a great risk. One such case is still fresh in my memory, in which, after a long relief, the hernia again returned. The woman was very fat, and with the difficulties of a former operation fresh in my mind I refused another. I have two patients in mind in whom I believe the tube on this account would have been a serious disadvantage. In another in whom I considered it advisable I removed it once when it had become displaced. I shall never forget the anxiety with which I watched over this patient through several days, fearing the oncoming of peritonitis and dreadin the necessity of reopening the abdomen.

But if the proper use of the drainage-tube is essential to success, it is to be remembered that crevices created by desultry breaking up of adhesions at the bottom of the pelvis, having no common outlet by which they may drain, are beyond the reach of a single tube; hence in appendicitis, for example, the careful placing of an additional rubber tube often gives security when otherwise at the best the end would be doubtful. A case of my own is here vividly before me and brings out the theory justified by results.

When it is sought to break up adhesions on either side of the pelvis because one side seemingly presents less difficulty than the other, the more difficult should not be abandoned when once begun, unless it is plainly evident that by freeing the simpler side a vantage-point is gained from which to attack the other. Going from side to side but gives two difficulties where but one before existed, and in event of prolonged operation, when completion for the patient's sake must be abandoned or postponed, adds additional complication and takes away some of the chances of recovery. Such methods are common to inexperienced workers, and must be abandoned if good results are desired. Incomplete operations are at the bottom of much of the criticism made as to the uselessness of abdominal or pelvic surgery. When an operator removes but one ovary and tube for hemorrhage of a fibroid he confesses to the knowing critic his incompetency to deal with the conditions he meets. He is as likely to cure such hemorrhage by such surgery as to raise chickens from china eggs.

By this it becomes manifest that a lack of resources is fatal to ideal surgery. The surgeon who deserves the name is a man of emergencies. The surgeon in masquerade, like the journeyman actor, tears, not his passion but his patient to tatters. By every operation so done a certain number of women whom surgery might save are frightened and so hindered from receiving the benefits of real surgery.

The easier operations are the bane of the would-be surgeon. Succeeding in one of these, he imagines he has conquered the whole field and at once rests easy in his assurance. To such men, and their patients generally, absolute failure in their first attempts is a distinct gain, for it frightens them away from the possibility of doing further harm.

Many other points leading to and illustrating the same idea, and showing conclusively where mal-operation and needless operation is most likely to occur, and why, could be multiplied. But this is not necessary. It is plain that that operator only is safe who has first learned by a long and painstaking apprenticeship, thoroughly and patiently, the principles of the work he is to perform; who, grounding himself in the principles, has applied them at the side of capable instructors, who, when he operates, does so for the patient's good and not for his own glory. Such a man—such men—must both give their patients their best hope and be the savours of surgery from its false exponents, who only disgrace it.

The men who get the best results are those who work along safe lines, departing from them as necessity compels, according to the exigencies of each individual case; not those who from the threading of a needle to the cleansing of a tube or the washing of their hands strive to be original. Such originality hides real surgery in a multiplicity of details and paraphernalia, and risks the sufferer to exalt the operator.

**TREATMENT OF TUBERCULOSIS.**

BY R. W. STEWART, M. D.,

Of Pittsburgh, Pa.*

Prominent among the remedial agencies must be placed improved hygienic surroundings, a generous diet, and suitable climatic changes. A climate which permits of out-door exercise the greatest number of days in the year is the one to which, in a general way, preference should be given. Where there is a tendency to hemmorhages an elevated climate should be avoided, but under other circumstances an elevated climate, such as Colorado affords is preferable, inasmuch as the rarefaction of the atmosphere necessitates a fuller expansion of the lungs, which, probably, tends to the reopening of the closed air cells. It may be well to sound a note of warning at this point on the folly of sending patients to another climate for the winter, in the hope that a permanent benefit will ensue. It seems to be a settled fact that patients who have been benefited by such a change are under the necessity of remaining in the advan-

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*Read before the Allegheny County Medical Society, May 19th, 1891.**
Spurious Whooping-Cough—A Clinical Lecture

By Hobart A. Hare, M.D.,
Professor of Materia Medica and Therapeutics, Jefferson Medical College.

You are probably aware that whooping-cough, while always existing in large cities, is a disease which seems to be increasing in sporadic cases, occurs, as a rule, in epidemics which may be long-continued or short in duration. At the present time this disease is so afflicting and during the early spring months of last year a large number of cases were presented at this clinic. You have, in consequence, been so much of this disease that I should not have brought this boy before you but to show you an unusual form of pertussis, if we can so designate it. The child, who is five years of age, has been suffering with a spasmodic cough without the development of any whooping-cough, and has not lost its appetite, strength or sleep during that time. While the cough frequently occurs at night, the patient is only partly aroused, and as soon as the spasmodic movements cease, falls back on his pillow and is at once in slumber. On only one or two occasions have the spasms interfered with the breathing sufficiently to alarm the parents, and these only lasted for a few moments. There has not been any vomiting, conjunctival or nasal hemorrhage, nor any nose-bleed, all of which symptoms may appear in cases of well-developed or severe whooping-cough. Practically, then, the only thing we are asked to do for this child is to discover the cause of the cough and to remove it, if possible.

As you are probably aware, cough is a frequent symptom of many conditions not directly affecting the air passages, and it may arise from gastric disturbances which are acute or chronic, from intestinal irritation, from the drying of the mucous membrane of the larynx by the heat of fever, and in other cases it may be a habit which is as difficult to cure as chorea. Cough may also be due to the relaxation of the uvula, to enlarged tonsils and nasal disease. Besides these causes we have, of course, the acute diseases of the respiratory system. On examining this boy, however, we find that none of those conditions predisposing to cough can be said to exist, and the lungs are perfectly normal, while the bronchial tubes contain very few riles, which are not constantly heard. As I have already told you, his appetite and general health are unimpaired; and his tongue, you notice, is unusually clean and devoid of those appearances indicating gastric or intestinal trouble. He is not a nervous child, and has never had whooping-cough or any nervous affection. The cough is not a habit cough, as it is too violent and prolonged, and the expiratory efforts are so frequently repeated before inspiration occurs that some cyanosis or reddening of the face occurs. The case lacks all the other signs common to whooping-cough except this series of expiratory spasms; and the chest, as I have stated, is free from the signs of bronchitis, nearly always accompanying this disease to a greater or less extent.

Having told you everything the case is not, you are probably waiting for a description of what it is. So far as I am able to determine, it is a case of spurious or abortive whooping-cough, a diseased condition which seems to have been quite common during this month and the last, for I have seen several other cases which were equally marked. Very recently, Guido described to the Italian Congress of Pediatry (Rome, 1890) a form of paroxysmal and spasmodic cough which resembles whooping-cough, and yet which is not the true disease. He noticed a great number of these attacks during the epidemic of influenza, and the following distinguishing features were noted:

There was a greater frequency of the attacks at night than in the day, there was
almost never any vomiting, and the signs of bronchitis were less disseminated than is usual in whooping-cough. There was an absence of hemorrhage and of the bacillus of Anasajieff, which, you remember, is supposed to be pathognomonic of pertussis. In five autopsies there was found a lesion in the pharynx and not in the larynx. The treatment consisted in the administration of anti-spasmodics, the bromides and those measures which are generally employed against true whooping-cough.

Gueneau de Mussy has also recognized a pseudo-pertussis which is practically identical with that of Guido, and thinks it a symptom indicative of reflex irritation of the pneumogastric nerve following direct irritation of lymphatic ganglia. Indirectly it may arise from hyperpyrexia of the nasal mucous membrane, and Tasano states that he has seen a case in which cure followed the excision of the hypertrophied tissue. These cases seen by Tasano, if accompanied invariably by nasal lesion, can only be considered as reflex coughs, and rarely the disease of which we are speaking. If due to nasal hypertrophies, the cough should be constant, but in all the cases named it has run a definite course of five or six weeks.

I do not know what to consider the cause of the attack in this child, unless it be some state coincident with the conditions consequent upon the recent epidemic of la grippe, which is even now scourging our Western cities. This, as I have just stated, is the opinion of Guido in regard to his cases. The treatment is identical with that usually employed in whooping-cough—namely, full doses of opium or acetanilide three times a day, accompanied by one grain of tannate of quinine in a quinine chocolate morning and night. By full doses of antipyrin and acetanilide, I mean one grain of the former and one-half grain of the latter at each dose for a child of five years. If cyanosis comes on, the dose must be decreased. Small doses of the bromides are also of service. Lactua-rium is useless except in the form of the syrup as a vehicle.

THE TREATMENT OF ACUTE URETHRITIS.*

BY GARDNER W. ALLEN, M. D.,
Of Boston, Mass.

I have no new contribution to genito-urinary therapeutics to offer, but merely wish to make a few general observations on the treatment of acute urethritis in the male, based on my own experience.

The internal treatment is of some importance. The value of copaiba, I think, is apt to be underestimated, and, because it is disagreeable to take, some physicians discard it from their formulary. Many persons take it well, and it undoubtedly has a marked influence on the disease in a large proportion of cases. Where internal treatment is indicated, copaiba should be considered, but, of course, must be stopped when found to produce gastric or intestinal disturbance, or a cutaneous eruption. Sandalwood oil is perhaps even more efficient and is less nauseating. It is expensive, however, and most preparations of it are unreliable. Its action on the kidneys should be looked out for. My experience with salol is small and somewhat disappointing, as far as it goes.

For diuretics, acetate of potassium and nitrate of silver make useful injections. The former is comparatively unirritating, but the latter should be largely diluted in the acute stage, a solution not stronger than from 1:4000 to 1:2000 being used. Corrosive sublimate, according to my experience, is more reliable. As an injection, in solutions of 1:8000 or 1:10000, or even weaker when irritating, it may, if I believe, generally be depended upon, if not to limit the duration of the disease, at least to reduce the discharge to a thin milky oozing from the meatus, devoid of the most disagreeable and painful symptoms.

The best results in the use of corrosive sublimate, however, are to be obtained from irrigating the urethra with a hot solution of this substance. The strength of the solution should be from 1:4000 to 1:10000. The latter is too irritating for most cases, but many patients bear 1:20000 very well, and 1:30000 is strong enough to be effective. The irrigation may be carried out by the means of a fountain syringe, siphon or any more convenient arrangement, and the solution introduced into the urethra through a catheter or other irrigator passed down to the bulbous portion, or through a blunt nozzle, made either a single or double current, which I have generally used and preferred a simple, blunt-pointed glass nozzle. Adjusting it so that the lips of the meatus fit snugly about the tip the current is turned on. As soon as the urethra seems to be fully distended, the nozzle is very slightly removed, allowing the fluid to escape, and immediately replaced. By alternately filling and partially emptying the urethra, it is thoroughly washed out, and by distending it with the fluid all the folds of the mucous membrane are laid open. I have not found this operation painful when carefully and cautiously done, sudden and violent distention of the canal being avoided. Many surgeons, however, prefer retrograde through a catheter; this is probably quite as effective, and, if the passage of the catheter is not painful, it is open to no objection.

The danger in carrying gonococci deep into the urethra, not only in the end of the catheter in retrojection, or by the force of the current in simple irrigation, is probably slight, for any microorganisms would be rapidly destroyed by the solution. The chief objection to corrosive sublimate is that it is irritating. Miciturition is apt to be painful during treatment. The meatus sometimes becomes very sensitive, requiring the use of cocaine in order to continue the irrigation.

To obtain the best results irrigation should be repeated three or four times a day, but this is generally impracticable. It should at any rate be done as often as possible while there is hope of aborting the disease. During the intervals and after the irrigation has been discontinued, ordinary injections of corrosive sublimate in somewhat stronger solution, say 1:5000 or 1:1000 may be used by the patient. Or, if what is still better, he may use an instrument called the universal injector, which is described by Prof. Keyes in his book. It is a hollow rubber ball holding an
my purpose to review what has already
regarding the results of its employment in
serious complications that often accompany
the disease.

The pure powder has been applied to the
surface of an ulcer following the slough of a
flap after removal of a cancerous tumor of
the abdominal wall. The purulent discharge
was very copious and offensive, the patient
suffering from septicemia in a marked degree
before operation. The offensive odor was
promptly corrected by the use of the powder,
which was dusted thickly over the surface,
and the discharge checked within twenty-four
hours after the dressing was first applied. In
this particular instance no specific alteration
was changed to the ointment of aristol and vaso-
line, as the powder proved too dry an applica-
tion. It was evident, however, that for
checking suppuration the drug possessed
powers superior to iodiform or any of the
other preparations usually employed for that
purpose.

In other and similar ulcerated surfaces,
where healing under a scab is desirable, or
rather unobjectionable, the powder formed a
crust under which the granulations were
healed and sufficiently rapid. So far as I
can judge, it possesses no specific action upon
malignant tissue, although my experience in
that class of cases is not sufficiently extensive
to warrant a denial of the cures claimed for it in epithelioma of
the skin.

A most satisfactory result of the use of
aristol powder was obtained in a number of
cases of ulceration (non-malignant) of the
cervix uteri. It was applied by means of an
ordinary cotton tampon, smeared with vaso-
line, to which the powder adhered, then
placed in position against the ulcer, and left
from forty-eight to seventy-two hours. In-
duration, thickening, and suppuration were
all promptly improved, and the ulcers, which
had resisted prolonged treatment by glyco-
tatin, borated solutions and other applica-
tions in common use, finally healed. In no
case was any irritation excited by the remedy
itself, the stimulating effect corresponding in
degree to that of tincture of iodine used in
similar cases.

Another application in these cases, which
is convenient and efficacious, is a mixture of
aristol and iodol in equal parts, applied
through the speculum by an ordinary powder
blower, after which a light tampon of absorb-
tent cotton may be inserted.

The same mixture has been employed in
quite a large number of cases of chronic nasal catarrh, where the discharge was pro-
fuse or fetid, and when employed twice a day,
improvement was marked and permanent. The
aristol renders the iodol lighter and more
easily used by the insufflator. The same ab-
ence of all irritation due to the drug, or any
other disagreeable consequences, was as
marked in these nasal cases as in the uterine
diseases already mentioned.

The ointments of aristol, composed of vaso-
line or cold cream, are capable of wide
application in all skin affections which show a
tendency to pus formation, or where a mild
stimulating effect is desirable. They may be
used with equal success in fresh wounds
which are left to heal by granulation, but my
judgment is that a larger percentage than
four to thirty must often be employed in such
cases. A more desirable dressing after sur-

gical operations is now supplied in the moist
gauze, such as is manufactured by Schieffelin,
upon which an additional quantity of powder
may be sprinkled when desired.

The petroleum preparations, albolene and
benzoinol, are solvents of aristol, and form a

neat and satisfactory dressing in many cases
where moist applications are required. These
solutions have been recommended where
gangrene or threatening or already com-
mened, and in a case of that kind, after a
plegmonous erysipelas of the leg, plain
gauze saturated with these and packed over
the limb was exceedingly satisfactory. In
some instances these solutions were found to be
useful uterine and vaginal dressings instead
of the more common applications.

One of the most valuable of all the aristol
preparation, on account of its extensive
application, is the preparation of aristol in
flexible collodion. The ether is such a perfect
solvent of the drug that the preparation is
really an elegant one. In the first place, any
abrasion of the skin on the hands of the
operator may be dressed with this before
commencing operations. The line of sutures
is rendered impervious to air, and conse-

quentially infection without, by being covered
with a coating of this preparation. Here, as
in other external cases, the absence of offen-
sive odor and of any tendency to irritation,
places its utility far above the iodoform
collodion which has been so generally employed
for this purpose.

Recently I have employed it in the treatment
of hyperidrosis of the palmar surfaces. A
child who had been unable to attend school
because she could not hold a book in her
hands without spoiling it, was relieved of all
disagreeable symptoms by its use in a very
short period.

No case of cases, however, have given
greater satisfaction under this application than
erysipelas in its early stages. A patient who
was septic previous to operation for the re-

moval of a malignant tumor, developed a
decided erysipelas of the face the second day
after the operation. One cheek, external ear
and side of the nose was invaded during a
single night, while the patient's temperature
rose to 102° F. The inflamed surface and a
little distance beyond it were painted with a
thick coat of this aristol collodion, and the
disease was immediately and entirely arrested.
The coating was left in position four days,
when it was easily removed, and there was
no recurrence of the disease about the face.
A few days later a similar inflammation de-
veloped near the seat of operation, and the
chest-wall was painted in the same manner
with equally good results. An old gentleman,
aged eighty-nine was treated for an epithe-
lioma of the external ear by Jenning's paste
of caustic potash, vaseline, and cocaine, and
two days afterward had a severe chill followed by a temperature of 102°F, and the entire external ear, malar region, and lower lid were involved in an acute erysipelas-like inflammation twelve hours afterward. The disease had also shown itself over the eyebrow on the same side. A single application covering the diseased surface arrested all further spread of the disease, and three days afterward he was perfectly well, and granulations proceeding satisfactorily at the point of operation. I have often employed flexible, collodion in facial erysipelas, and find it a satisfactory remedy, but in these instances it seems certain that the aristol acted as a disinfectant which was exceedingly prompt in its action, and more effective than any other application I have ever employed, not excepting the white lead paint which Mr. Barwell, of Charing Cross Hospital, has found so useful, and whose experience I have often verified.

We have, then, in the cases mentioned, a drug which is safe, agreeable, cleanly, and efficacious to such a degree as to render aristol one of the most valuable additions to our therapeutic agents which has been presented to the profession during recent years.

ELEVATION OF THE PELVIS AS A MEANS OF RELIEVING VOMITING OF PREGNANCY.

BY SIR JAMES GRANT, M. D.,
Of Ottawa, Canada.*

In 1877 I was called to attend a lady in her first pregnancy, about the third month of utero-gestation. I learned that for fully ten days she had been unable to take food, and this had caused such severe discomfort as to render her condition serious. Moderate elevation of the pelvis, followed by the change of the pelvic position, had been tried without any return to this abnormal condition.

Within the past month, two cases of severe vomiting in early pregnancy came under observation, in both of which I adopted the same treatment with equally satisfactory results.

Guémon, referring to the rational treatment of vomiting during pregnancy, says that a morbid or abnormal state of the uterus, the nervous system, as the carrier of reflex action, and the stomach, are the prime factors in the malady. The idea of Smellie's, that the complaint is "chiefly occasioned by fullness of the vessels of the uterus," certainly is most rational. The elevation of the pelvis gradually lessens the quantity and force of the blood in the uterine vessels, and thus reduces the quasi-irritability, or, as Dr. James Stewart of McGill terms it, "the instability of the nerve elements" in the uterine nervous system, the abnormal influence of which, prior to the change of the pelvic position, had been rapidly telegraphed to the spinal and gastric nervous centres.

EARLY OPERATION IN DISEASE OF THE APPENDIX.

Dr. W. J. Cruikshank (Brooklyn Medical Journal, June, 1891), concludes a valuable paper on this subject as follows:—

First. Inflammatory action in the region of the cæcum has, in almost every instance, its origin in the verminiform appendix.

Second. The terms perityphlitis and para-typhlitis as applied to this condition, are not only confusing but misleading, and their use in this connection should be discontinued, and a term expressive of the existing condition substituted.

Third. A certain number of these cases will go on to early resolution, but they are subject to recurring attacks.

Fourth. The vast majority of the cases seriously endanger life, and, therefore, all cases should be considered with a view to early surgical interference.

Fifth. As we have no means of distinguishing those cases which will go on to the formation of an abscess without accident from those which will result in resolution, early laparotomy should be resorted to in doubtful cases in order that by ocular inspection of the parts a correct diagnosis may be made.

Sixth. If, at the end of twenty-four or forty-eight hours there are evidences of advancing disease, surgical interference should be resorted to in all cases.

CHLORALAMID IN SURGERY.

BY EMORY LAPPHEAR, M. A., M. D.,
Professor of Orthopaedic Surgery, in the University Medical College, Kansas City, Mo.*

Frequently after an operation of magnitude it is necessary to give the patient something to quiet the nervous system, and to produce sleep. It is not always pain that causes restlessness and sleeplessness after the operation—in the majority of cases I am sure that the impression upon the nervous system, and particularly upon the mind, is what leads to the insomnia; for under our antiseptic methods, and especially where the wound has been covered with iodoform—a drug having decided anaesthetic properties—there is but a trifling amount of pain, often none, even after the most severe operative procedures. But as night draws near there is a growing restlessness, and at the hour when sleep should come the patient is anxious, nervous, and wakeful. What can be done? The almost universal rule among surgeons is to order hypodermatic injection of morphia; this is markedly true in abdomin surgery; but in any case the morphine has, to some degree, the power for partial induction of sleep. It acts very much like chloral and sulphonal, but does not depress the heart like the former, and is much superior to the latter in that it is soluble; exerts no bad influence upon digestion, possesses no diuretic action, never causes pruritus, vertigo, diarrhoea, or other bad symptoms which sometimes follow the administration of sulphonal—in fact, experience is demonstrating the accuracy of Reichmann's observation: from chloraloid no ill effects in the circulation or in the feelings of patients are to be noted; and, besides the cost is much less than that of sulphonal.

T. Lauder Brunton, in a recent report on the Relative Utility of Different Hypnotics, highly commends it, and states that with reference to certainty of action and the question of tolerance chloraloid surpasses it.

It exerts its influence upon both the brain and spinal cord, producing sleep and reducing the motor excitement; it may be regarded as a pure hypnotic without anodyne properties, though some late reports would indicate that it has, to some degree, the power for partial abolition of pain. It is, then, the ideal sedative, giving prompt and satisfactory action, reliable results and absolute freedom from evil side or after effect.

Its dose is from fifteen to sixty grains.
The proper method of exhibition is to give fifteen to thirty grains (according to the condition of the subject), repeating the dose in an hour if the first has not produced sleep; usually from ten to thirty grains give five to eight hours' refreshing slumber. The best method of giving it is to dissolve the required amount in about a teaspoonful of whiskey or brandy, or in a small glass of wine if the patient prefers. It may also be given in anything containing alcohol in considerable quantities, as tincture cardamom compound, tincture of hyoscyamus, etc. If for any reason it cannot be given in this manner it may be taken in powder form, and washed down with cold water or cold tea. The direction of W. Hale White, of London, is a good one; viz., tell the patient to dissolve the powder in brandy, add water to his liking, and drink it shortly before going to bed; this combination with spirits is particularly good in our surgical cases, where whiskey is usually indicated, at least in most major operations. If in any case it is better to have the medicine in liquid form, this combination may be prescribed:—

**Spts. frumenti,** 1 c. **Chloralamid,** 2 c. **Misce bene et adde:** Syrupi rubi keli, 2 c. **Sto.—Dose, one tablespoonful, to be repeated in one hour if sleep is not procured.** This makes a decidedly pleasant mixture of slightly acid taste and fruity aroma and flavor.

### IMPORTANT HINTS TO THOSE WEARING PESSARIES,

Prof. Clinton Cushing, of San Francisco, concludes an interesting paper on Retraction of the Uterus with the following instructions to any patient wearing a vaginal pessary:—

1. Remember that to obtain the best results the following instructions must be observed.

2. If the pessary you are now wearing causes you pain, use an injection of hot water in the vagina and lie down for a few hours. If this does not relieve the pain, remove the pessary at once; pass your finger into the ring, which you can feel, and draw the pessary away. You can do yourself no harm in removing it.

3. Use a vaginal injection of hot water every night and morning while wearing the pessary.

4. Never allow more than a month to pass without being examined by a physician, while you are wearing the pessary.

5. Do not wear tight or heavy clothing about the waist; and do not wear tight corsets.

6. Keep the bowels regular; have a movement of the bowels at least once a day.

7. Avoid as much as possible going up stairs, using the sewing machine, lifting heavy weights, or riding over rough roads.

8. If possible, lie down an hour in the middle of the day, and keep very quiet during menstrual periods.

### ACUTE PERI OSTITIS OF THE FEMUR IN CHILDREN.

**BY MR. EDMUND OWEN, F.R.C.S.,

The lower end of the femur is a favorite region for acute periostitis in children. The disease is usually marked by great constitutional disturbance—often with delirium, there is, on comparing the two sides, a deep-seated, central thickening. Treatment must be prompt; there should be no dallying with opium, salicylic acid, evaporating lotions, fomentations or leeches.

Nor should the practitioner wait for "fluctuation" before using the knife. A cleaned-handed surgeon should not hesitate to cut down at once on the swollen femur; traversing the anatomical space indicated above, he will reach the bone without danger or difficulty. Delay, on the other hand, entails many and great dangers; pyemia, necrosis, chronic suppuration, hectic, albuminoid disease, destruction of the knee-joint. Hesitation and irresolution in the case of periostitis of the femur have many a time involved the surgeon in using the amputating knife instead of the scalpel, or have condemned the child to endure an agonizing pain which has ended in delirium and death.

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*Medical Record, May 31, 1891.

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At the séance of the Berliner Medizinische Gesellschaft, held on February 25, 1891, Professor Oscar Liebreich, the eminent scientist to whom, among various pharmacological discoveries, we owe chloral hydrate, laid before the present members of this society the results of the researches and experiments he had made, with respect to cantharidin. Though his investigations were not yet completed, he did not want to hold in suspense any longer those that were informed about certain experiments upon which they had founded great hopes. On experimenting upon animals, he had found the cause of their death from acute cantharidin poisoning was dyspnea, due to a slight transudation of blood-serum from the lung capillaries. There occurred no change in the blood-pressure and in the action of the heart, as was shown by the kymograph. Liebreich, therefore, concluded that cantharidin, if injected hypodermically, gives rise to a peculiar modification of the lung capillaries, the nature of which we cannot explain, causing an exudation of serum. It is also to be expected that capillaries which are pathologically irritated, would yield more quickly to the influence of cantharidin than normal capillaries. Professor Liebreich, on the basis of such observations and reasoning, commenced his clinical experiments upon patients affected with laryngeal and pulmonary phthisis. Simultaneously, a number of tuberculous patients were treated with injections of cantharidin, by Professor B. Frankehl, Dr. Landgraf, and Dr. Heymann. Liebreich's supposition was that the exuded serum may contribute to the nourishment of the diseased tissues, also that the serum may exert its bactericidal influence upon the pathogenic micro-organisms. The results obtained by this new method of treatment were remarkable. Which is the chief dynamical characteristic of a pneumococcus invasion of the lungs? Is it not the transudation of blood-serum from the pulmonary capillaries? Therefore, if we can find some mineral, vegetable, or animal substance which is capable of producing a transudation of serum from the lung capillaries, such a substance could be considered a dynamical substitute of the pneumococcus. I think Liebreich has found such a substance in cantharidin, and has therefore given us the theoretically ideal remedy for pulmonary consumption. The practical results so far obtained with this therapeutic agent seem to confirm its theoretical importance. It is strongly to be wished that those of our physicians who have ample opportunity to carry out the clinical experiments with respect to the therapeutic effects of cantharidin, should do so without delay. Its use—as compared to Koch's "lymph"—is harmless.

The solution for injection is prepared in the following manner: Take one gramme of cantharidin and 0.40 gramme of hydrate of potassium, or 0.30 gramme of hydrate of sodium. Weigh exactly and add 20 ccm. of distilled water. Warm in a water bath until a clear solution is obtained. While the warm is maintained, add gradually distilled water until the solution becomes cold, then add cold distilled water until the whole amounts to exactly one litre. One cubic centimetre of this solution contains 0.0002 gramme of cantharidin. The normal dose for injection is 0.0001 or 0.0002 gramme, but it is probably better to commence with 0.001 decimilligramme, i. e., 1/10 of a cubic centimetre of the solution. The maximum dose is 0.0004 gramme. The injections should not be made daily, but alternately on every other day. Renal disease is a contra-indication to this treatment. If an injection is followed by diarrea, strangury, or albuminuria, the injections have to be interrupted for some time; from five to ten drops of tincture of opium will promptly allay such symptoms. The most suitable place for injection is between the two shoulder-blades. In injecting, the ordinary rules and precautions are to be observed.
THE CATHERETER IN THE TREATMENT OF NEPHRITIC COLIC.

BY R. O. OWEN, M.D.,
Of Lynchburg, Va.

The modes of treatment indicated depend largely upon the duration and severity of the attack. The usual method consists of full doses of sulphate of morphia subcutaneously; cupping, wet and dry; hot poultices over the abdomen, or if the calculus be in the proximal end of the ureter (and this can usually be determined by the seat of greatest pain and local tenderness), then apply hot poultices over the kidney. Enema of warm water to empty the lower bowel; diluents, if the stomach will retain them, etc., are all sometimes useful.

I have, in the past eighteen months, resorted to the use of the catheter, and have in the large majority of cases found a marked and immediate relief therefrom. I began its use purely by accident. I resolved to introduce the catheter and draw off a portion of the urine. I used an ordinary silver catheter which I had in my pocket-case. Having warmed and oiled the instrument, I introduced it, and as its tip entered the prostatic portion of the urethra, my patient gave a sudden scream. There was an immediate aggravation of all the symptoms—especially the pain—which lasted about a minute; then just as suddenly all pain ceased, and my patient remarked that it was "all over." The catheter used had a screw cap on the handle end, and no water was drawn.

The sudden increase in pain, followed by such cessation of all symptoms, convinced me that the introduction of the instrument had caused it, and I determined to try it on such cases as might subsequently come under my observation. I have since that time tried it in eight cases, and in all but two relief has been obtained. In one case, the pain subsided, and my patient remarked that it was an immediate aggravation of all the symptoms—especially the pain—which lasted about a minute; then just as suddenly all pain ceased, and my patient remarked that it was "all over." The catheter used had a screw cap on the handle end, and no water was drawn.

PRACTICAL POINTS IN THE DIFFERENTIAL DIAGNOSIS OF IRITIS AND CONJUNCTIVITIS.

BY FREDERICK E. CHENEY, M.D.,
Of Boston, Mass.

The symptoms most to be depended upon in making a diagnosis of iritis, are, redness of the eye in connection with neuralgic pains of the temple and brow, and a contracted pupil that reacts sluggishly or not at all to light. Sub-acute and chronic cases are at times met with in which the pain is slight or absent, and the circumcorneal injection but temporary. In the cases which ended fatally, the cause of death was great constipation, dark-brown urine, slow, shallow respiration, delirium, and great prostration. In the cases which ended fatally, the cause of death was great constipation, dark-brown urine, slow, shallow respiration, delirium, and great prostration.

Acute iritis, pain may not be complained of for the first few days, and in exceptional cases may be absent during the entire course of the disease. The absence of supra-orbital and temporal pain, therefore, although a most frequent and valuable diagnostic symptom, does not exclude iritis, and the presence of other symptoms must always be looked for. If, after careful examination, a doubt as to the nature of the disease still exists, a safe rule to follow is, When in doubt, use atropine. If the disease proves to be conjunctivitis, the use of atropine for the first day or two will have caused no permanent harm, the mydriasis and paralysis of accommodation passing off within ten days or a fortnight. If, on the other hand, it is iritis, we shall have the pupil well dilated, and if kept so by the use of atropine until the inflammation has subsided, it will be almost impossible for adhesions to form between the iris and the lens.

The value of the early and constant use of atropine in iritis cannot be too strongly insisted upon. A wide dilatation of the pupil is, of course, the end in view; and while, as a rule, a one-per cent. solution of atropine sulphate used three or four times a day will accomplish this, a more frequent instillation or stronger solution is sometimes required.

THE RELIEF OF PELVIC AND ABDOMINAL PAIN BY HOT COLON DOUCHE.

BY W. E. FORREST, M.D.,
Of New York.

It may be well to recapitulate the proper method of using the remedy, for even in so simple a matter as this, there is a right and wrong method. The patient is to lie on the left side, with the left arm behind the back, legs partly drawn up, hips on a pillow or folded blanket, the chest low; in short, in the Sims position. This position allows the patient to administer the injection by the use of the right hand. It is always better, however, to have an attendant administer the injection if possible. If an attendant gives it, the patient might better lie directly on the face with a folded blanket or pillow under the thighs. The water is to be of a temperature not more than 112° F. nor less than 106° F. From a pint to two quarts of the hot liquid should be slowly injected, and retained for a few minutes. If there are feces in the rectum, as is usually the case, the injection and the feces will be quickly ejected. Then at once have the patient lie down and repeat the hot injection, using a larger quantity the second time. This will be retained longer and will almost certainly relieve the pain. When this is expelled the patient should lie down again, and about a pint of hot water should be injected; this will be retained if the patient lies quietly, and it will be discharged from the system through the kidneys. If the patient is at all weak, it is wise to administer a stimulant before giving the injections.

DANGERS OF SULPHONAL.

Although sulphonal is probably one of the safest, as it is one of the most efficacious, among the hypnotics recently introduced, the series of cases published by Breslauer, of Vienna, show clearly that it has certain dangers. The degree of peril is difficult to estimate, as the patients were lunatics, and were also apparently feeble; but the fact is significant that out of seventy-seven patients who were treated with the drug, no less than seven showed serious symptoms, and in five of these there was a fatal termination. It ought to be mentioned that the patients had been taking the drug for a considerable time, and had borne it well until symptoms of disturbance set in, these being great constipation, dark-brown urine, slow, or in some cases rapid but feeble pulse, discolored patches resembling purpura on the limbs, and great prostration. In the cases which ended fatally, the cause of death was heart-failure, with edema of the lungs.
MEDICAL MISCARRIAGES.

The American Academy of Medicine has just issued a bulletin containing the Address of its President, delivered at the recent annual meeting at Washington, in May last. The title may seem odd to the general reader, but will be regarded as appropriate as an emanation from the pen of a distinguished gynecologist, who turns his thoughts for a brief period from the physical abortions and miscarriages of practice to consider some of the moral and mental failures in professional experience in which medical men generally are interested.

We will quote, however, freely from this interesting address, in further elucidation of the subject.

The writer states that if any one should for a moment suppose that abortions or miscarriages, as described in obstetric works, are to be considered, his mind should be at once relieved. The miscarriages of medical men are solely those to be presented. The accidents referred to are considered in reference to the publication of medical books and of medical journals, the work of medical societies and of medical colleges, and of medicine itself. Abortion or miscarriage, using the words synonymously, as most do, is the expulsion of the product of conception prior to viability.

Referring first to publication of medical books, four-fifths of the entire number are abortions, slighted conceptions, moles, or persisting from myxomatous degeneration of the placenta with consequent arrest of nutrition. They either have no life when expelled from the press, or are so feeble that they only give a gasp and die—they are not even noticed, else, though they may have reached the term of viability, they perish because the profession refuses them food. Only one-fifth of medical books give the publisher any profit; on two-fifths he has no actual loss, considering the estimate, but the other two-fifths he wishes he had never seen. It may be incidentally stated that sixty to seventy per cent. of medical books published in this country are by American authors, a fact which certainly speaks well for the progress of this department of American literature. The life of a successful medical book is usually a short one, only from ten to twenty years.

Referring to the medical journals of the country, the writer states that the qualifications of a good medical editor are many. He ought to be a practitioner and a practical man, knowing from his own experience what doctors need most to help them in their daily work, and how it can be presented in the simplest and clearest form. No man should attempt the duties of a medical editor unless he is a good obstetrician, especially as it relates to the diagnosis of pregnancy and the care of premature and feeble conceptions. Let me just remind you that Socrates in Plato's "Theaetetus," states that he is the son of Phanarete, a brave and burly midwife, and that he practiced midwifery and delivered many sons to women, that he practiced on their souls when they were in labor, and that his art had its triumph in thoroughly examining if the thought which the mind brought forth was a false idol or a true birth.

Let me press the analogy a little further. The medical editor ought not only to differentiate between true and false pregnancy, but he should also be able to tell whether gestation has reached the normal term. Unfortunately, errors in diagnosis are very frequent. Pseudocyesis is not uncommon; but these mistaken ideas may sometimes be mistaken for pregnancy, and when the delivery takes place, it is simply an expulsion of gas. True brain-babies may be born, but they are too feeble to live unless carefully cared for in an incubator by the editor. An article prematurely reporting a case alleged to be cured by an operation, may be kept by the editor until the cure is established. It may be written in execrable English, but the wise editor will put good clothes on the child before allowing it to come before the public. Examples showing the fear and the ignorance of some editors will still frequently present themselves to all who carefully observe periodical medical literature.

Medical societies are organized chiefly for the purpose of general professional improvement, and to attract attention. Never in the history of medical society is there one of these who attempts to secure patients, and they are not always examined, and it does happen—whether occasionally or frequently let others decide—that students pass this ordeal who subsequently reflect back upon the institution the diploma of which they hold.

It is generally held that state boards of examiners will end the evils that now result from questions meet my hearty approval as being just and fair. Still I occasionally find some that show on the part of the examiner a great deal of influence, or something of this sort which is the abortifacient, but it does the work.

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Some editors may be quite ignorant of the characteristics of a child born at term, such as size, weight, and vigor of motion, and consequently present their readers with imperfect specimens of medical reproduction.

A greater error is to offer an artificial for a real baby. It sometimes happens that a doctor without any reproductive power whatever, a sort of literary eunuch, decides to write a medical journal; of course he cannot produce a child, and so he makes something resembling such child in form, but not in fact. Another whose pregnancy ought to last some months, endeavors to give birth every month; and it is this kind of fiction that is the source of much trouble and disturbance.

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Therapeutic Briefs.

As a local anesthetic for almost painless extraction of teeth, Dr. J. Wilton Hope (Va. Med. Monthly, June 1891) suggests the following:

B. Hydrochlorate cocaine, 5 parts
Crystal. carbolic acid, 6
Fine gum camphor, 6

To one of three minims of this mixture with a hypodermic syringe, deeply into the gum on the inner and outer sides of the tooth. Apply over the gum a piece of absorbent cotton wet in the solution. Wait four to five minutes. The gum can then be freely incised, and the tooth drawn with a minimum of pain.

As a writer in The Doctor suggests:

B. Tincture rhiz., gr. iij
Magneesia carbonat., gr. ss
Tincture zingiberis, gr. j
Aquae, q. s. ad f. iv. M.

Sto.—Apply to the warts with a camel's-hair brush once or twice a day.

As a gargle for Fortid Breath, Amer. Jour. of Med. Sciences suggests the following:

B. Soda bicarbonat., xx
Sapcharin, 1
Acidi acetic., gr. j
Put a teaspoonful in a cup of water. Use as a gargle several times daily.

For Pruritus, La Semaine Med. recommends the following:

B. Menthol, gr. ss
Glycerin, f. iv. M.
Water, f. iv. M.

Sto.—Apply externally.

For Whooping Cough, Germain See, (Journal de Med.), recommends the following:

R. Belladonna rad. pulv., gr. iij
Pulv. ipecac. et opii, gr. ss
Sulphur. sublimate, gr. iv
Sacchar alb., gr. x. M.

Sto.—This dose be taken from two to ten times daily, according to age and effect produced.

As a Calmative for Infants a writer in Med. Age, May 25th, 1891, gives the following:

R. Camphor. monobrom., gr. xvi
Extract. hyoscyami fluid., gr. xx
Syrup. lactucae, f. viii. M.

Sto.—Tea spoonful every hour until relieved.

Dr. Fissidé (Revue de Laryngol., etc., May 25th, 1891) gives the following as an antiseptic wash in diseases of the skin:

B. Oleoresin. capsici, gtt. xx
Acidi acetici, 3 j
Acidi salicylic., 4 o
Menthol, 0.20

Apply to the warts with a camel’s-hair brush once or twice a day.

Dr. Ness, in Glasgow Med. Journal, reports 2680 cases in which anaesthetics were employed at the Hospital for Sick Children. (N. Y. Med. Journal.) In all these cases careful notes were taken, and there were at least a thousand more of which no record was kept. Chloroform was almost invariably used, ether being employed only in exceptional cases. No death ever occurred during the administration of an anaesthetic. The mode and details of administration are not given.

Dr. J. C. Allen, in Med. and Surg. Journal, May 9th, 1891, reports 1080 cases in which anaesthetics were employed at the Hospital for Sick Children. In all these cases careful notes were taken, and there were at least a thousand more of which no record was kept. Chloroform was almost invariably used, ether being employed only in exceptional cases. No death ever occurred during the administration of an anaesthetic. The mode and details of administration are not given.

Dr. Spencer, in Med. News, April 20th, 1891, (Med. News, June 6th), recommends for Gonorrhea:

B. Crescotti, 10 drops
Ext. hamamelis fl., 2 fl. ounces
Ext. hydastis fl., aa 15

For a rectal injection, several times a day.

For a redolent injection, several times a day.

The latter is useful also for oxyuris vermicularis in an adult. For children with pin worms the following injection is used:

R. Naphthalin, gr. xy
Olei olivae, 1
A recent writer in "Revue Intern. de Biblog. Med.," gives a formula for TASTE-LESS QUININE:

- R. Quinine sulphate, 0.5 grm.
- Acid, sulphuric, dilut., 0.5 grm.
- Essent. menthol, 3 drops.
- Sacchar. (saturated sol.), 100 grm.
- Aqua destillat., 900 " M.

Chemist and Druggist gives the following formulas for GLYCERINE JELLIES FOR THE HANDS:

- B. Traganth, 1/2 j.
- Glycerine, 1/2 j.
- Water, 3/4 j.
- Extract of rose, gtt. vj. M.

- B. Gelatine, 1/2 j.
- Glucose, 1/2 j.
- Glycerine, 1/2 j.
- Water, 3/8 j.
- Oil of rose, gtt. v.

For operations upon small abscesses, opening fistulous tracts, or removing superficial growths, it is recommended (London Med. Record) that LOCAL ANAESTHESIA be secured by a spray of the following solution:

- Chloroform, 10 parts
- Sulphuric ether, 2 parts
- Menthol, 1 part.

The anæsthesia which is thus obtained lasts from two to ten minutes.

- Dr. M. Baudoin (Progrés Medical), in Cmm. Lancet-Clinic, May 30th, 1891, states that in OPERATIONS UPON THE RECTUM AND ANUS, it is necessary not only to disinfect these parts, but also the entire intestinal tract.

- Dr. Asher, of Lithgow, New South Wales, advises the use of BELLADONNA in the EARLY STAGES OF LABOR, having found it of immense benefit, saving considerable pain to the patient and materially diminishing the expected period of the labor (Australasian Med. Gazette). In primipara, after a prolonged period of pains of more or less intensity, and with but little dilatation of the os, as well as in the more intense condition of a completely rigid os, where, with extreme contractions, no dilatation occurs, he has given large doses of belladonna with marked effect. He usually prescribes a reliable tincture of belladonna in doses of twenty to thirty minutes every hour, or oftener; and satisfactory dilatation usually follows the first or second draught.

The following is the method employed by Dr. Leasey (Lancet, in Med. Record, June 13th), in the treatment of DYSENTERY.

A draught of the saturated solution of sulphate of magnesium, with ten drops of diluted sulphuric acid, is given every hour or two until the stools have become copious, feculent, and free from blood and mucus, the temperature has fallen, and the pain and tenesmus have ceased. When the stools are normal in appearance, and number only two or three in twenty-four hours, an ordinary astringent mixture of acid with laudanum or tincture of Indian hemp, or a pill containing extract of opium, is usually all that is necessary to complete the cure. The patients are, of course, dieted with the greatest care.

Dr. Szadek (Atlanta Med. and Surg. Journal, June, 1891), suggests the following preparations of Sulphur in the Treatment of Skin Diseases:

1. Take of Sublimed sulphur, 3/8 drachm.
   Salticylic acid, 3 grains.
   Powdered arrowroot, 1/2 ounce.
   Mix.

2. Take of Sublimed sulphur, 1/4 drachm.
   Alum. ust., 3/8 j.
   Mix.

3. Take of Sublimed sulphur, 2 drachms.
   Etheris sulphuris, 2 scruples.
   Spirits vini rectif., 2 ounces.
   Mix.

4. Take of Sublimed sulphur, 2 scruples.
   Basle, 1/2 ounce.
   Mix.

5. Take of Ichthyol (sulpho-ichthyolate of ammonium), 1 ounce.
   Spirits vini rectif., 2 scruples.
   Mix.

6. Take of Ichthyol, 2 scruples.
   Powdered oxide of zinc, 2 ounces.
   Mix.

7. Take of Ichthyol, 1/2 to 1 drachm.
   Vaseline, or ointment of benzoylated oxide of zinc, 1/2 ounce.

—Among seasonable remedies, supplied by Parke, Davis & Co., are the following: Chloranodyne, an excellent antispasmodic and anodyne in diarrhoeal disorders, gastric troubles and intestinal colic, combining therapeutic virtues of morphone, Cannabis indica, chloroform, capsaicum, hydrocyanic acid, alcohol, glycerin, and oil of peppermint. It is an improvement upon Chlorodyne, a patented preparation, widely dispensed as an anodyne and antispasmodic. Liquid Acid Phosphate, action of which is to relieve nervous exhaustion, depression, sleeplessness, melancholia, and increase the vitality. It is in considerable demand as a stimulating beverage. The ordinary dose is one-half to one fluidrachm, in a glass of water, sweetened or not, according to taste; or with carbonic acid water and syrup. Lime Juice and Pepsin is a grateful refrigerant and anti-scorbatic; it is a prophylactic against many disorders prevalent in summer.

We quote the following from Life in regard to the boy who actually swallowed a thermometer: "If this paragraph should reach the notice of George Martin, who swallowed a thermometer, and if the thermometer is still in him, this is to suggest to him not to make too great a sacrifice to recover it. A surgeon regards a thermometer in a
During 1889 and 1890, the disease appeared in November, and some places even through March, 1890. The total number of deaths in Austria, directly attributable to the disease, was 23,528.

Prof. Da Costa will continue to deliver clinical lectures at Jefferson Medical College Hospital during the coming winter.

The Lacto-Cereal Food is especially prepared for a palatable, digestible, perfect food for building up the stock-broker, lost upward of eighteen thousand pounds. It appears that he had entrusted Mr. Taylor with the money to invest in securities, instead of doing which he applied it to his own purposes.

Dr. J. F. Bell (J. M. C. 1890), of Elgin, Ill., was recently appointed City Physician and Chairman of Board of Health for that city. Dr. Joseph H. Chandler (J. M. C., 1860) was elected President of the Delaware State Medical Society at its 102d annual session, at Georgetown, June 9th, 1891. The honorary degree of the Master of Arts was conferred upon Dr. Frederick P. Henry, of Philadelphia, Physician to the Jefferson Medical College Hospital, at the recent commencement of Princeton College.

Marriages

Bell-Gording—At Elgin, Illinois, May 20th, 1891, J. F. Bell, M.D. (J. M. C., 1890), and Ethel R. Gording.

Irwin-Webb—June 10th, 1891, at Philadelphia, J. Kennedy Irwin, M.D. (J. M. C., 1888), and Margaret F. Webb.

Vansant-Etting—At Philadelphia, June 4th, 1891, Eugene Larue Vansant (J. M. C. 1884) and Louisa Etting.

Death

Ronaldson.—At New York, June 30th, 1891, William D. Ronaldson, M.D. (J. M. C. 1873).
eye, solutions of the same drugs of about fluid from the eye into the lachrymal sac, and to the cornea.

This will prevent the passage of any of them a small pledget of dry absorbent cotton. Half the above-mentioned strengths may be permitted us to apply the mydriatic vigorously to bring about simple dilatation of the pupil. To bring about simple dilatation of the pupil does good mainly by the displacement of the puncta that it causes. The most effective means is to so draw on the skin of the lids as to exert the puncta, and hold in contact with them a small pledget of dry absorbent cotton. This will prevent the passage of any fluid from the eye into the lachrymal sac, and permit us to apply the mydriatic vigorously to the cornea.

For paralyzing the accommodation of the eye, solutions of the same drugs of about half the above-mentioned strengths may be instilled three or four times daily. Probably a single efficient instillation of this kind, or at most two or three, would be sufficient to produce complete paralysis of the accommodation in almost every case, with the eye in anything like normal condition. But frequently the instillation must be intrusted to unskilled hands, and so may produce but a small fraction of its full effect, and in a few cases the active hyperemia caused by the mydriatic and involving the anterior segment of the globe, may increase the difficulty of attaining complete ciliary paralysis; so that it may be necessary to continue such applications for some days.

For simply paralyzing the accommodation, however, our most valuable agent is homatropine, commonly used in the form of the hydrobromate. Of this a 2 or 3 per cent. solution, ten or fifteen grains to the fluidounce, should be instilled every five or ten minutes until at least four efficient applications have been made. Used in this way, I have found it a perfectly reliable and efficient paralyzant of the accommodation, even in the presence of high grades of retino-choroidal irritation and general hyperemia of the eye. But we have not with this drug the excess, or reserve of power to control the ciliary muscle, that is possessed by the other mydriatics named. Every instillation, or at least a sufficient number of them, must be efficient. The cornea must have the chance of absorbing the solution at nearly its full strength; and for that reason the application of the drug must be intrusted only to skilled hands, usually attended to by the surgeon himself.

To bring about simple dilatation of the pupil our choice of the drug will be determined by whether the dilatation is to be long sustained as a measure of treatment, or only temporary as for purposes of diagnosis. In the former case atropine is to be used, in the latter homatropine or cocaine. Atropine or homatropine should be employed in a solution one-tenth the strength of those used for paralyzing the accommodation, or even weaker than this. The atropine to be repeated as often as the pupil contracts again, say once every one, two, or three days; the others, of course, used only the once. Such advice given in text-books is, at first sight, surprising. Even in mild cases of gastric trouble a careful examination is indicated, and should be insisted upon by the medical attendant to determine the cause of the disorder, its dependence upon physiological or pathological conditions. Are the generative organs found to be normal? Are there no indications of diseases of other vital organs, especially of the stomach? Is the effect of the vomiting upon the general health but insignificant? It may then be decided whether it be a wise plan to irritate the stomach by various drugs, which, as known from experience, produce but a small fraction of its full effect, or to desist from treatment. It is in this sense, I take it, that such advice has been given and it is under the circumstances that it deserves recommendation. Nevertheless, such statements in text-books are misleading; fortunately, but to the superficial reader.

While mild cases of vomiting do well without treatment, diet and regulation of the bowels are usually sufficient to render the gastric disturbances tolerable, but the persistent vomiting demands our earnest attention. Nausea is a reflex neurosis, due either to physiological changes in the uterus, distention by the growing ovum, or to pathological conditions complicating pregnancy. If we exclude co-existent diseases of the stomach, which will be considered later on, it must seem plausible that the treatment should be directed against the causes and not against the symptoms of the gastric disorder; that is, against the uterus, and not against the stomach. The stomach is not the diseased organ. Nausea and vomiting of pregnancy are only the symptoms of some functional disturbance of the nervous system, originating in the uterus, like the nausea and vomiting of seasickness, an analogous disease, dependent upon the

Cocaine, which is of special value as a dilator of the pupil, is to be used in solutions of the strength ordinarily employed for producing local anaesthesia of the eye, that is, 2 to 4 per cent. But the instillation must be made at least thirty minutes, often an hour, before the dilatation is desired, the anesthetic action often having quite passed away before the dilatation of the pupil becomes noticeable, and repeated instillations do not very greatly hasten this dilatation. As a paralyzant of accommodation cocaine has very little power, and by itself is not at all valuable for the purpose. But it can sometimes be advantageously combined with homatropine. Here the frequent repetitions of the instillation, as in the case of iritis, gives the advantage of local anaesthesia, greatly lessened resistance on the part of some patients, and prevention of the excessive secretion of tears that follows each instillation of homatropine alone, and by dilution of the solution lessens the intra-ocular effects produced, as well as an apparent hastening of absorption. For this purpose the solution may be made with 2 or 3 per cent. each of cocaine and homatropine.

The instillation of a strong solution of any of the mydriatics causes a pericorneal hyperemia, which, though not serious, is sometimes alarming to the patient or his friends. This phenomenon I pointed out in a paper on homatropine, published in The Medical News, July 18. It is officially liable to occur from the use of homatropine, because this is more likely to be used in stronger solutions. The combination with cocaine lessens this tendency to a considerable extent.

**TREATMENT OF VOMITING OF PREGNANCY.**

BY F. BLUME, M.D., OF ALLEGHENY, PA.

Read before the Allegheny County Medical Society, June 16th, 1891.

A great variety of remedies—still increasing in number every year—have been recommended by different writers. These remedies have proven satisfactory in some cases, but failed entirely in others. This uncertainty of the various methods of treatment, the often but little annoyance caused by the milder forms of vomiting, and the experience that in many instances spontaneous cures occur, have led to the view that interference is not required unless the case presents a more serious aspect. Such advice given in text-books is, at first sight, surprising. Even in mild cases of gastric trouble a careful examination is indicated, and should be insisted upon by the medical attendant to determine the cause of the disorder, its dependence upon physiological or pathological conditions. Are the generative organs found to be normal? Are there no indications of diseases of other vital organs, especially of the stomach? Is the effect of the vomiting upon the general health but insignificant? It may then be decided whether it be a wise plan to irritate the stomach by various drugs, which, as known from experience, produce but a small fraction of its full effect, or to desist from treatment. It is in this sense, I take it, that such advice has been given and it is under the circumstances that it deserves recommendation. Nevertheless, such statements in text-books are misleading; fortunately, but to the superficial reader.
It was first prominently brought before the attention of the medical profession through an article of Dr. J. Valude, which was presented to the Académie de Médecine of Paris by Dr. Le Roy de Mericort, on the 19th of November, 1890, and which resulted in a report on the subject by the Académie on February 18, 1890.

In this report Dr. Dujardin-Beaumetz, although doubting the ability of this drug to replace quinine, admits of its apparent value, and suggests the necessity for further experiments in this direction. Dr. Villejean, in a chemical analysis of the plant, has as yet been unable to isolate its active principle, but notes the presence of a peculiar tannin, which yields a dark-green precipitate with the per-chloride of iron, and thus closely resembles the tannin of catechu and cinchona.

Dr. Valude uses a decoction and alcoholic elixir in doses of 70 grammes for an adult, and 35 grammes for a child under twelve years of age. One litre of this solution should be divided into four doses, and taken within the twenty-four hours, each dose to be sweetened and drank hot. His report comprises personal observations of fifteen cases of malarial fever, besides a résumé of the results obtained in Mexico, Japan, and Italy. Of the fifteen cases in question seven were complicated by other diseases, such as la gripe, tuberculosis, grave anaemia, and in one case by intermittent dental neuralgia. In these last cases the periodical attacks were suppressed, while the results in the uncomplicated cases were uniformly successful, and in the majority of instances but one dose of pambotano was necessary to effect a cure.

My own observations are limited to eight in number, as far as the malarial fevers are concerned. Each of the cases, however, was carefully observed for a varying period of time before the administration of the medicinal in order to insure accuracy of diagnosis. I have also observed its results in other diseases, such as la gripe, typhoid fever, phthisis, etc., but, frankly speaking, no influence could be detected upon the course of these different maladies.
Notes of Practice.

TREATMENT OF TUBERCULOSIS OF THE UPPER AIR-TRACTS.

BY JOHN O. ROE, M.D.
Of Rochester, N. Y. *

The local treatment of tuberculous disease in the upper air-tracts is, first, palliative, and second, radical. The former is demanded in those cases where the tuberculous process in the upper air-passages is secondary to an incurable form of the disease in the lungs. The latter is employed in all cases of primary tuberculosis, and wherever the extension of the disease can be prevented by the removal or destruction of the localized tuberculous deposit.

The palliative treatment consists in the use of sedative and soothing applications. Irritating substances, such as nitrate of silver, so justly condemned by Williams, should never be applied to a tuberculous throat. The best remedy that we have of this class is iodoform, applied in the powdered form or dissolved in ether. The best substitutes for iodoform are iodol and iodide of starch. The latter I have found in some cases as efficacious as iodoform. Menthol, first introduced by Rosenberg, has proved to be a remedy of great value, on account of its anesthetic, analgesic, and anti-parasite properties. Its value in the treatment of laryngeal tuberculosis has been amply confirmed by Lennox Browne, McBride, Brune, Potter, Knight, and others. It is best employed in from ten to twenty per cent. in an oily solution. A great number of other drugs have been recommended for the treatment of this disease, such as lactic acid, creolin, creosote, carbolic acid, chromic acid, boric acid, thymol, iodine, chloride of zinc, hydrate of chloral, charcoal, hot-air inhalations, etc.

The radical measures consist in the destruction or removal of the tuberculous deposits. Pre-eminent in the list of chemical reagents for this purpose stands lactic acid, which was introduced by Krause in 1885, and must be regarded as the most valuable remedial agent which has been added to the local therapeutics of tuberculous disease. Krause demonstrated that, by means of lactic acid, the tuberculous ulceration of the larynx could be converted into simple ulceration, the bacilli destroyed, and the tuberculous process completely arrested. The experience of other observers in the use of lactic acid soon corroborated that of Krause, and many excellent and brilliant results have been reported from its use by Heryng, Gottstein, Major, Jellinck, Schmieglov, Gouguenheim, and others. The observations and experiments of Mossetig Moorehoff upon lupus of the skin showed that lactic acid acts energetically upon pathological tissues, but, at the same time, has no effect upon sound tissue. This observation led Krause to employ lactic acid in laryngeal tuberculosis, although, when applied to mucous membrane, it is only in weaker solutions that it confines its actions to diseased tissue. Lactic acid is, however, not applicable to every form of tuberculous disease. The use of the acid is only effectual in small, superficial ulcerations and soft infiltrations, and when the disease is in a quiescent condition. When the disease is in the stage of inflammatory activity, good results have not been obtained, owing to the serious inflammatory complications that commonly arise. In these conditions Krause considers the use of the acid contra-indicated.

Krause first applied the acid in the form of brushings. Later on he adopted the plan of scraping the ulcer first, and then thoroughly rubbing the acid into the exposed surface, so as to bring it in contact with every portion of the tuberculous deposit. He commencement with a weak solution, and increased it to forty, fifty, or sixty per cent. Some have employed it in the pure state. In applying it, one should always begin with a weak solution, and rub it thoroughly into the ulceration by means of a laryngeal cotton carrier, which is much cleaner and to be preferred to the brush. The strength of the solution should depend upon the amount of reaction, and it should only be reapplied after the re-active inflammation has disappeared and the dead tissue has been thrown off. Before the application of the acid, the larynx should be thoroughly anesthetized by cocaine to prevent the extreme pain which would otherwise be caused by the acid. The beneficial effects of the acid are seen in the diminution of the infiltrations, the formation of sound granulations, the clearing of the ulcers, and, finally, in their cicatrization. The observation of Heryng, that relapses of healed laryngeal ulcers were always present in cases where there were deep tuberculous infiltrations not reached by the acid, led him to adopt the method of curettement. This method is employed for the same purpose that Volkman's spoon is employed in general surgery, and its object is apparent. By it the deeper tuberculous infiltrations are not only removed, but made freely accessible to the action of the acid, which is always to

* Therapeutic Gazette, June 15th, 1891.
be used after the curette, and thoroughly rubbed into the bottom of the exposed surface. Different shaped curettes are, of course, necessary for different portions of the larynx, and certain portions of the larynx are more accessible than other portions. The posterior walls of the larynx, the ventricular bands, the inner surface of the arytenoids, and the lower portions of the epiglottis, are the most accessible for curetting. For the removal of granulations and infiltrations on the upper surface of the posterior walls, the double curette of Krause and Gouguenheim is the most suitable instrument. This instrument consists of two small, double-cutting blades, one forced down on the other, so that the tissue coming within its grasp is readily taken away.

Those who have had experience in the treatment of these diseases cannot fail to be of the unanimous opinion that the lactic acid treatment and curettage of Krause and Heryng are the greatest advances that have yet been made in the radical treatment of tuberculosis of the upper air-passages.

As Sedziak very truly says, “The time of therapeutic nihilism in regard to laryngeal phthisis has disappeared to return no more.” Formerly a patient afflicted with tuberculous diseases of the larynx and pharynx was considered to be beyond the reach of medical assistance. Now the application of surgical means for the removal of the tuberculous mass is as unhesitatingly undertaken in the treatment of tuberculous diseases of the larynx and pharynx as of the skin and bones.

The adoption of these radical measures are, however, only made possible by the assistance of cocaine, since under general anesthetics they are impracticable. Cocaine, therefore, marks as distinct an epoch in laryngology, as chloroform and ether in general surgery.

Tracheotomy has been recommended in laryngeal phthisis for the purpose of giving the larynx rest. I, however, agree with Cohen and some others that it is an unwarrantable procedure, not only increasing the suffering of the patient, but aggravating the disease in the lungs. It is only permissible in obstructive swellings of the larynx, and these can be dealt with successfully by the radical measures already described.

Lastly, we have to mention the treatment by the use of Koch’s lymph. The value of this method, however, has not been settled, but should a portion of the excellent results that have been reported prove to be permanent, this discovery will mark a great epoch in the treatment of tuberculosis.

**MANUAL DELIVERY IN HEAD-LAST LABOR.**

**BY PROF. THOEPHILUS PARVIN, M.D.,
Of Jefferson Medical College, Philadelphia.**

When Diogenes was asked for a definition of walking, he rose from his seat and walked. So, in considering the manual management of labor when the head comes last, usually cases of pelvic presentation, the narration of the conduct of such a case recently under my care may serve to illustrate the essential points in this delivery.

Mrs. —, primigravida, had spontaneous rupture of the membranes at the end of pregnancy; the amniotic liquor, at first escaping with a gush, gradually dribbled for some twelve hours before labor came on. I found the pelvis presenting, the sacrum of the fetus being at the right sacro-ilial joint. I had the patient remain lying down, hoping that thereby some of the liquor might be retained, and thus the child’s life be less imperilled. At the end of eight hours the os was fairly dilated. Without much difficulty I got my finger over the axis, and assisted also by the external pressure. The position of the patient should be that for immediate delivery of the head, lest the voluntary efforts of the patient may be lessened.

The last fact will be considered first. That the perineum often, if not usually, is unornit when the head comes last, has long been a common observation. But I think it is only comparatively recently that the true reason for this exemption could be given: the perineum does not tear because it does not elongate, and it is not stretched longitudinally, because one or both limbs brought down by the obstetrician prevent it: a thinned perineum greatly increased in length is almost sure to tear, no matter what the presentation, for the material for lateral stretching is used in longitudinal, and thus is not available.

When the rupture of the membranes occurs in a primigravida several hours before labor begins, the chances that the child, if the pelvis presents, will be still-born are great. Nevertheless, the fortunate result that occurred in the case which has been reported leads me to hope that a similar practice may lessen fatal mortality.

The points that I would like to emphasize in the conduct of the case, hoping that their consideration may be helpful at least to some practitioner, are, first, the abstinence from interference until the os is completely dilated, and then simply bringing down one foot, never, even though this is done, hastening delivery by traction on that foot, unless the condition of fetus or mother demands immediate action, for such ill-timed traction will frequently result in laceration which means delay in delivery at a critical period, the liability to injurious pressure upon the cord, and quite possibly fracture or fractures in restoring the displaced members. Next, if an anesthetic is used, let it be discontinued when the time approaches for immediate delivery of the head, lest the voluntary efforts of the patient may be lessened. The position of the patient should be that which will facilitate the manipulations of the obstetrician. Let the two fingers used to secure head flexion be passed within the mouth, the lower limb which had been brought down, I had the other hand placed in the mouth and traction made upon the lower jaw, while the nurse was instructed to make constant supra-pubic pressure; it weighed nearly the child’s head upon the chest was chiefly secured by pressure upon the inferior maxilla, but this was assisted by traction upon the child’s lower limbs, for thus the occiput was made to press upon the unyielding pubic joint, contributing to rotation of the head upon its transverse axis, and assisted also by the external pressure.

The child made an inspiration, the fingers in the birth canal and the pressure opening the mouth, the entrance of air was facilitated. By pressure and traction the head was soon delivered, and the child in a few minutes was crying, weighed eight pounds, and has continued well, now some two months. The perineum suffered no injury.

The next point is the extraction of the other limbs. The best time for this is when the head has been delivered; it is then that the necessity of the delivery of the other limbs is the greatest. It is carried out with a large pair of forceps, the second fingers being directly under the child’s lower jaw, and not applied externally upon the upper jaw, because by the former method the entrance of air into the child’s lungs is best assisted, should it make an inspiration. For the reasons that have been given in the report, I much prefer that the nurse should make supra-pubic pressure, and not the obstetrician, one of his hands being used to raise the child’s body, and to use moderate traction through the grasp upon the ankles, while two fingers of the other hand draw upon the lower jaw in the method described. In one or two manipulations just mentioned, the method pursued differs somewhat from that generally advised, but I believe
the difference, though apparently slight, is of
importance.
Several different ways of delivering the
head having been advised, it seems to me best, after reflec-
tion, to state that the one generally regarded as superior, which has
been thus spoken of in this paper, and which
Winckel states will soon supersede all others,
is that known as the Wigand-Martin method,
and is thus described by him: "The first and
second fingers of the hand whose palm cor-
responds to the face are introduced into the
mouth, and the lower jaw is directed to the
middle of the pelvis, after which the body is
placed astride of the arm, and then the fotal
head is forced down through the small pelvis
by pressing upon the occipital region. The
seizure of the chin serves less for traction than
for directing the passage of the head outward,
which latter is accomplished mainly by the
expression." In this manipulation the obstet-
rician works without assistance; but in that
which I have suggested the external pressure
is made by the nurse, while with two fingers
of one hand in the mouth of the fetus the
former makes flexion, guidance and traction,
and assists, too, by drawing upon the lower
limbs, both flexion and delivery.

LOCAL TREATMENT OF DYSEN-
TERY.

BY H. C. WOOD, M.D., L.L.D.,
Of Philadelphia.*

There seems to me to be in modern medical
thought a very strong tendency to consider
disease as constitutional rather than local. I
do not doubt but that there are one or more
forms of dysentery dependent upon the pre-

cence of poisons in the blood, but I feel very
confident that the dysentery, as we see it ordi-
narily in this climate, is essentially a local infl-
amation, independent of any blood poison-
ing. If this be true, the disease should be
especially amenable to local treatment. It is
ture that the ordinary treatment, which seems
not to be local, really owes much of its effi-
ciency to a local influence. Thus, the pur-
gative acts by a purely local depletion; the
mercurial, or the ipecac, by a local stimulation
of the glands involved; whilst the bismuth
spreads itself upon the mucous membranes
and by its local action lessens inflammation.
It has seemed to me, however, worth while to
draw the attention of practitioners to the value of
the direct application of remedial agents to the
affected parts.

Many years ago I published a series of cases
of chronic dysentery, demonstrating the ex-
traordinary efficiency of forced enemata con-
taining one-half a drachm to a drachm of
silver nitrate dissolved in two or three
quarters of water, and further experience has
corroborated all that I said. Indeed, from
time to time have appeared papers in the med-
cal journals proposing the treatment as both
novel and efficacious.

In acute dysentery, involving the colon high
up, I have found large enemata, containing two
to three drachms of subnitrate of bismuth,
much more efficient than the exhibition of
bismuth by the mouth. When the symptoms are
severe, this local treatment may often be
preceded with advantage by washing out the
colon with large quantities of cold water. I
have never used injections of nitrate of silver
in acute dysentery, although the effect of the
local application of the nitrate in other inflam-
ations of mucous membranes would justify
trial of the remedy. I have seen, in one or
two cases, large enemata of very hot water
injected without affording relief, and believe
that hot water enemata are, in their ordinary
results, not at all comparable with large injec-
tions of ice-cold water.

When the lower part of the colon is affected,
the local use of ice sometimes has an almost
marvellous effect. I have, indeed, seen the
whole aspect of a very severe and alarming
case, in which the symptoms indicated that
the colon was affected high up, changed in a
single hour by the continuous use of ice sup-
positories. While it is not necessary to have
the pieces of ice entirely regular in shape,
care should be exercised that no sharp edges
are left. The suppositories should be rapidly
used, one being put into the rectum every
three to five minutes, so as to get, for at least
half an hour to an hour, the effect of the con-
tinuous application of cold.

When the tenesmus is very severe, iodoform
suppositories are often much more efficient
than opium in bringing relief.

A remedy which has been from time to time
recommended very highly in dysentery, but
has not, I think, been much used, is ergot;
and when the passages contain large quanti-
ties of blood, or nearly pure blood, the extract
of ergot would seem to be indicated. I have
never myself used ergot by the mouth in
these cases, but have employed suppositories
containing twelve grains of extract of ergot
and four grains of iodoform, used every two
hours until four or five suppositories had
been taken with, seemingly, great advantage.

I do not mean to advocate the local treat-
ment of dysentery as a substitute for the use
of mercurials, purgatives and ipecacuanha,
etc., but as a very important adjuvant to the
older forms of treatment. Nevertheless, in
my experience, the effect of local remedies
has been more prompt and definite than that
of drugs given by the mouth; but in cases of
any severity the attack upon the disease may
be made from each end of the mucous tract.

A METHOD OF CONTROLLING
UTERINE HEMORRHAGE.

Dr. Bruce Peden reports (Med. News, July
25th) that he recently controlled a severe
case of uterine hemorrhage as follows: He
took an ordinary rubber condom and intro-
duced into it an ordinary male catheter,
fixing the open end of the condom securely
around the staff of the catheter by wrapping
it several times with stout thread. He then
adjusted a common syringe to the catheter
and introduced the latter, carrying with it,
of course, the condom into the cavity of the
uterus up to the fundus. This left the lower
end of the rubber bag about on a level
with the external os. He then proceeded to
inject water into the cavity of the condom,
speedily checking all hemorrhage. He states
that he will try this method of arresting post-
partum hemorrhage, by having a suitable
apparatus made upon the same plan, with a
larger bag, etc., and have the catheter of rub-
ber, so that it can be left in position without
inconvenience. The bag could, of course, be
inflated with air, hot or ice-water, if neces-
sary; in the first instance avoiding the weight
of water, in the latter getting the benefit of
heat or cold, as desired. The contents of the
bag could be allowed to escape gradually,
thus permitting the uterus to contract by de-
gress. The bag could be left in position for
a considerable length of time without danger

THE ABORTIVE TREATMENT OF
GONORRHEA.

The treatment of gonorrhcea in its early
stages by strongly irritant injections, particu-
larly those of nitrate of silver, at one time
exceedingly popular, is now seldom applied
by those most experienced in venereal diseases.

This is because such treatment in practice
was often ineffectual, and because it failed the
violence of the original attack of urethritis seemed to be greatly exaggerated.

As a result of this increased severity and du-
ration of inflammation, tight strictures were
much more commonly observed than was the
case when gonorrhcea was treated with less
irritant injections. It was also claimed that
epididymitis was a very common sequel of
anterior urethritis treated by nitrate of silver.

The latter statement has, however, been shown
to be false.

There are, then, sufficient grounds for
abandoning a treatment which is so uncertain
as to its successful issue, and is liable to be
followed by a condition more grave than that
for the cure of which the remedy is applied.

There have always, however, been a number
of practitioners who steadfastly adhered to
the abortive treatment of gonorrhcea by silver
nitrate, and who could show records in proof
of their statements that in suitable cases the
method was followed by sufficiently satisfac-
tory results.

It has lately been proved experimentally
that silver nitrate acts as a germicide upon the
gonococcus even more powerfully than
bichloride of mercury, and the employment
of this drug in weak solution has been adva-
coted as an excellent continued treatment in
gonorhea.

Both the gonococcus and nitrate of silver
produce the same effect upon the urethral
mucous membrane; that is, they cause a de-
quamation of the epithelium and an active
inflammation of the deeper structures. The
nitrate of silver, however, acts very rapidly—
within a few hours—while the gonococcus
requires several days to produce its full irri-
tant effect. If, then, before the gonococcus
has time to penetrate more deeply than the
epithelium, an injection of silver is employed,
it seems fairly reasonable to hope that it may
not merely destroy the microbe, but may also
cause it to be thrown out from the urethra by
occasioning almost immediately an active
inflammatory discharge, which, from its owing
to its cause solely to a chemical irritant, may be
expected to subside entirely in a few days.
If, however, the gonococcus has had time to
penetrate deeply within the mucous or sub-
mucous layer, further irritation cannot ac-
complish its throwing off, but will simply
increase tissue resistance, and add to the pab-
mulum of the invading microbe, thereby
increasing its multiplying powers.

It seems clear, then, that the abortive treat-
ment cannot be entertained except in the very
earliest period of a gonorrhoea; that is, when
the tickling at the meatus and the drop of clear
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mulum of the invading microbe, thereby
increasing its multiplying powers.
In the treatment of these cases I do not confine myself to the selection of proper glasses, but pay great attention to the mode of living of the patient. Normal circulation and a proper amount of outdoor exercise exert a very beneficial effect upon patients who are often very nervous and not unfrequently very despondent and quite unhappy. There is, as a rule, no better auxiliary remedy than a proper amount of gymnastic exercise, and I firmly believe that were it not for the athletic societies at our colleges, the number of asthenopic patients would be much greater than it is now. Ladies especially are often greatly in need of some regular gymnastic exercise. Of these, fencing, boxing, and horseback riding, especially the two former, are to be recommended, because in these the muscles of the upper part of the body are better trained, and even the muscles of the eyes are given healthy exercise in watching the opponent.

A great favorite remedy of mine is a stimulating lotion applied to the closed lids and forehead. This lotion is composed of lavender, rosemary, camphor, and alcohol, and acts as a mild counter-irritant. Conjunctival complications should be treated by applications of mild solutions of alum or acetate of zinc, or the bichrome of soda. Attacks of intense pains may have to be relieved by proper doses of aconitum or phascolin; in milder cases electricity acts sometimes very nicely, and not unfrequently the use of a general tonic treatment is indicated, of which, of course, the family physician is the best judge.

In conclusion I would like to state that, according to my experience, ocular headaches and other asthenopic symptoms are much more frequently, in fact, almost universally, due to fatigue of the internal, and not to irregularities of the external, muscles of the eye; although the latter may accompany or be the result of the errors of refraction. That for this reason a more careful inquiry into the lesser degrees of refractive errors and their correction is of the greatest importance; and that if this is done very few cases will remain where the use of prisms or cutting of the external muscles is indicated or needed. In fact, many a time have I had occasion to discard prisms which had been prescribed, and substitute weak cylindrical lenses for them with the most gratifying results. The same experience I have had likewise with patients that had their eye-muscles cut, often repeatedly, and who came to me for the reason that more operative interference had been declared necessary.

Furthermore, I have to add that the use of the weaker cylindrical lenses need not always be a permanent one, that they can be dispensed with after the tone of the ciliary muscle has been restored; and especially that it will not always be necessary to wear such glasses constantly, that is, for near and far objects; but that the eyes should never be used without them for near work until all the asthenopic symptoms have disappeared.

ARISTOL IN THE TREATMENT OF ATROPHIC RHINITIS.

BY W. C. BRAISLIN, M.D.,
Of Brooklyn, N. Y.

The use of aristol in the treatment of atrophic rhinitis is, of course, but one factor in the attempt to regain an improved condition in this disorder.

Under all circumstances the first indication would be to get rid of the inspissated mucus. For this purpose the most preferable, and at the present time the most popular method, is by means of the spray; and for this purpose, let me say, not alone on my own authority, that the small hand-ball atomizer is as good as a whole Sass outfit.

The spraying material used should be disinfecting, to correct factor and decomposition; also, alkaline because more solvent to the crusts. After the use of the spray, cleanse as much as possible the nares by gently blowing of the nose, or by wiping with plugs of absorbent cotton.

Now, as a further step in treatment, we want an agent efficacious as a deodorizer and as a germicide; and, further, one mildly stimulating to the damaged acinous glands—one that, while acting antiseptically, will, at the same time, tend by its effects to increase the watery elements in the nasal secretion. It is to cover this part of the treatment that I recommend aristol as a drug of superior efficacy. It is antiseptic, mildly stimulating, with no unpleasant odor or sensation on application. It is easily applied by means of an insufflator and in its original powder form, in which it is immediately adhesive and partly protective. On the bare and bleeding surfaces left by the removal of the crust, it thus forms a kind of improvised antiseptic dressing. The process of granulation seems to proceed with extraordinary rapidity under its use.

THE PREVAILING FEVERS OF CHINA.

Dr. Colman (Medical Missionary Journal), quoted in Lanctet, remarks that but little personal investigation on the subject has been made up to the present time, owing to the comparatively recent advent of foreign medical men and to the want of confidence on the part of natives to submit for any lengthened period to the treatment of a foreign physician, or, in fact, to any one physician, their rule being to change doctors two or three times a day if they can afford it. Again, there have been but small hospital facilities for studying fever, and there is an impossibility of obtaining post-mortem examinations. He considers that smallpox is the most common disease, nearly every person suffering from it at some period of his or her life. Vaccination, although practiced, is done very carelessly. Measles appear to be common, but are somewhat milder than in Europe. Scarlet fever, although it undoubtedly occurs

among the natives, is far less common than among Europeans. Erysipelas is rare.

Typhoid fever is very difficult to diagnose in the short time that a foreign medical man is allowed to attend a case; but Dr. Colman thinks that when more accurate reports are possible this disease will be found to be more common among the natives than is now supposed. Typhus fever is met with all over North China, and as far south as Shanghai. Relapsing fever is found constantly associated with typhus. Cholera occurs as an epidemic every few years, and is very fatal. Diphtheria is severe, and frequently fatal among the natives. Whooping-cough has occasionally been met with. Rheumatic fever is very prevalent in some parts. Chronic muscular rheumatism is common all over China, but is unattended by fever. Malarial fever appears to be common everywhere, though the prevailing type varies; thus, tertian is most common in Pekin, quartan in Foo Chow, Swatow, Shanghai and Hang Chow, and remittent in Chefoo and Tientsin. In Chianfan, Dr. Colman has never seen a case of quartan ague; it is all intermittent, of the tertian or quotidian type. The treatment, of course, of all malarial fever, is by quinine or some other antimalaria. Erysipelas is rare. Among the natives, is far less common than among Europeans. Diphtheria is severe, and frequently fatal among the natives. Whooping-cough has occasionally been met with. Rheumatic fever is very prevalent in some parts. Chronic muscular rheumatism is common all over China, but is unattended by fever. Malarial fever appears to be common everywhere, though the prevailing type varies; thus, tertian is most common in Pekin, quartan in Foo Chow, Swatow, Shanghai and Hang Chow, and remittent in Chefoo and Tientsin. In Chianfan, Dr. Colman has never seen a case of quartan ague; it is all intermittent, of the tertian or quotidian type. The treatment, of course, of all malarial fever, is by quinine or some other antimalaria.

**TREATMENT OF TAPEWORM.**

At the recent meeting of the State Medical Society of Pennsylvania the subject of "Tapeworm" was considered by Dr. John M. Batten, of Pittsburg.* After reporting some cases he dwelt upon the question of treatment. Dr. Shaw, of Pittsburg, recommended a mixture of kama, &j, and ethereal extract of male fern, 5ij, in one ounce of the syrup of acacia, the whole to be given in two doses, half an hour apart. Barclay, of the same city, has had success with chloroform where other remedies have failed. Allinson recommended the cocoanut, while Camp preferred doses of castor oil, followed by ten or twelve-grain doses of thymol at intervals of fifteen minutes, the whole followed by a dose of castor oil. At the time of the expulsion, the patient should sit over a pail of warm water to facilitate the discharge. He believes that in cases of expulsion the head of the worm is attached low down in the intestinal canal. Squibb recommends the following mode of treatment: After fast-ing, the administration of a saline aperient (two Seidlitz powders) to produce a copious effusion of serous liquid, which will wash away the mucus from around the head of the worm. In the morning a second dose of the aperient should be given, and after the bowels are open, one-third of an emulsion—made by beating four ounces of pumpkin seed, including the shell, in water enough to make a pint—should be given, and at two hour intervals the remaining two-thirds, the whole followed by a dose of oil. Should this fail, the clorogenic acid of male fern, in ten-grain capsules, may be used, two every three-quarters of an hour until eight or twelve have been taken. It was formerly supposed that the tapeworm in man was the most common variety of tape-worm in man, but it is now known that the tapeworm more frequently found.

**TREATMENT OF WHOOPING-COUGH BY ATOMIZATION.**

**BY H. ERNEST SCHMID, M.D., Of White Plains, N. Y.**

When I propose to say a word regarding the treatment of this dreadful disease, I do so because the method pursued by me has been productive of better results in my hands than anything else on record. The drugs used are not new, to be sure, but I do not know of an instance where they have been employed in my combination of them. I rely entirely, no matter what stage of the disease, on spraying my patients with a solution of carbolic acid, menthol, cocaine, glycerine, and cherry-laurel water, generally in some such proportion:

A. Acid carboxyl, 3v
B. Menthol, four per cent. solution, 5
Cocain, three per cent. solution, 2ij
Glycerin,
Aquae laurocerasi, ad 3 ij. M.

This I direct to be used by atomizer every three hours—but I mean a thorough use, a brutal one, if necessary. I have the child held forcibly by one or more persons, and disregard any apparent straining of the little one during a vigorous atomization. The nozzle of the instrument must be directed as far into the mouth of the patient as possible. During the struggling and spluttering and strangling some deep respirations w ill ere long be made, and the object is accomplished. At first, of course, in most cases, violent paroxysms of coughing may result from the spraying, especially if much force has to be used with the child, but these soon cease and palpable effects are speedily noticed by the parents. The great point is to be able to impress them with the importance of perseverance.

I have seen the whoop arrested by this means after one thorough spraying, coughing without the whoop still going on for a while, and I have been grateful for inducing perfect recovery in one and in two weeks. From my repeatedly successful employment of this treatment, I feel justified in claiming that it promises to be one of the most efficient methods yet devised, provided it be used intelligently, thoroughly, and, if necessary, energetically.

**TREATMENT OF FLATULENCE.**

Flatulence is a trouble that sometimes defies medical treatment. A French journal recommends the following:

A. Naphthol, 
B. Carbonate of magnesia, 
Powdered charcoal, 
Essence of peppermint, 

This is to be divided into fifteen powders, and one taken at the beginning of each meal.

When the flatulence is accompanied by constipation the following may be used:

A. Magnesium sulphate, 
B. Flowers of sulphur, 
To be made into fifteen powders, one of which is to be taken at each meal.

When diarrhoea accompanies the flatulence:

A. Bicarbonate of sodium, gr. xxx
Prepared chalk, gr. xv
Powdered nux vomica, gr. ij.
May be made into ten powders, one of which is given with each meal.
The College and Clinical Record.

A MONTHLY MEDICAL JOURNAL.

RICHARD J. DUNOLISON, A.M., M.D., Editor.

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SEASONABLE DISEASES AND REMEDIES.

It may be a subject worthy of remark that the medical journals devoted to the general literature of the profession,—that is, not having any special limit in their field,—have given less than the usual amount of prominence and space to the diseases of the season, such as gastro-intestinal affections and all others resulting from excessive insolation. Possibly this has been due to the fact that the summer breezes have been less overpowering in their impressiveness, or rather oppressiveness, and that the first festival month has come and gone without bringing it with it atmospheres overladen with violent endemic or epidemic features or surroundings. We think, too, that there are fewer suggestions than usual as to plans of medication; certainly fewer new remedies have been launched into the world, with which to attack possible morbid conditions of the season already well understood and well treated with the settled knowledge acquired by experience in previous years. Doubtless, in a pleasant summer, made up of cool nights and only moderately warm days, there must be a diminution of the number of serious cases of gastric and intestinal diseases, and the physician may fail, therefore, to receive the inspiration to chronicle the history of a series of observations or record the incidents of an epidemic which has not occurred. The result may be that the practitioner will be able to devote more thoughtful consideration to the possibilities of the season, and to calmly reflect upon the most desirable agents which modern research may have placed at his disposal. The lists of the manufactures of important business houses, characterized by successful efforts to combine pharmaceutical accuracy and neatness with palatability, themselves offer an interesting field for seasonable therapeutic study, and present in an attractive shape a panorama of the latest and most trusted remedies.

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. 18th St., Philadelphia.]


This volume is said to have been in preparation for the past four years. Drugs of as late introduction as 1891 are to be found in its pages. The author claims to have incorporated everything of merit, whether official or non-official, that could be found either in standard works or manufacturers' catalogues. It is a handy volume for the physician, student or druggist.

THE POST-GRADUATE CLINICAL CHARTS. By Wm. C. Bailey, M. D. Price 20 cts. each book. $2.00 per doz., or $15.00 per 100.

These useful charts are designed for hospital and private practice, and are based on the need felt at the Post-Graduate Hospital for such a detailed registration of cases. Each book keeps the record of one case eight weeks. They can be obtained from Dr. Linsley, Director of Laboratories, 226 East 20th St., New York City.

Price 25 cents each.

These are the two latest publications of "The Physician's Leisure Library Series," issued by Geo. S. Davis, Detroit. Both are important additions to surgical literature. The excellent work of Prof. Hamilton comes opportune at a time when the profession is particularly interested in the new departure which he has made from the official supervision of the U. S. Marine Hospital Service to the Professorship of Principles in Surgery in Rush Medical College, and in the probabilities of a brilliant career in store for him in his new field of labor.


This book is issued on thin, glazed paper, and takes up but little room. The plates are photo-engraved from the English edition of Gray; most of them full-page. "Questions" are absent, and their room given to illustrations or descriptions of minor parts found in the several dissections made. The chapter on "dissection hints" gives lines of incision necessary to explore underlying organs, arteries, nerves, or muscles. Over 100 pages are devoted to anatomy of special organs and viscera.

The Genuine Works of Hippocrates. Translated by Francis Adams, L. L. D. Two vols. in one. William Wood & Company, New York. 756 pages. This is a reprint of the New Sydenham Society's edition, published a number of years ago. It is beautifully printed on fine paper, and will commend itself to all medical men who desire to possess the complete and genuine works of the illustrious physician.

W. B. Saunders, Publisher, Philadelphia, announces the appearance in August of The Physicians' Leisure Library Series, and genuine works of the illustrious physi-cal men who desire to possess the complete and genuine works of the illustrious physician.

The Pharmacology of the Newer Medicina. Parts X and XII. Geo. S. Davis, Publisher.

This valuable series of bi-monthly parts, at the very reasonable subscription price of $2.00 for the whole series, includes the botany, chemistry, pharmacy and therapeutics of all the important New Remedies. It commends itself to the whole profession for its accuracy and importance.


This welcome annual has just made its appearance, with even more than the usual amount of characteristic practical information.

A Clinical Text-Book of Medical Diagnosis. By Oswald Vierordt, M. D. Authorized translation from second improved and enlarged German edition, with additions by Francis H. Stuart, M. D. 787 illustrations, 8vo, 700 pages. Price $4.00, net, cloth; $5.00, net, sheep.


Pamphlets Received:


2. 'Acute Articular Rheumatism.' By E. C. Evans, M. D.

3. The Employment of Exalgine in Infantile Therapeutics. By Dr. Moncayo.

4. 'The Duty the Public Owes the Pharmacist.' By Prof. H. M. Whelpley, M. D., Ph. D., St. Louis, Mo.

5. Somnal, a Hypnotic. By Irving D. Wiltrout, M. D., Hudson, Wis.

6. 'A Consideration of Some of the Parts of a Microscope Stand; of Interest to Pharmacists.' By H. M. Whelpley, M. D.


8. The Treatment of Chronic Tubercular Consumption. By Q. Cincinnatus Smith, M. D., Austin, Texas.

9. 'Wiring of the Vertebra as a Means of Immobilization in Fracture and Pott's Disease.' By B. E. Hadla, M. D., Galveston, Texas.

10. 'Resection of the Optic Nerve.' By L. Webster, Fox, M. D., Philadelphia.

11. 'Bleeding Amputation at the Hip.' By Emory Lanphear, M. D., Kansas City, Mo.


13. 'Questions' are absent, and their room given to illustrations or descriptions of minor parts found in the several dissections made. The chapter on "dissection hints" gives lines of incision necessary to explore underlying organs, arteries, nerves, or muscles. Over 100 pages are devoted to anatomy of special organs and viscera.

14. 'Professional Atmosphere and Morals.' Address by Horatio C. Meriam, D., M. D., New York.


16. 'Bloodless Amputation at the Hip.' By Emory Lanphear, M. D., Kansas City, Mo.

17. 'The Social and Medical Aspects of Insanity.' By John Putton, M. D., Kansas City, Mo.

18. 'History of a Case of Sarcoma of the Germ of the Corpus Callosum.' By Charles A. Oliver, M. D., Philadelphia.

Therapeutic Briefs:

An absolute milk diet has been recommended in Scurvy, about four glasses a day at first, increased by a glass every day or two.

Collodion of Iodol for covering Small Wounds.—Prof. Barton C. Hirst (Univ. Med. Mag.) suggests the following local treatment for fissured nipples:

R. Bismuth subnitrat., 25 gm.

Pc. Bismuth subnitrat. 

Olei amygdal. dulc., 10.0 gm.

Oleif. pa. 

Oleif. ricin., 5.0 gm.

For Eczema a writer in Centralblatt für die Gesamt. Therap. suggests the following ointment:

R. Thymol, 2.0 gm.

Zinci oxid., 10.0 gm.

Amyl. pur., 25 gm.

M. Fiat unguentum.

Cleanse the nipple and adjacent skin, and rub on the ointment freely.

A favorite and old-time prescription for diarrhea is the following:

R. Tinct. opii, 10.0 ml.

Tinct. capsici, 5.0 ml.

Spi. camphora, 15 ml.

S. 1 to 3 drops in water; repeated, if necessary, in 15 to 20 minutes.


R. Creasoti pur., 2.0 gm.

Spirit. vini rect., 20.0 ml.

Tinct. gentianae, 10.0 ml.

Extrait. coffe., 10.0 ml.

Aquae destillat. 

S. To be well shaken. Dose: Small tablespoonful two or three times a day in a little milk.
For Prurigo a writer in La Semaine Médicale suggests the following: —

B. Resorcin, gr. xxxv
Sulphur, precipit., 5 v
Acid. carboxil., 1/2 v
Acid. salicylic., 1/2 v
Chloral, gr. xx
Vaselin., 1/2 ss. M. Sto.—Apply externally.

For Vegetations on the Genuitals, a writer in Med. Moderne recommends an application of the following with a camel's hair brush once or twice daily: —

B. Acid. salicylic., gr. vii
Acid. acetic., 1/2 v
Cayet makes the following application in METRORRHAGIA (Centralbl. für Klin. Med. in Boston Med. and Surg. Journ.):

B. Hydrarg. chlorid. corrosiv., 1/10 gm.
Acid. citric., 1/10 gm.
Alcohol., 1/10 v
Aether.

Spray this solution on affected parts, three times a day, for about a minute.

Reinstadter, in Recueil Médico, April 30th. (Med. and Surg. Reporter, May 23d), suggests in METRORRHAGIA: —

B. Ergotin., 10.00 gm.
Aquæ dest., 7.00 gm.
Glycerin., 20.00 gm.
Acid. salicylic., 2.00 gm. M. Sto.—One teaspoonful in three teaspoonsfuls of water, for rectal injection.

—An Excellent Hair Tonic (Medical and Surgical Reporter): —

B. Acid. carboxil., 3/8 ss
Tinct. nucis vom., 1/4 ss
Tinct. chin Choreæ rubra, 1/4 ss
Tinct. cantharis, 3/8 ss
Ac. colonestis, 1/2 ss
Ol. cacao, 1/2 q. s. ad. 1/iv. M.

Sto.—Apply once or twice a day to the scalp by means of a soft sponge.

This will prevent the hair from falling out, if it does not produce a luxuriat crop.

Franks (Deut. Med. Zeit. in Boston Med. and Surg. Journ.) calls attention to the fact, that the INSTILLATION OF SOLUTIONS OF ATROPIN, ESERIN AND COCAINE into the eye frequently gives rise to acute conjunctivitis. The reason of this is that these solutions are not antiseptic and generally contain mould or fungi. If these remedies are added in the desired proportion to a 1 : 10,000 solution of bichloride of mercury, they will be kept antiseptic for an indefinite period, and not give rise to any irritative symptoms.

—Dr. J. B. Johnson (New England Medical Monthly) suggests the following in CROUP: —

B. Aque destillat., 1/3 ij
Potass. chlorid., 1/2 ij
Potass. iodid., 1/2 ij
Emuls. arabc., 1/2 ij
Mucilag. acaciae., 1/4 ij
Ext. ipecac., 1/4 ij
Ext. ipecac., 1/4 ij
Ole. copal., 1/2 ij. M. Sto.—Shake well. Dose, a teaspoonful every ten minutes, to an infant of 8 months, till free vomiting ceases; then continue the same dose every half hour or hour until the disease is cured. The dose must be given according to the age of the child.

—Sir Morell Mackenzie finds that by exciting a reflex, LARYNGEAL SPASM is at once overcome (Boston Med. and Surg. Journal). By exciting a paroxysm of sneezing, immediate relief is procured. This is best done by the inhalation of a pinch of snuff into the nares, or pepper may be used in the same way. It is sometimes possible to produce sneezing by tickling the nasal mucous membrane.

—For INTERNAL HEMORROIDS, an exchange suggests: —

B. Chrysoarbin., gr. xv
Iodoform., gr. v
Extract. belladonna., gr. vii
Cocoa butter., 5 vj. M.

Of this are made ten suppositories, one to be inserted into the rectum each day. After five or six hours pain and tumor diminish. Treatment may continue for several months without harm.

—Dujardin-Beaumetz (Union Méd., May 9th, in Boston Med. and Surg. Journ., July 16th) recommends the following MOUTH WASH to keep the teeth in good condition: —

B. Acid. carboxil., gr. xv
Acid. borici, 1/8 v
Tinct. amygd., gr. iij
Ol. ment., pip., gr. xx
Tinct. anisii, 1/3 ss
Aquæ.

This should be mixed with an equal part of water, and used two or three times a day.

—For IRITABLE HEART, Dr. Martin (Kansas Med. Journal) recommends a liberal allowance of rest, alternated with regular, not severe, exercise; and as therapeutic agents iron, nux vomica, ergotine, and the chloride of barium: —

B. Ferri sulph. exsic., 3 ij
Ext. nucis vom., 2 ij
Ergot., 2 ij
Barii chloridi, gr. x. to xxx. M.
Fiant pil. 50. Sto.—Dose, one after each meal.

—In ECZEMA OF THE ANUS AND GENITAL ORGANS Lustgarten (Boston Med. and Surg. Journal) advises the following ointment: —

B. Oleate of cocaine., gr. xij-xxiv
Lanolin., 1/2 v. M.

Apply twice daily, and after each application powder the affected part with an absorbent powder.

—Dr. Ball (Journ. de Méd., May 31st, 1891) suggests the following formula for a PURGATIVE PILL: —

B. Aloes, scretor., 10.0 gm.
Resin, scammon., 5.0 gm.
Resin, jalap., 5.0 gm.
Hydrarg. chlorid., 1/20 gm.
Militis., 1/25 gm.
Extract. belladonnae., 1/25 gm.
Extract. hyoscynam., 1/25 gm.
Sapona, cast., 2.5 gm.
Plant. pil. 40. Sto.—Three to five pills a day.

—The following is recommended by a writer in Journal de Méd. (Med. and Surg. Reporter), for INFANTILE ECZEMA: —

B. Bismuth, subnitrat., 20.0 gm.
Zinc. oxidi., 6.0 gm.
Acid. carboxil., 2.0 gm.
Vaselin., 200.0 gm. M.
Sto.—To be rubbed in over affected parts.

If the itching is severe, the following application will be found of great value: —

B. Bismuth, subnitrat., 5.0 gm.
Glycerini., 3.0 gm.
Acid. carboxil., 3/8 gtt.
Aquæ aur., 1/25 gm.
Sto.—Shake well, and apply to affected parts with soft brush.

—Rottenburg, surgeon to large iron-works in Germany, suggests (Therap. Monats., in Brit. Med. Journal) that BLISTERS, after burns, be pricked, and silk thread soaked in corrosive sublimate solution run through them and allowed to remain. The whole surface, no matter what the degree of burning, is coated thoroughly with a thick layer of vaseline containing ten per cent. iodiform, and then covered with gutta-percha. The ointment is renewed daily. The pain is always very speedily lessened, and healing takes place in an eminently satisfactory manner, and quickly.

—Dr. I. N. Brainerd (Therap. Gazette, July 15th) states that for the last ten years he has prescribed EUCALYPTOL IN BRONCHIAL AND PULMONARY TROUBLES, and has learned to put a high therapeutic value upon it in chronic bronchitis, chronic interstitial pneumonia, persistent cough, and, to a less degree, in tuberculosis. It is antiseptic and has a healing effect upon the bronchial epithelium, and a sedative effect upon the peripheral nerves in the respiratory tract. He administers it in five to ten minims doses in emulsion every four hours.

—Dr. James J. Levick (Med. News, July 25th) reports A NEW USE FOR ARISTOL. In a case of poisoning of the hands from rhus toxicodendron—poison oak—recently under his care, which had reached the vesicular stage and was attended with much swelling and burning, the happiest results promptly followed free dusting of the powder of aristol on the affected parts. The change was almost magical, so sudden and so prompt was the relief afforded. He asks: Might not this powder, applied in the early stage of the disease, do much toward preventing the ulceration and pitting of variola?

—Dr. C. Jewett (Ther. Gazette, July 15th) states that with the exception of occasional cases in which a satisfactory examination is rendered impossible by reason of unusual complications or difficulties, a POSITIVE DIAGNOSIS OF PREGNANCY is possible in the majority of cases before the end of the fourth calendar month by the chocked, active fetal movements, and the mapping out...
amino acid, and command him to declare whether his pain existed above or below the tape. If above, an emetic, and if below, a dose of salts, followed as a matter of course.

MEMBERSHIP IN THE AMERICAN MEDICAL ASSOCIATION.—This is obtainable, at any time, by a member of any State or local Medical Society who has paid his annual dues. The Society is entitled to send delegates to the Association.

All that is necessary is for the applicant to write to the Treasurer of the Association, Dr. Richard J. Dunglison, Lock Box 1274, Philadelphia, Pa., sending him a certificate or statement that he is in good standing in his own Society, signed by the President and Secretary of said Society, with five dollars for annual dues. Attendance as a delegate at an annual meeting is not necessary in order to obtain membership. On receipt of the above amount the weekly Journal of the Association will be forwarded regularly.

—The Arlington Chemical Company, of New York, have issued an illustrated pamphlet, entitled "Men of Eminence," which gives interesting accounts of several eminent Americans, such as Horace Greeley, Morse, Stanley, and others. Attention is also called to the various excellent preparations of their company. The demand for Peptonoids in dry and liquid form has largely increased since this house succeeded in securing palatability and stability for the preparations. Phospho-Caffein is a great favorite with many physicians who use it themselves and in their families. Physicians desiring a copy of "Men of Eminence" will receive a copy upon application.

—The following changes have been made in the faculty of the Medico-Chirurgical College of Philadelphia:—Dr. G. E. Stubbs, Emeritus Prof. of Surgery, Clinical Surgery and Orthopedics; Dr. Ernest Laplace, Prof. of Surgery, Pathology and Bacteriology; Dr. Joseph A. Kline, Emeritus Prof. of Clinical Surgery; Dr. W. S. Stewart, Emeritus Prof. of Obstetrics and Clinical Diseases of Women; Dr. H. E. Goodman, Honorary Prof. of Surgery, Clinical Surgery and Orthopedics; Dr. J. M. Anders, Prof. of Principles and Practice of Medicine, Clinical Medicine and Hygiene; Dr. E. E. Montgomery, Prof. of Obstetrics and Gynecology; Dr. Ernest Laplace, Prof. of Surgery, Pathology and Clinical Surgery; Dr. W. F. Waugh, Prof. of Clinical Medicine.

THE AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS will hold its fourth annual meeting at the New York Academy of Medicine, 17 West Forty-third street, New York, Thursday, Friday and Saturday, September 17th, 18th and 19th, 1891, under the presidency of Dr. Adam H. Wright, of Toronto. All physicians interested in the discussion of subjects pertaining to Abdominal Surgery, Obstetrics, and Gynecology, are invited to attend without further formal notice.

WILLIAM WARREN POTTER, M.D., Secretary.

—Parke, Davis and Company are manufacturing "Hemoglobin Compound," under direction and after the formula of Dr. F. E. Stewart, of Wilmington, Del. It can be supplied by apothecaries everywhere. It has been found to be a highly nutritive agent and nerve tonic, especially indicated in cases in which there seems to be a lack of nerve force or vital energy. It contains all the elements of bulk's blood from which it is prepared, and also extract of malt, the diastatic properties of which greatly enhance its value.

—The American Electro-Therapeutic Association will hold its first annual meeting at the Hall of the College of Physicians, corner of Locust and Thirteenth Streets, Philadelphia, Pa., Thursday, Friday and Saturday, September 24th, 25th and 26th, under the presidency of Dr. George H. Betson, of Philadelphia. Physicians interested in the discussion of electricity in medicine are invited to attend.

WM. H. WALLING, M. D., Secretary.

—Dr. E. W. Murray, of Redfield, South Dakota, writes as follows, May 21st, 1891, to Reed & Carnick:—"I have had a very agreeable experience with your Soluble Food, my little boy of twenty months having consumed over 80 pounds of it since October last. I had tried nearly every form of artificial feeding and the prepared foods, none of which were assimilated. Finally he was put upon Soluble Food and since that time he has thrived and grown hearty."

—A course of lessons in Massage and the simpler Swedish Movements will be given at the Movement Cure Hall of Dr. Benjamin Lee, 1532 Pine Street, Philadelphia. The course will extend over a period of two months. Practical instruction will be given by a graduate of the Medico-Gymnastic Institute at Lund, Sweden.
Pelvic Abscesses Following Confinement.

BY A. B. WALKER, M. D.,
Of Canton, Ohio.

Original Articles.

An abscess in the pelvic locality following labor is less frequently found now than before the days of asepsis. Yet they are occasionally met with, and when they are, give the physician in attendance much anxiety. These abscesses are the result of peritoneal inflammation, which has its origin in a septic infection, gaining admission into the system through one of the numerous abrasions the genital passages are liable to in parturition. This septic matter is claimed to be a germ (a bacterium) that is introduced by a dirty finger, an unclean instrument, or from a foul discharge following labor. It is claimed by many that this septic infection is caused by bacteria which are introduced from without, as by an unclean finger, or instrument, and gains admission through a solution of continuity in the genital passage, and is not the result of absorption of septic matter from the uterus or vagina. As proof of this theory, since strict antisepsis has been carried out in the Maternity Hospital in New York, the mortality from sepsis is .21 per cent., when before it was 6.06 per cent., while in the Lyceum in Hospital in Boston, the mortality has been reduced to .0.

The theory of septic infection resulting alone from the unclean hand or instrument of the accoucheur seems hard to concur in, for you all know that the general opinion and teaching have been, that sepsis following confinement was caused by retained secundines or absorption of any foul discharge from the genital tract. I will not consume more of your time as to the manner or mode of infection, but take the broad view that all of them are causative agents.

A pelvic abscess is located in the soft tissues of the pelvis—the tissues lying outside the rectum and bladder and adjoining the uterus, ovaries and tubes; the cellular tissues immediately surrounding the uterus and spreading out between the folds of the broad ligament, a frequent location. This cellular tissue contains many lymphatics, which are no doubt the carriers of the septic poison that causes periperal inflammation.

As I was led to choose the subject of pelvic abscess for this occasion by a typical case which I was called to treat recently, I will briefly report it. The case did not come under my observation until about five weeks after delivery. But I succeeded in getting a history from the attending physician, nurse, and patient that I give. Mrs. A., aged 29 years, previous health and family history good, was confined 27th of November last (1890). Her labor was natural, lasting six to seven hours; a fine healthy child. Labor unattended by any complications whatever, except laceration of her perineum. The placenta was removed intact without any trouble; uterus contracted down nicely; a free secretion of milk on the third day; lochial discharge natural. In fact, everything seemed to progress in a natural way until the fifth day, when without any warning, the patient took a chill, attended with pain in left side of pelvis and followed by high fever. The physician in attendance was immediately summoned, and after an examination, claimed she had an attack of malaria, or was taking typhoid fever. All her symptoms now turned for the worse: secretion of milk soon ceased, lochia less free and febil, chills followed by fever, and free sweating at irregular intervals. The fever continued persistently. This condition lasted for four long weeks, and was treated as a case of typhoid fever. Quinine and antfebrin given to control the fever; brandy and liquid food to support the patient, and belladonna to control the sweating. The friends, patient and physician now became discouraged, when I was called to take charge of the case. I found the patient to be very thin and emaciated, temperature 104.5, pulse 56 per minute. Boat-shaped abdomen, with two hard bunches low down in the pelvis, one on either side of
the uterus. The hardness was well-defined, firm and inelastic, and very painful from pressure; could be felt through vagina, and by bimanual pressure found close to uterus. The uterus was stationary and drawn to left side. The cervix had been but slightly lacerated, was patulous and had a small, fetid, purulent-looking discharge oozing from it. The perineum had been ruptured down to the sphincter ani, and not stitched, but had healed over.

The diagnosis was septic peritoneal inflammation, which would in all probability terminate in an abscess.

My treatment consisted of first washing out the uterine cavity with hot water, which brought away quite a lot of fetid debris, and had a salutary effect on her general condition, as indicated by her temperature, pulse and her general symptoms improving. Hot fomentations were kept applied over lower part of abdomen, and hot vaginal douches twice a day, with glycercine tampons in vagina. A mild saline cathartic was given to relieve uterine congestion; brandy, beef-juice, milk, eggs, malt, etc., given to sustain the strength of the patient and enable her to make the fight. In such cases can nearly all be prevented. First, by thorough cleanliness on the part of the physician or midwife; second, when instruments are used, have them aseptic; third, repair any tear in the perineum that may take place; fourth, have patient kept as near aseptic as possible, by frequent changing of napkins, cleansing of external parts, and when the locchia become fetid, which is often noticed the third day, have the vagina thoroughly douchèd with aseptic warm water and repeated when necessary. But should a case commence to develop, as in the typical case I just reported, much can be done to prevent the formation of a pelvic abscess by the use of hot uterine and vaginal douches; hot fomentations over the abdomen, mild saline cathartics, etc. But to be effectual they must be used early. These pelvic abscesses do not all open into the vagina, but may open in the iliac region; above the pubes; in the inguinal regions; by the side of the anus; by the rectum, into the bladder or into the peritoneum. Some are very slow to open and may remain for months before breaking down.

It is recommended by many to open these abscesses by abdominal section; it is claimed to be neither difficult nor dangerous, and that recovery is made in this way more certainly and rapidly than in any other. But, gentlemen, excuse me from an abdominal section in a case such as mine was, emaciated and anemic, with a rapid pulse and high temperature. In such a case there is but little to stimulate one to do anything radical. Better wait and watch to see what Nature will do, assisted by proper remedial agents.

Notes of Practice.

THE USE OF COMPRESSED AND OTHER DISCS IN OPHTHALMIC PRACTICE.

BY CASEY A. WOOD, C. M., M. D.,
Professor of Ophthalmology, Chicago Post-Graduate Medical School.

Although solid remedies are, in ophthalmic practice, commonly used in solution, or as finely triturated powders mixed with fatty excipients in the form of ointments, there are many cases where they could with better effect be employed alone, or in mixtures with other solids. When a solution of a drug, atropine sulphate, for example, is instilled drop by drop into the conjunctival sac—which, by the way, holds not more than a single drop—at least ninety per cent. of it runs through the nasal duct into the nose and nasal-pharynx, or mingling with a superabundance of tears, flows over the margin of the lower lid upon the face. That is to say, to obtain the effect upon the eye of the equivalent of a grain of atropia, 1/100 of a grain in watery solution must be introduced into the conjunctival sac. Aside from the waste of material,—a matter for consideration when using such alkaloids as homatropine, that costs seventy-five cents a grain,—the absorption of the remedy by the nasopharyngeal mucous membrane, may not be desirable, as in the case of atropia, cocaine, hyoscy, veratrum, and other powerful poisons. To provide against this, and for the purpose of securing a full effect of the agent employed, discs of various kinds made of gelatine have long been in use, but for several reasons have not been generally employed, at least not in America. Their great cost and the fact that they are mostly of foreign importation and not readily accessible, have had something to do with this. It occurred to me some time ago, that ophthalmic discs could be more cheaply and more efficiently manufactured by our own chemists, and for some time past I have been experimenting, with the idea that they might possibly prove of service to those who found it desirable to use this kind of medication. I chose the form that Messrs. WYETH & Brothers have so successfully made use of in their hypodermic tablets, and, after trying a variety of excipients—among them dextrin, linseed jelly, gum acacia, Irish moss, quince-seed jelly, marshmallow jelly, gum tragacanth, and the various kinds of gelatine, all these alone and mixed with boric acid—I concluded that the latter combination best suited the general purpose I had in view. To this, however, I make one exception, viz.: the use of cocaine and mixtures of it. I found that in consequence of the desiccating effects of that agent upon the corneal epithelium, it was not safe to use it in the disc form unless it were combined with gelatine alone.
or in a combination of which gelatine formed
the greatest proportion, because when used
with other excipients it is very liable to cause
an annoying abrasion of the cornea.

I present some of these discs to-night, and
claim for them the following advantages in
cases suitable for their administration. The
Wyeths have prepared for me a large vari-
ety of both kinds from formulae I submitted
to them.

First.—Slow, regular, and complete solu-
tion in the conjunctival sac.

Second.—The exhibition of a definite dose,
the full effect of which may be looked for.

Third.—Unlike solutions and ointments
they do not lose their strength or decompose
in a few days or weeks, but may be kept
many months.

Fourth.—The cost of the gelatinous form
is, I understand, less than the imported
French and English makes, and I believe
they are in many respects superior to the
latter.

Fifth.—In my experiments with the com-
pressed discs, I have found them, when em-
ployed in suitable cases, to be non-irritant
and readily soluble.

Sixth.—The effect of both forms will be
found to be many times greater than the cor-
response solutions. I think I am within
bounds, in estimating the efficacy of a disc
containing the 1/10th of a grain of atropine to be
equal to one drop of a one per cent. aqueous
solution of that drug, although nominally, the
latter is ten times as strong.

Seventh.—The portability of these discs has
something to recommend them, as, like the
armament of hypodermic tablets with which
all of us are nowadays equipped, the surgeon
may, if need be, carry about an assortment
of these discs for the treatment of ocular affec-
tions.

Eighth.—Finally, their application is sim-
ple enough: Having dampened a small camel's-hair brush, touch with it a disc previ-
ously coated on a piece of clean, dry paper,
when the disc will readily stick to the brush.
The patient is now told to look up, the lower
lid is drawn down and the disc is placed
against the scleral conjunctiva, toward the
outer canthus. The eye is now closed until
the disc becomes softened and partially ab-
sorbed.

THE PREPARATION AND USE OF
OINTMENTS IN DISEASES OF THE
SKIN.

BY L. DUNCAN BULKLEY, A. M., M. D.,
OF New York.*

While it is a great deal to have the right
remedies prescribed, in their right propor-
tions, it is almost equally important to see
that the patient receives exactly that which
was intended, and that it is prepared in the
best manner possible. Attention has already
been abundantly directed to the danger of
having the least rancidity in the ointments
applied to the skin. For this and other rea-
sions to be mentioned, it is desirable for the
physician to frequently inspect the ointments,
or other preparations which are being em-
ployed, and to test them by smelling, feeling,
rubbing on the skin, etc. A striking illustra-
tion of the need of this is found in connec-
tion with diachylon ointment, as already men-
tioned.

A great deal of harm is done sometimes
by not having the ingredients of ointments
finely enough pulverized and sufficiently well
mixed with the excipient. I well remember
examining a prescription half a drachm of the
ointment of the red oxide of mercury, which
should contain three grains of the salt, to be
rubbed with three drachms and a half of rose
ointment, for an application to the eyelids.
What was my astonishment the next day to
find the patient with highly-inflamed eyes,
and complaining bitterly of the severity of
the treatment. Examining the ointment, I
found it a brilliant red, and full of sandy red
particles. On questioning the druggist, I
found that he had taken half a drachm of
the coarse mercurial salt (instead of the oint-
nent), and simply mixed it with the amount
of simple ointment ordered, thus making it
ten times the desired strength. Moreover,
there were large grains of the oxide of mer-
cury, which stood out plainly in the ointment,
and were gritty when rubbed between the
fingers.

A metallic or other ingredients of an
ointment should always be triturated most
carefully in a mortar till an impalpable pow-
der is formed. It is well then to add a few
drops of sweet almond oil, making it a paste,
which is then slowly incorporated with the
greasy or other preparation ordered. I can-
not leave this portion of the subject without
again urgently advising that those who wish
to attain the highest measure of success in
treating diseases of the skin pay special and
particular attention to the preparation of the
ointments prescribed. Time spent by a phy-
sician in active work or observation, or study
behind a prescribing-counter, is never wasted,
and will often yield the highest reward.

There are many matters which could still
be considered in connection with our subject,
but this paper has already exceeded the lim-
its desired, and a few words only will be added
in regard to the employment and actual appli-
cation of ointments.

In the first place, my observation leads me
to remark that more harm is commonly done
by two strong ointments than is usually sup-
posed. The skin is a sensitive and irritable
organ, and most often wants to be treated
as gently and soothingly as possible, than it
does to be stimulated and irritated.
It is well to begin with a mild preparation,
increasing the strength as circumstances
seem to demand; or, if a strong application is
first given, let the patient understand what
is expected or what may happen, and give direc-
tions for its dilution with cold cream or other-
wise, if necessary.

It is also well to remember that the aver-
age patient, who has not heretofore been in-
structed, or who has not had special experi-
ence, knows nothing in regard to the best
mode of application of an ointment, and if
the highest degree of success is to attend the
use of any particular remedy, it must be only
by its proper employment. Careful direc-
tions should, therefore, always be given to
patients exactly how to apply ointments,
how frequently to make the application,
when to change the dressings, and what to
do with the part before and after applying
the ointment; for my experience has shown
me that, if it is possible to use it in a wrong
way, the average patient will generally strike
just that wrong way. As a corollary to this,
it may be remarked that it is also well to
question the patient later, and perhaps sev-
eral times, to ascertain if the remedy has been
used in exactly the right manner; for, as re-
marked before, a large share of the apparent
want of success in this line of practice, by
those who are not specially occupied in it,
comes from a failure to have all the details
of treatment rightly and carefully carried out.

The demand in dermatology is not so much
for new drugs, applications, or methods of
treatment, as it is for the diffused knowledge
of what is already known to be of service,
and the faithful carrying out of methods
which experience and observation have proved
to be useful.

The majority of patients will be inclined
to apply ointments at night, and then to wash
them well off in the morning. Now, in very
many conditions, this procedure is absolutely
fatal to any successful treatment, and it is
readily seen that the application of a remedy
for new drugs, applications, or methods of
therapy, can have very little effect, while the act of
washing will sometimes more than counteract
the benefit derived from the ointment. There-
fore, whatever plan of treatment is desired
must be explicitly and forcibly laid down and
followed, and the matter not be left to the
judgment or inclination of the patient.

Again, most patients will, on covering por-
tions of the body, smear an ointment over
the affected surface, and then wrap some
linen or muslin loosely about the part. When
examined shortly after, the wrap will be found
to have absorbed the greasy base of the
ointment; and the skin will be dry or
covered with a thin layer of the mineral or
other solid constituents of the ointment.
Now, where it is desired to keep a part con-
tinually under the effect of an ointment, it

* Conclusion of paper in Therapeutie Gazette, Aug. 15th, 1891.
should be soaked in it, if it were possible, as completely as though the part were immersed in a very large mass of the same; but, as this is not possible, we have recourse to lint, and the ointment, which should always have considerable body, is spread to a very thick layer on the woolly side of the lint, and then firmly bound on the part.

An excellent illustration of the necessity for minute directions in regard to all these data is found in connection with eczema of the scrotum. When treated carelessly, or when the patient merely smears on an ointment, the disease will prove most distressing and rebellious; but when, on the other hand, very minute directions are given, in regard to the sudden and brief application of hot water, once daily, at bedtime, and when then the part is quickly dried and enclosed in a piece of lint, spread with the tar and zinc ointment, previously alluded to, covered by a suspensory bandage, the patient has complete relief, and with proper other treatment can surely be cured, and that with reasonable speed.

Time and space forbid my pursuing further this interesting subject of ointments and their application; but I trust that enough has been results in our practice, and some patients more relief from their sufferings.

PRECAUTIONS AGAINST SUN-STROKE.

The State Board of Health (Dr. Benjamin Lee, of Philadelphia, Secretary) has recently issued the following circular of information:

Causes.—This dangerous illness is caused by excessive heat of the blood (from 106° to 110° Fahr.), which produces great depression of the nervous system. It occurs during the hot season of the year, and usually to those exposed to the hot sun, but it sometimes occurs at night, and also to those exposed to great heat, in glassworks, laundries, furnaces, bakeries, iron foundries, and the engine rooms of steamships. It is largely confined to the hot, close streets and passages of the cities, but is not unknown in the country. Those habituated to the use of alcohol, and the debilitated, are especially predisposed to attacks.

Precautions.—Dark, close-fitting clothing and such as compresses the chest and neck should be avoided during the heated term. For those obliged to labor in the sun, light clothing and a straw or light felt hat, permitting free circulation of air, are preferable.

On very hot days, one should drink frequently, but in small quantities. A large amount of ice water, cold beer, soda water, mineral water or other iced drink entering the stomach at one time, is injurious.

Cool water, into which oat meal has been stirred, is a safe and refreshing drink. Water should not be drunk in considerable quantities at a lower temperature than spring water, namely, 56° Fahrenheit. Immediate death is often caused by "ice cold" drinks. The immoderate use of alcoholic beverages is also dangerous.

The sleeping-room should be freely ventilated and cool. Constipation of the bowels should be avoided. When over-heated, work slowly, frequently cooling the head, chest and back with cold water. Keep a wet cloth or some gravel so that the head, frequently wetting them with cold water. When, on a very hot day, the skin becomes dry and uncomfortably hot, a burning sensation is felt in the head, and the face is flushed and the eyes blood-shot, with frequent tendency to urinate, the person should immediately quit work, retire to a cool place and rest in quietness; and if not speedily relieved from sensation of heat, take a cold bath.

Symptoms.—The attack may be sudden and take the form of delirium in which the patient rushes wildly about and may attack those around him; or he may become weak and sink to the ground as if in a fainting spell or stupor. Loss of consciousness and mental disturbance may be only partial. Nausea or sickness at the stomach often precedes the onset. Convulsions may occur.

Sunstroke must be carefully distinguished from heat exhaustion, in which the general symptoms are similar to those of sunstroke, but the bodily temperature is below the normal. The difference can be at once recognized by feeling the skin underneath the clothing; in sunstroke the skin feels burning hot; in heat exhaustion it is cold.

Treatment.—1. Carry the patient into a cool and shaded place, where there is plenty of pure, fresh air.
2. Strip his clothing to the waist, and place him in a recumbent position.
3. Pour cold water (ice water is best) upon his head and chest until conscious returns

The points at which the blood may be most effectively cooled are the wrists, the temples, and the ears, because at those points it approaches the surface more nearly in considerable quantities. Ice may be applied to the head and chest and rubbed over the body, but if the skin is cold no ice should be applied. Internally, small doses of brandy may be administered with success; but in all cases of sunstroke the patient should, as soon as possible, be placed in charge of a competent physician.

The patient should do no mental work for some months, and should keep free from all excitement. Persons who have once suffered from sunstroke are liable to a second attack. Internally, in early cases of its varied forms, frequently follows sunstroke.

In heat exhaustion give alcoholic stimulants and place the patient in a hot bath, so as to raise the bodily temperature.

APHORISMS IN MEDICAL EMERGENCIES.

BY E. J. KEMPFF, M.D. *

Accidents in Giving Anesthetics.—Tincture of digitalis hypodermically; draw out the tongue, and see that respiration is not mechanically impeded; invert the patient quickly and temporarily; use forced respiration promptly; apply external warmth and stimulation to the surface; avoid the exhibition of alcohol.

Angina Pectoris.—Inhalation of chloroform, or of a few drops of nitrite of amyl; *

Apoplexy.—Carry the patient into a cool and shaded place, where there is plenty of pure, fresh air.

Aphasia.—In drowsing, hold the patient's head downward for a few seconds. In hanging or choking, bleed from the jugular. If there is obstruction to passage of air through mouth or nose, open trachea. Artificial respiration at once, and to be continued. Friction, warm, warm bath (100°), ammonia to nostrils, galvanizing of phrenic nerve.

Asthma, Spasmodic.—Hypodermic injection of atropine into the nape of neck; inhalation of smoke of stramonium leaves; fluid extract of nux vomica, internally, alcohol, ether, chloral, opium; inhalation of chloroform cautiously administered.

Colic, Gall.—Morphine hypodermically; inhalations of chloroform; hot application to the stomach.

Coma.—Dark room, head high and cool; head shaved; low diet; croton oil; if due to compression, antiseptic trephining; if due to uremia, pilocarpine and hot baths.

Heat-stroke.—Remove clothing, sprinkle with water, cold cloths to head, hot cloths to feet; antpyrin; bleeding in robust subjects. After temperature is reduced give alcohol and diffusible stimulants, hypodermically if necessary.

Pulmonary Hemorrhage.—If severe, raise the thorax, administer opiate; gallic acid fifteen grains every fifteen minutes; ergotin five to ten grains hypodermically two to three times daily; ice-bags to the chest; as a last resort a ligature may be thrown around the larger limbs. (Tyson.)

Hemorrhage from Stomach or Bowels.—Tannic acid ten to fifteen grains if due to
capillary oozing. If from typhoid fever or ulcer of the stomach, treat as for pulmonary hemorrhage.

Hiccough.—Acid drinks, cold douches, ether or chloroform internally, externally, or by inhalation; musk, opium, antispasmodics.

Hysteria.—Inhalations of ether or chloroform for the spasms. If this is contra-indicated, give mono-bromide of camphor, musk, valerian, assafetida, the bromides. In convulsions, morphine and atropine hypodermically.

Shock.—Warmth; hot water bottle to feet, flanks and epigastrium; warm effusion to head; horizontal position; frictions, stimulants, brandy, ammonia, galvanism to precordia.

Strangury.—Vesical, hypodermic injection of morphine, to be followed by other remedies; rectal enema of starch water and laudanum followed by a hot sitz bath.

WHAT IS THE BEST NUTRITIVE ENEMA? *

Nutritive enema, though often indicated in cases of osseousheal or gastric disease, are comparatively rarely used, because of the general skepticism as to their utility. Either they are of but little nutritive value, as in the case of bouillon, or they are difficult of absorption by the rectum, as in the case of milk. Leube suggested, in 1872, the use of pancreatinized beef-pulp, and afterward Ewald proposed suitably material for rectal feeding. There is no doubt that the substances recommended by these writers are, in part at least, absorbed by the rectum. Nevertheless, their use has comparatively rarely been, because of the small quantity taken on any day having been one quart. At the end of two months, the patient had gained twenty-four pounds in weight; all severe symptoms had disappeared, and solid nourishment was gradually added to the diet, until the patient made a complete recovery.

GASTRIC ULCER CURED BY A DIET OF ICE-CREAM.

CLINIC OF PROF. J. M. DA COSTA.

REPORTED BY E. P. HERSHEY, M. D. *

Of Denver, Colorado.

CASE I.—In September, 1888, A. E. L., 35 years of age, unmarried, presented herself at the clinic. Three months previously the patient had applied for the treatment of what she considered aggravated dyspepsia. The symptoms then were localized pain in the epigastric region, more intense on pressure. The corsets had to be put aside, and later on the parts became so sensitive that the front of the dress could not be fastened. At first, food was rejected about from twenty to thirty minutes after it had been taken into the stomach; but later on, it was expelled at once. Blood appeared in the vomited matter—indeed on one occasion there was distinct hematemesis. Some weeks previously to her visit to the clinic, the patient had rejected about 900, or a small quantity of ice-cream, and to the surprise of all, it was retained by the stomach. After this she constantly expressed a desire to have an unlimited quantity of this agreeable nourishment, but owing to the fears of the attending physician as to its possibly injurious effect, she was allowed but a little. At the time when she applied at the clinic she complained of continuous pain extending from the epigastric region in front, to a point between the first lumbar and the last dorsal vertebra; the slightest pressure over either of these regions was unbearable. During the first three months of her illness, she had lost twenty-five pounds in weight. Every article suggested as a means of diet was met by the answer that it had already been tried. It was advised that the patient be given icced milk with thirty drops of the aromatic spirits of ammonia to the glassful; should this fail, rectal alimentation to be resorted to. Ten days later it was reported that the patient rejected the medicated milk; and that all artifically digested foods given per rectum were spasmodically expelled; so this means of nourishment had to be discontinued. At the suggestion of Prof. Da Costa, the patient was then allowed ice-cream ad libitum. No attempt at medication was made, as every drug, whether given in capsule or liquid, was vomited as soon as it reached the stomach. The occasional severe paroxysms of pain were relieved by hypodermic injections of morphia.

After the patient was allowed her choice of diet, all severe symptoms gradually began to disappear. From two to three quarts of ice-cream were at times eaten during the twenty-four hours, the smallest quantity taken on any day having been one quart. At the end of two months, the patient had gained twenty-four pounds in weight; all severe symptoms had disappeared, and solid nourishment was gradually added to the diet, until the patient made a complete recovery.

CASE II.—One year later, another patient, M. H., a laborer, presented himself at the clinic with the same history as the case reported, except in severity, the gastric irritability being very great. He had some weeks before discovered that the only food that he could retain was ice-cream. This article he was urged to continue, which he did for about a month, when the improvement was so great that he was put on a carefully selected diet of solid food. He also made a complete recovery. In this instance, however, medicine was tolerated, and he was given one-quarter grain doses of the nitrate of silver three times a day.

To these cases appearing at the clinic, the following, which happened in the practice of the reporter, may be added:

CASE III.—In August, of last year, a young lady came under observation with symptoms of severe pain in the epigastric region, extending as low down as the umbilicus, and throughout the left hypochondrium. There was a history of constant distress in the stomach for one year, and food was rejected as soon as it entered the stomach. Hematemesis was of frequent occurrence, and the taking of food always occasioned distressing pains. For three weeks previously to the time the case
was first seen the patient had attempted to take no food other than milk and lime-water, and even this was frequently vomited. She was confined to her bed; there was decided tenderness upon slight pressure throughout the region of pain; the knees were drawn up. The temperature was 103°, the pulse 130, and weak. The ulcer had perforated the walls of the stomach, and localized peritonitis had followed. The stomach was at once put to rest; rectal alimentation was resorted to, including principally peptonized milk and beef peptonoids. Hot turpentine stipes were applied to the affected area, and opium was administered by the bowels until slight narcosis was produced. In four days all signs of peritonitis had disappeared. Upon the fifth day an attempt was made to give nourishment by the mouth. The patient was given peptonized milk, but this occasioned severe pain and vomiting and had to be discontinued. Acting upon the experience gained from the cases reported, the patient was given a small quantity of ice-cream, pure and freshly made; this she retained, and on this diet she was kept for nearly two months, gaining rapidly in strength. The particular advantage of the diet was that it neither nauseated nor distressed her. During the third month, solid food was gradually added, until a plain substantial diet could be indulged in without distress. Following this condition, there were marked symptoms of gastric catarrh, which were greatly lessened by means of lavage. It is most likely that the ice-cream in these cases acted partly in virtue of the cold, which, as a local anesthetic, benumbs the stomach, permitting the act of digestion to go on without pain, and the nourishment to be appropriated. In using ice-cream as a diet in cases of gastric ulcer, too great care cannot be taken in seeing that the article is perfectly fresh, and contains no corn-starch or other ingredients to thicken it. This was the case in twenty-four hours old should not be used. Ice-cream may not answer in all cases, but it is a vehicle for other drugs, on the principle that several therapeutic agents of the same class may, with advantage, be united in one prescription. In many cases the disadvantages of the several drugs is lessened. For example, two to five per cent. of chrysarobin may be added to the ice-cream varnish for use upon the face, and used with the same security as chrysarobin-collodion. Certain circumscribed forms of eczema, psoriasis and other affections may be treated by combining pyrogallop, resorcin and sulphur with the ichthyol varnish. It is to be noted that in order to obtain a suitable consistency, an amount of water or oil, equal to that of every new medicament added, should be mixed with the varnish. For this purpose linseed oil is used as a rule.

**QUININE TREATMENT OF PERTUSIS.**

Dr. Ungar advocates anew the employment of quinine in the treatment of whooping-cough. The author thinks that not enough attention has been given to the value of this alkaloid in the affection named, considering that it can considerably ameliorate the violence of the attacks, shorten the course of the disease, and prevent complications. The reason why some authors have not obtained satisfactory results with the remedy the author traces to the use of too large doses. As a rule he gave daily twice as many centigrammes as the child was years old, and as a rule did not exceed eighteen grains daily. Of course, an important factor in determining the dosage is the general physique and health of the patient. Dr. Ungar specially warns against a too rapid diminution or suspension of the use of quinine when the desired effect is produced, as in that case the patient may have a serious relapse. He regards it as a particular advantage of the quinine treatment that pulmonary complications were much less frequent. He never observed any unpleasant effects upon the digestive apparatus, or upon the organs of hearing. Though in some cases a very rapid cure was produced, in others it required three or four days of the treatment before the attacks were found to diminish in intensity, and in about a fortnight the disease was practically cured.

**ICHTHYOL VARNISH.**

Una, who has made extensive use of ichthyol in the form of ointments, pastes, ichthyol-collodion and ichthyol-gelatine, recognized the need of an ichthyol varnish that would not have the disadvantages of the collodion and gelatine in being somewhat irritating to an abrased skin, and that would not possess the hygroscopic qualities of the pure drug. He believes that a good many specialists have been less successful in the treatment of rosacea and lupus erythematosus with ichthyol, because they have used the drug in the form of ointments and pastes.

For this purpose he experimented with various substances, and found that if starch were added to ichthyol the mixture was not hygroscopic, and that to this mixture albumen must be added in order to keep the starch in suspension. The formula for this ichthyol varnish reads:

\[
\begin{align*}
\text{Ichthyol,} & \quad 40 \text{ parts.} \\
\text{Starch,} & \quad 40 \text{ parts.} \\
\text{Sol. albumen,} & \quad 1-1/2 \text{ parts.} \\
\text{Water, ad.,} & \quad 100 \text{ parts.}
\end{align*}
\]

The starch is first thoroughly mixed with the water, then the ichthyol added, and lastly the solution of albumen. Another formula, in which carboilic acid is incorporated, is:

\[
\begin{align*}
\text{Ichthyol,} & \quad 25 \text{ parts.} \\
\text{Carboilic acid,} & \quad 2.5 \text{ parts.} \\
\text{Starch,} & \quad 50 \text{ parts.} \\
\text{Water,} & \quad 22.5 \text{ parts.}
\end{align*}
\]

This varnish is intended especially as a dressing in minor surgery, as it dries quickly, and can easily be removed by water. The soluble ichthyol varnish combines all the advantages of the various ichthyol preparations without its disadvantages. It dries quickly and is not dissolved by the perspiration. It is valuable in acne in persons with a very sensitive skin, in rosacea, and in lupus erythematosus. In some forms of eczema and in erysipelas it is of great service.

This varnish is also made the vehicle for other drugs, on the principle that several therapeutic agents of the same class may, with advantage, be united in one prescription. In this way a more powerful effect may be produced, while the disadvantages of the several drugs is lessened. For example, two to five per cent. of chrysarobin may be added to the ichthyol varnish for use upon the face, and used with the same security as chrysarobin-collodion. Certain circumscribed forms of eczema, psoriasis and other affections may be treated by combining pyrogallop, resorcin and sulphur with the ichthyol varnish. It is to be noted that in order to obtain a suitable consistency, an amount of water or oil, equal to that of every new medicament added, should be mixed with the varnish. For this purpose linseed oil is used as a rule.

**QUESTIONABLE USES OF ARSENIC.**

It is probably well-known to all engaged in the practice of medicine or pharmacy that arsenic is valuable in acne in persons with a very


fusion of arsenic must be accepted as an established fact, and it cannot be assumed that the poison found in the brain, for instance, reached there during life. From this it is plain why the undertaker’s practice is an objectionable one. He successfully covers up crime, making its certain detection impossible. To guard against danger in this direction the use of solutions of mercury and arsenic compounds in the undertaker’s shop should be prohibited or restricted by law. The danger is the greatest when the undertaker has no knowledge of the nature of the materials used in his work. The fact that arsenic and mercury preparations are used by undertakers, places a strong weapon in the hands of unscrupulous criminal lawyers to be used in the defence of guilty clients. If nothing more, it gives an opportunity for a quibble and aids in delaying or defeating the course of justice. At the present time the public is not much acquainted with the undertaker’s practice in this respect, but, as the facts become more widely known, advantage will certainly be taken of them by persons inclined to give the poisons with criminal intent.

It is desirable, therefore, that our medico-legal societies take up the subject, and secure the enactment of laws regulating the practice.

CREOLIN IN DYSENTERY, SEROUS DIARRHEA, AND SUMMER COMPLAINT.

BY EDWARD W. WATSON, M. D.

Of Philadelphia. *

Believing that many unrecorded bits of experience would be of use to the practitioner if published, I wish to call attention to the value of creolin as used by enema in dysentery and allied conditions.

The spring of 1890 in Philadelphia was marked by a considerable prevalence of acute dysentery of a typhoid character in scattered localities. It occurred to the writer while searching for a safe and efficient antiseptic to use creolin. It evidently occurred to others in the same way, for, after using it for some time successfully, I noticed in a recent journal a quotation from a Russian source, wherein its use was advocated for the same complaint. In regard to personal experience, the small epidemic enabled me to employ it during the month of June, 1890, on twenty-three cases. These were of all grades. Some at the beginning, others almost exhausted; but in all but one the use of a large enema, containing one-half of one per cent. of creolin,—one drachm to a pint,—was followed by results quite surprising. One of the worst cases, a girl of 12, in the fourth day had had between thirty and forty stools, bloody, shelly, and fetid, and, after an enema at 7 p. M., did not require the pan, had no stool or attempt, slept quietly all night, and had a formed movement in the morning. This, as in all the cases, without any other medication. Another, a boy of ten, seemed moribund, but after an enema, the number of mucous stools, which had been in the previous twelve hours thirty-five or forty, was reduced to one, and after a subsequent enema normal passages occurred. This child’s two brothers were attacked during my second visit with violent symptoms. An enema was administered to each, and no subsequent sign of the disease occurred at all. In short, all the cases recovered, in whatever stage they were, from the commencement of their complaint. Contrasting this with the usual course of dysentery, and its exasperating uncertainty, even with the saline treatment, one can claim that so far creolin is without an equal. The one exception puzzled me for some time, until I discovered that the mother, ignorant of how to use an enema, had simply omitted it, and lied.

But from this use of the creolin to another was but a step. As the season advanced numerous cases of “summer complaint”—colitis and enterocolitis—occurred as usual, and it occurred to the writer to try the same method. These were infants, and the amount of creolin varied from one to two and one-half drachms to a pint of warm water, and twice a day for a week the bowels were flushed with a gravity syringe.

Here the result was also everything that could be expected. Bearing in mind that it was not employed in the cases of sudden onset, bounding and rapid diarrhoea, which are called cholera infantum, but in the more frequent, equally dangerous, but more protracted cases, where diarrhoea sets in, keeps up, and gradually wears out the infant, with recurring exacerbations, till finally often the so-called cholera infantum extends with such violence as to destroy what little resistance and life remain. In short, wherever there was diarrhoea, with green and bloody or mucous stools, undigested curds, etc., the remedy, when faithfully used, rapidly restored the natural character and frequency to the evacuation, and the immense improvement to the child showed that besides remedying the catarrhal process, there must be also something to be credited to the washing out of deleterious secretions.

Having little or no dysentery to treat up to this date, in 1891, I have been employing the remedy in these cases this year with the same success. I would also note that during the winter, occasionally in young infants, I met with cases of sudden and rapidly-exhausting serous diarrhoea. All of these, which were treated in this way, three in all, were so treated after the usual medication had failed, and with rapid success, and I think that there is enough in it to warrant calling attention to it and giving it a further trial.

THE TREATMENT OF ACUTE ANGINA.

In the Journal de Medicine for April 20th,* Dr. Capart publishes the following methods of treatment which he employs in different forms of angina. In acute suppurative tonsillitis he causes the patient to suck small pieces of ice and orders twenty grains each of powdered salol and milk-sugar to be divided into six powders, three to be taken each day; or an equivalent amount of salol may be made into an emulsion with gum-arabic and given according to the same directions. In addition, he prescribes a gargle composed of fifteen grains of salicylic acid, seven and one-half grains of acetate of sodium in nine ounces of distilled water, flavored with a little syrup. As a prophylactic measure against the return of abscess in the tonsils, he advises the patient for at least a month to use a gargle of a weak solution of alum containing a few drops of carabolic acid, or the following gargle may be employed:—

B. Crystallized carboxylic acid, 3i
Absolute alcohol, 3y
Essence of tincture, 3y

M. Flavor with syrup.

If a cure does not take place within twenty-four or thirty-six hours he then has recourse to a slightly astringent gargle, such as the following:—

B. Borax, 3i
Saliclyate of sodium, 4x
Decoction of marsh-mallow, 3y
Flavor with syrup.

R. To be used as a gargle four times daily.

He cautions in the strongest terms against the use of concentrated solutions of tannin or alum.

—IMPURE ICE is as dangerous as impure water (Bulletin Rhode Island Board of Health). Ice for domestic use should never be gathered from a source where the water before freezing was unfit for drinking purposes. The idea entertained by some that water, in freezing, eliminates its impurities, is a dangerous theory because it is false. Epidemics have been traced to the use of polluted ice. Analysis and microscopic investigations have shown ice to contain large quantities of organic matter, as well as bacteria, which become active when the ice was melted. The germs of typhoid fever, and probably of other diseases, may be imprisoned in ice, and after liberation, by melting, become active in the production of disease.
HEALTH OF SCHOOL CHILDREN.

It would seem to be a seasonable opportunity, just at the expiration of the period of summer rest from scholastic labors, to remind teachers, directors of educational institutions, parents, and even pupils themselves, that although education is to be the adornment and crowning-stone of the future lives of the young people of every community, the first consideration, above all others, must be health. This may seem the perfunctory suggestion of a medical man, and may strike hundreds or thousands of those wedded to the one idea of cramming the youthful mind as a gratuitous slight upon their efforts in that direction. We know that such a notion as the one idea of cramming the youthful mind and crowning-stone of the future lives of the actual and necessary education obtained by means of the prevailing course of study. The form and size of type and color and texture of paper best adapted to prolonged daily use of the eyes would be made a requisite of all text-books permitted to be used. The schools are the cause of strain, injury, disease and even destruction of the sight of the eye. Their rulers and governors are in duty bound to reduce the injury done to the actual and necessary minimum.

The subject of ventilation of schools has been investigated times without number. The inadequacy of school ventilation by any artificial system of propulsion of air is admitted and deplored on all sides. It is necessary for health, according to all accepted standards, that each individual shall have supplied to him 3,000 cubic feet of fresh air per hour. In a school room with 60 pupils this makes a rate of five feet per second, which is the general standard of ventilation. But myopia is a progressive disease, and sometimes continues to advance until sight is altogether destroyed, unless the eyes be put at rest and the pursuits which strain the sight be abandoned. This overstrain is accompanied by acute, constant and persistent distress of a reflex nature—the entire sympathetic nervous system partaking of the injury inflicted upon the eyes. Headaches, sleeplessness, neuralgia and nervousness announce the protest of nature against the destruction of this most important sense.

The agencies usually concerned in the production of eye strain in school work are: prolonged daily use of the eyes; imperfect or too small type and improper paper of textbooks, and deficient light. Prolonged daily use of the eyes seems to be, within certain limits, an essential condition of a thorough education obtained by means of the prevailing course of study. The form and size of type and color and texture of paper best adapted to prolonged daily use of the eyes should be made a requisite of all text-books permitted to be used. The schools are the cause of strain, injury, disease and even destruction of the sight of the eye. Their rulers and governors are in duty bound to reduce the injury done to the actual and necessary minimum.

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maximum rate practicable, in order to accom-
plish this enormous change a chimney whose
inside sectional area is ten feet square will be
required for each such room, or one hundred
chimneys one foot square. The impossibility
of such an arrangement is only too apparent.
Allowing for the smaller amount required by
a child, which is not in proportion to the
child's size, but in proportion to his appetite,
it is still admitted that hitherto no system has
been applied whose practical trial showed it
to be possible to supply proper ventilation to
school-rooms, as they are usually crowded.

No doubt many of the children pent and
sealed up in a school room are healthy and
their breaths not loaded with any special dis-
case, only the waste effete matter taken from the
blood in the lungs; but many of the children in
each room are far from wholesome. They have
constitutional taints, impurities of the blood,
diseases of the throat and lungs, catarrhs, etc.,
all of which pour out their germs with the
breath into the air which healthy children are
obliged to breathe. What effect this must
surely have upon the health and vitality of
such conditions! How unlikely that any
shall escape! Many diseases not usually
considered to be contagious, but still are
monly regarded as contagious, but still are
attacked to an important literary college,
which brings him en rapport with the mass of
similar institutions in every part of the coun-
try.

COLUMBIAN SYPHILIS.

We have noticed several allusions in medi-
cal journals to pre-Columbian syphilis. A
contemporary refers to a paper recently con-
tributed to a monthly medical journal by a
distinguished physician of Chicago, and
trusts that the discussion will be continued.

Bones that are centuries old have been ex-
humed to tell a story of pre-Columbian
syphilis. Now, interesting as this may be phil-
ologically and historically, we think it would
be more practical if our Chicago medici-

cal friends would bend their untiring ener-
gies and their indomitable public spirit to the
prevention and relief of the prospective
Columbian syphilis, if we may so term that
which will occupy the personal attention of
visitors at the time of the Columbian ex-
position. We suppose the name of Colum-
bus has never been so associated before,

and perhaps we should beg his pardon
for such disrespect to his memory; but it
would be too invidious to give it the name of
Chicago syphilis, as the disease will doubt-
less present the same features that characterize
it in other cities, even in the moral communi-
ties of the Atlantic coast.

Our Library Table.

(The present edition of Dr. Macfarlane's
work is a reprint from "Wood's Medical and
Surgical Monographs," in which it recently
appeared. It was one of the best publications
of that series, and well merits being brought
more prominently to the notice of the pro-
fession.

Practical Intestinal Surgery. By Fred.
B. Robinson, M.S., M.D. Vol. II. Physicians'
Leisure Library, Geo. S. Davis, publisher.
Price 25 cents.

The author continues, in this volume, the
consideration of the operative treatment of
injuries of the intestines. It is filled with the
details of personal experiments on animals,
and the conclusions arrived at, as to selection
of sutures, of points for operation, of methods
of operating, etc., are of a very practical
kind, such as every surgeon interested in
abdominal affections or injuries may advan-
tageously study.

—Funk & Wagnalls, publishers, of New
York City, announce the early appearance of
a new edition of their new STANDARD DIC-
TIONARY. The chief characteristics claimed
for it are accuracy, comprehensiveness and
convenience. The department of the Com-
ounding of English Words is, for the first
time, in a single-volume dictionary, made to
conform to something like a system. Scores
of eminent scholars are in editorial charge of
the different departments of the work, very
many of whom have a world-wide reputation.
Their names are a sufficient guarantee of the
Pamphlets Received.

With What Shall We Vaccinate? By Samuel Wolfe, M. D., Philadelphia.

A Case of Enlargement of the Prostate Gland with Hemorrhage. By A. G. Serves, M. D., of Havana, Ill.


The Hypodermic Use of Mercurials in the Treatment of Syphilis. By L. Wolff, M. D.

The Chemistry of Gastric Digestion. By L. Wolff, M. D.


The Motive and Method of Electricity in Pelvic Inflammation. By Geo. F. Hubert, M. D., St. Louis.


The Status of the Hydrochlorate of Cocaine in Minor Surgery. By Lewis H. Adler, Jr., M. D.

Cocaine as a Local Anesthetic in Cases Requiring Amputation of the Digits. By Lewis H. Adler, Jr., M. D.

Diphtheritic Paralysis. By Lewis H. Adler, Jr., M. D.

Report of a Case of Dissecting Aneurism of the Aorta. By Lewis H. Adler, Jr., M. D.


'Too Don'ts.' By H. M. Whelpley, M. D.


Post-Graduate Course of Lectures, Medical Faculty, University of Toronto. Delivered Dec. 1890.

'Treatment of Penetrating Wounds of the Abdomen.' By Emory Lanphear, A. M., M. D., Kansas City, Mo.

Therapeutic Briefs.

It is stated in the British Med. Journal that one of the most satisfactory applications to Urticaria is a mixture of one part of water to two parts of vinegar.

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Unna recommends the following liniment for Eczema of Anus and Scrotum (L' Union Med., July 20):—

- B. Zinci oxid, 1/3 d.
- Iodotom, 1/3 d.
- Olei linii, 1/3 d.
- Aquae Calci, 1/3 d.

---

A writer in Lanced recommends the following, a little to be rubbed on every night, in cases of BALDNESS:—

- B. Tinct. jaborandi, 1/3 d.
- Lanolin, 1/3 d.
- Glycerin, 1/3 d.

---

Dr. A. E. Carrier, (Med. Age, July roth), concludes a paper on ALOPECIA as follows:—

1. Alopecia occurring before the age of forty will, in a large proportion of cases, end in recovery if properly treated—cases due to heredity, or where the hair papille are destroyed, excepted.

2. Alopecia areata is, in large proportion, parasitic with the parasite and its habitat undiscovered; the parasite is probably allied to the trichophyton.

3. Treatment, in any case, should begin early and be persistently carried out, more being accomplished by thoroughness than by choice of remedies.

4. An unfavorable prognosis should never be given as long as hair follicles show even the finest lanugo hairs.

---

Whether the theory of the explosion of nitrogen in the brain substance as the cause of the EPILEPTIC SEIZURE be true or not, certain it is, according to John Ferguson, that the malady is aggravated in patients subjected to a nitrogenous diet. (Therap. Gazette.) This fact seems to have been confirmed by clinical experience and actual experimentation. Acting on the strength of such a fact, he has subjected his epileptics to a strict vegetable diet, and has even dispensed with the use of drugs. This method has proved successful, in his hands, excellent results, especially in well-marked cases of status epilepticus. In these cases a non-nitrogenous vegetable diet alone has rendered better service than the bromides, without restriction to diet.

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It is said that if TINCTURE OF IODE be mixed with glycerin, the latter will keep the skin moist to facilitate absorption of the iodine.

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For STOMATITIS IN CHILDREN, a writer in Province Medica (quoted in Boston Med. and Surg. Jour., July 30th) suggests the following treatment:—

- B. Cocain, hydrochlorat., gr. iss
- Sodii chlorid, gr. xv
- Glycerin, 1/3 d.
- Aquae, 1/3 d.

Brush gums with camel's hair brush. Also use freely spray of boracic acid, and give potassium bromide internally.

---

The following is a dispensary prescription for DIARRHEA (Buffalo Med. and Surg. Journal, August, 1891):—

- B. Salol, 1/3 d.
- Bismuth. subnitrat, 1/3 d.
- Materiae cretae, 1/3 d.

Stop. A teaspoonful every two hours.

---

For FETID BREATH, F. Shoem. (Internat. Klin. Rundsch.), suggests the following mouth-wash:—

- B. Saccharin, 1/3 d.
- Sodii bicarb, 1/3 d.
- Acid. salicylic, 1/3 d.
- Alcohol, 1/3 d.

---

Dr. E. Besnier (Rev. gen. de Chir. et de Ther., in Journ. of Cutaneous and Genito-Urinary Dis., July 1891) treats CIRCUMSCRIBED PAPITICES OF PSORIASIS as follows. For small patches on the scalp:—

- B. Acid. pyrogallic, 1/3 d.
- Ichthyol, 1/3 d.
- Acid. salicylic, 1/3 d.

For isolated patches:—

- B. Saponis viridis, 1/3 d.
- Vaseline, 1/3 d.
- Iodohyo, 1/3 d.
- Acid. salicylic, 1/3 d.

---

Daily frictions should be made and continued until the scalp becomes irritated.

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Of remedies for HAY FEVER, a few which may have proven their efficacy, may be mentioned. Local medication may include cocaine in 5 per cent. solution, in tablet form or in nasal bougies. A good formula for bougies is the following: Hydrochlorate of cocaine, 1 grain; atropine, 1-200 grain; cocoa butter, q. s. The bougie may be held in position by a pledget of absorbent cotton soaked in cocaine solution. Menthol may also be used with advantage in 10 to 20 per cent. solution in olive or almond oil and applied to the nasal membrane with a brush, or in spray or simply insufflated. Fluid extract with hazel, distilled, and fluid hydrastis for local application are often of value in the catarhal symptoms. For internal administration, to abate the paroxysms, grandelia robusta, euphoria pilulifera and quebracho may be resorted to either alone or in combination. These remedies have shown their specific anti-spasmodic action in asthma, and accepting the neurotic origin of hay fever, must be conceded to be of service in restoring normal respiratory action in the distressing paroxysms of hay fever. Parke, Davis & Co. supply all of these agents in Eligible form.

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Egasse (Bull. gén. de Therap., in Amer. Jour. of Med. Sciences), thinks that the value of ARISTOL IN LUPUS has been overestimated. Neisser claims that it is not antiseptic. Observers are generally agreed that as an application to wounds it may well replace iodoform. It is especially useful in simple and varicose ulcers. In psoriasis its action is said to be as certain as chrysarobin, than which it acts more slowly and produces no irritation, and not much staining of the skin or clothing. It may be employed as a ten per cent. flexible collodion or ointment.

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At a recent meeting of the Société de Dermatologie in Paris, Dr. Moty presented patients and prescribed a new treatment for ALOPECIA AREATA, consisting in intradermic injection of corrosive sublimate, two to five hundred (Four of Cutaneous and Genito-Urinary Dis., Aug., 1891.) The injections are made around each plaque, each injection being of five to six drops only. Aqueous solutions have been found best and no nodes follow when water is used as a vehicle. The regrowth of hair seems to be more rapid than after other modes of treatment.
pathology of the affection, which varied somewhat according to its location. In this direction the endoscope was of considerable value. It rendered the diagnosis more positive, and added safety and rapidity to the treatment.

Regarding the application, he had come to rely principally upon solutions of nitrate of silver in varying strength. He did not think that in using this agent it was sufficient to simply inject; it should be placed upon the diseased spot. In some very persistent cases, having determined the location of the urethritis to be in the bulbous urethra, he had injected ten or fifteen minims of a solution of nitrate of silver, one or two grains to the ounce, held it there, kneading the parts so as to drive the solution into the fowles, which seemed to be in those cases the hiding-place of the disease.

—Dr. Edward Martin (Univ. Med. Magazine, July, 1891), reports several cases of irritation from external use of iodoform, and adds: When the surgeon employs iodoform it is usually as a first application, over which is placed a bichloride dressing, the occasional irritant effects of which are so well known that in case a dermatitis is excited this is at once ascribed to the action of the mercurial salt. In the cases we observed the dermatitis excited by iodoform was exactly like that incident to a severe attack of rhous toxicodendron poisoning. Whether the development of this violent attack was dependent upon idiosyncrasy or upon a peculiar condition of the discharge from the ulcerating surface, cannot be said. In one instance the urine was examined and was found healthy. In two instances the iodoform twice produced the same effect, though one of these patients upon being again tried, exhibited no undue reaction to the drug. The cases we have observed have at least taught us to place some belief in the statement of patients who say that iodoform does not agree with their ulcers, and when severe inflammation follows the application of an iodoform-bichloride dressing to regard with suspicion the dusting powder as well as the mercury.

—It is said that washing the hands once or twice with Flaxseed Meal in water will cause the smell of iodoform to disappear quickly.

—Dr. Brubaker (Med. World) recommends the following for Spasmodic Cough:

| B.  | Acid hydrocyanid, | f3v | Tinct. sanguinar, | f15v |
| Sq. |  |  | Syrup. senega, | 15v |
| St. | Apply locally with a camel’s-hair brush every hour.

—In Ammonorrhea, a writer in Revue Med.-chir. des Mal. des Femmes prescribes:

| B. | Chloride of mercury | 3 grains |
| Arsenite of sodium | 3 grains |
| Sulphate of strychnine | 1 5 grains |
| Carbonate of potash | 2 grains |
| Sulphate of iron | 1 5 grains |

Make into 60 pills and give one pill after each meal.

—Delbet, Grandmaison, and Bresset (Annals of Gynec. et d’Obstet., June, 1891), reports several cases of irritation from external use of iodoform, and adds: When the surgeon employs iodoform it is usually as a first application, over which is placed a bichloride dressing, the occasional irritant effects of which are so well known that in case a dermatitis is excited this is at once ascribed to the action of the mercurial salt. In the cases we observed the dermatitis excited by iodoform was exactly like that incident to a severe attack of rhous toxicodendron poisoning. Whether the development of this violent attack was dependent upon idiosyncrasy or upon a peculiar condition of the discharge from the ulcerating surface, cannot be said. In one instance the urine was examined and was found healthy. In two instances the iodoform twice produced the same effect, though one of these patients upon being again tried, exhibited no undue reaction to the drug. The cases we have observed have at least taught us to place some belief in the statement of patients who say that iodoform does not agree with their ulcers, and when severe inflammation follows the application of an iodoform-bichloride dressing to regard with suspicion the dusting powder as well as the mercury.

—It is said that washing the hands once or twice with Flaxseed Meal in water will cause the smell of iodoform to disappear quickly.

—Dr. Brubaker (Med. World) recommends the following for Spasmodic Cough:

| B. | Acid hydrocyanid, | f3v | Tinct. sanguinar, | f15v |
| Sq. |  |  | Syrup. senega, | 15v |
| St. | Apply locally with a camel’s-hair brush every hour.

—In Ammonorrhea, a writer in Revue Med.-chir. des Mal. des Femmes prescribes:

| B. | Chloride of mercury | 3 grains |
| Arsenite of sodium | 3 grains |
| Sulphate of strychnine | 1 5 grains |
| Carbonate of potash | 2 grains |
| Sulphate of iron | 1 5 grains |

Make into 60 pills and give one pill after each meal.

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—It is said that washing the hands once or twice with Flaxseed Meal in water will cause the smell of iodoform to disappear quickly.
—A favorable prescription of the outdoor medical department of the Jefferson Medical College Hospital, in cases of Difficult Dystocia Accompanied by Constipation and Flatulency, is the following (Med. and Surg. Reporter, Aug. 15):—

B. Tinct. nux vomica, 3 grm.
Tinct. belladonna, 2 grm.
Tinct. phystostigminum, 1/2 grm.
Ext. cascara fluid., 1 grm.
Ext. erythroxyl fluid. q. s. 1/2 grm.
Sig.—A teaspoonful after each meal.

The following method for Removal of Tapeworm is said to be very effective (Cinn. Lancet-Clinic, July 4, 1891). Fast one day, and on retiring take a couple of compound cathartic pills. The first thing next morning take a dose of Rochelle salts, and after a complete watery stool take two or three ounces of cold decoction of pomegranate bark. If thrown up by the stomach, repeat the dose in a couple of hours.

As a gargle to Prevent Dental Caries, Nouv. Rémindes recommends the following:—

B. Tannin, 5 grm.
Tincture of iodine, 3 grm.
Tinct. of myrrh, 2 grm.
Iodide of potassium, 5 grm.
Rose water, 180 grm.

Sig.—A teaspoonful in glass of water as a gargle every morning.

Prof. Robert H. Babcock, of Chicago (New York Med. Journal, July 11th, 1891), in an interesting paper on The Remarkable Effects of Diuretin in Removing Dropsy arrives at the following conclusions:—

1. Diuretin (Knoll) is a diuretic of great power and promptitude, suitable to all forms of dropsy. 2. Not increasing arterial tension, it is likely to succeed where digitalis, caffeine, and their congeners fail. 3. In cases of cardiac dropsy, with great feebleness of the pulse and arrhythmity, it will strengthen and regulate, rather than depress, the heart’s action. 4. It appears to cause no irritation of the stomach or kidneys. 5. It requires to be given to the extent of from ninety to one hundred and twenty grains daily, and preferably in small doses frequently repeated. 6. It is best administered either in solution in warm water or in gelatin-coated pills, since, if exposed to the air in powders, it undergoes change, with a precipitation of much of the insoluble theobromine.

—A writer in L'Union Medicale (N. Y. Med. Abstract, July, 1891) gives the following statement in regard to Diet in Heart Disease:

An adult subject to disease of the heart may maintain himself in a condition of statu quo by 4½ pints of milk daily. This quantity of milk contains about 3 ounces of sugar, 2½ ounces of albumen, and 2 ounces of fat. If, or according to Dr. Hoffman, the diet may conform to the following table:—

<table>
<thead>
<tr>
<th>In Ounces.</th>
<th>Allomene, Fat, Sugar, Starch.</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 ozs. of meat,</td>
<td>665 150</td>
</tr>
<tr>
<td>3 eggs,</td>
<td>160 175</td>
</tr>
<tr>
<td>½ drachms of cheese,</td>
<td>100 70</td>
</tr>
<tr>
<td>16 ozs. of milk,</td>
<td>300 205 340</td>
</tr>
<tr>
<td>3½ ozs. of potatoes,</td>
<td>20 355</td>
</tr>
<tr>
<td>2½ ozs. of bread,</td>
<td>95 15 775</td>
</tr>
<tr>
<td>Add butter and other grease,</td>
<td>315</td>
</tr>
</tbody>
</table>

Total, 1349 930 340 1130

Cërlé gives the following dietary in heart disease:—

1. Persons presenting obesity with plethora should increase the quantity of albumen and diminish the fats; the use of beverages is permitted.
2. For fat people with serous plethora, the consumption of fats and of beverages should be decreased.
3. Persons who are feeble and emaciated, who are ordinary cardiacs of a certain age, should increase the quantity of albumen, and not diminish, or even increase, the fats and fecula; the consumption of beverages should always be diminished.

The University Marine Biological Association founded for the purpose of establishing and maintaining laboratories and aquaria on the coast of the United States, where researches may be carried on, leading to improvement of the biological sciences, and especially to increase of our knowledge of food, life conditions, and habits of American food-fishes and mollusces, and for stimulating public interest in these matters. The Laboratory of Marine Biology has been established with the view of giving to American naturalists advantages similar to those enjoyed by their European brethren in their studies of structure, development, and function, and to furnish a hearing place for the communication of the entire community in all matters connected with increased supply, avoidance of disease, and cultivation of more varieties of sea foods. The decision in favor of the present location of the laboratories at Sea Isle City, is based upon the fact that the fauna of the New Jersey shore waters, and of its numerous bays and thoroughfares is exceedingly rich; uniting to a degree, greater perhaps than any other locality, the northern and southern marine faunas. The plants of New Jersey are also peculiarly interesting from the standpoint of climatology and geographical distribution. There will be conducted, in connection with the Laboratory, a Marine Aquarium, of a size greater than has hitherto been attempted in this country. Here will be placed on exhibition as large a variety as possible of marine animals as it lay to her fingers more slowly, so that he could understand her.

Having manifested a desire to learn to speak, she was placed in charge of Miss Sarah fuller on March 26, 1890. "I immediately began to familiarize her," says Miss Fuller, "with the position and condition of the various mouth parts and with the trachea. This I did by passing her hand lightly over the lower part of my face and by putting her fingers into my mouth. I then placed my tongue in the position for the sound of "i," and made her feel it lay still and soft in the bed of the jaw, just behind the lower front teeth, and to discover that the teeth were slightly parted. After this investigation, I placed one of her forefingers upon my teeth and the other upon my throat, or trachea, at the lowest point where it may be felt, and repeated the sound of "i" several times," As soon as Miss Fuller had ceased speaking, Helen's nimble and sensitive fingers flew to her own mouth and throat, and after she had made the proper adjustments, she uttered the sound perfectly. In the same way she was taught to sound "a" and "o" and finally the words "arm," "mama," and "papa." After ten lessons, she was able to speak as well as though she had possessed the power of speech all her life. Such is, at least, the account which we reprint from the columns of one of the New York daily papers, which we hope is strictly true.

Teratological Curiosities.—Simaine Medicale, (Boston Med. and Surg. Journal, July 30th, 1891), contains an article on the Siamese Twins which have been exciting the curiosity of the Parisians. Two girls, born in Bohemia, are welded together at the posterior part of the pelvis. Below this point, the condition of things is unique in many respects. At the first sight there appears to be only one urethra, one vulva, and but one anal aperture. Although there is only one urethra, there must be two bladders,
because the desire to pass water does not present itself simultaneously in both subjects. Again, though there is not a single valve, there are two vaginas completely separated from each other by a well-defined septum, and guarded respectively by separate hymens. The rectum is apparently unique for some distance up, for the desire to defecate is common to both subjects, but there are evidently two sets of large intestines. The anus, clitoris, and urethra are arranged antero-posteriorly, but the two vaginas are side by side. Apart from this partial identity of structure, there are two distinct individuals, and one is able to go to sleep while the other keeps awake. The heart-beats are not synchronous, and the sensations of hunger, thirst, etc., are not experienced simultaneously.

SOCIETY MEETINGS IN SEPTEMBER.—As stated in our last issue, the Congress of American Physicians and Surgeons will meet in Washington, September 22d, 23d, 24th and 25th.—The Association of American Physicians will hold its meeting in Hall No. 1 of the Grand Army Building, 1412 and 1414 Pennsylvania Avenue, and in the Main Hall of the same building the meetings of the Congress will be held.—The American Laryngological Association will meet in Washington, D. C., September 22d, 23d, 24th and 25th.—The American Dermatological Association will meet in Washington, September 22d to 25th, 1891.—The American Association of Obstetricians and Gynecologists will hold its fourth annual meeting, at the New York Academy of Medicine, September 17th, 18th, 19th and 20th, 1891. All physicians interested in the condition of subjects pertaining to abdominal surgery, obstetrics, and gynecology are invited to attend.—The American Neurological Association will hold its Seventh Annual Meeting at Washington, D. C., September 22d, 23d, and 24th, 1891.—The U. S. Veterinary Medical Association will meet at Willard's Hall, Washington, September 15th, 16th and 17th.

EXAMINATION OF CANDIDATES FOR MARINE-HOSPITAL SERVICE.—A board of surgeons for the examination of candidates for admission into the Marine-Hospital Service will be convened at the United States Marine-Hospital, St. Louis, Mo., October 12th, 1891.

Candidates for examination should make application to the Surgeon-General, United States Marine-Hospital Service, Washington, D. C., as early as practicable, and should enclose testimonials from at least two reputable citizens, preferably physicians, as to their professional and moral character. No person will be considered eligible for examination whose age is less than twenty-one, or over thirty-five years, who suffers from any physical defect which would be likely to impair his efficiency or incapacitate him from duty. The candidate must be a graduate of a medical college of good standing, as evidence of which his diploma should be submitted to the board.

FIVE YEARS' MEDICAL COURSE.—The Medical Council of the College of Physicians and Surgeons of Ontario (Med. News) recently passed the following resolution: "On and after July 1st, 1892, every student must spend four years in professional studies, except as hereinafter provided, and the prescribed period of studies shall include four winter sessions of six months each, and one summer session of ten weeks; the fifth year shall be devoted to clinical work, six months of which may be spent with a registered practitioner in Ontario, and six months at one or more public hospitals, dispensaries, or laboratories—Canadian, British or foreign—attended after being registered as a medical student in the register of the College of Physicians and Surgeons of Ontario; but any change in the curriculum of studies fixed by the Council shall not come into effect until one year after such change is made."

—From an amusing paper on "Our Predecessors, the Barber Surgeons," read by Dr. Embleton before the Newcastle Society of Antiquaries (The Hospital Gazette) we learn, that the barbers were fined for trimming their customers on the Sabbath, and fines were also imposed when members used "ill words" to each other. For "giving with" members the "lie" fines respectively of from three to six pence had been made. These were excellent rules in force now and a-days, and if the proceeds were put into a medical poor-box, instituted ad hoc, we should have the nucleus of a very useful charity to assist those left destitute by our less fortunate fellows. A rough calculation, based on the number of infractions committed during the last few weeks, shows that several "most potent, good, and second-rate surgeons" would be made rich in very substantial sums, and one can only regret that no machinery exists for levying this tribute.

There is, says a horticulturist, hardly an instance in natural history of a plant so universally detested by the animal world as the castor-oil plant. No sort of bird, beast, or creeping thing will touch a castor-oil plant. It seems to be a rank poison to all the animal world. Even a goat will starve before biting off a leaf, and a horse will sniff at it and turn up his upper lip as though it had the most detestable odor on the face of the earth. Army worms and the locusts will pass it by, though they may eat every other green thing in sight, and there is no surer way to drive moles away from a lawn than to plant a few castor beans here and there. Even the tobacco worm will refuse to be fed on its leaves.

The Lancet publishes a curious case of color-blindness. The patient was an engine-driver, in Russia, about forty years of age, whose vision was perfect until 1889. Then he began to suffer from violent headaches, due to over-exertion and insufficient sleep, which were followed by a loss of all power to distinguish colors. Everything appeared to him to be red, and he was obliged to throw up his position. The surgeon who examined him could find no disease, but found his sight, focus, and sensation of light normal. In May, 1890, the man again submitted himself for examination, declaring that his sense of color had been restored. This proved to be the fact. The Lancet thinks that "this case seems to show that sensation of color is perfectly independent of the physiological function."

One of our well-known Philadelphia pharmacists has recently received the following written orders for medicine:

To A, of castor-oil for a child 15 years old. Be sure and send enough to work her good.

1 Doz. 2 oz. Quinine pills.
1 Bottle Honesta water.
A. Boo Gee.
1 box of Brandeth's pills, sugar quoted.
Please send enough appertice to throw up a four months old baby.
Two five grain blue mask pills.
10 cents worth partipated chalk.

To these we will add, from our personal knowledge, the fact of a colored girl always asking for castor-oil. To these we will add, from our personal knowledge, the fact of a colored girl always asking for castor-oil.
sent fullest particulars and copy of the great
and published by the Illinois College of Pharmacy.

pharmacy, chemistry, botany, Materia Medica, etc.,
quarterly journal just issued at Chicago, devoted to

day, and Friday, October 20th, 21st, 22d, and 23d,
Public Health Association will be held at Kansas

are that it will be a large meeting. Representative
physicians from all sections will be present. Dr.
Robt. Battey, Rome, Ga., is President. Dr. Frank

"how thankful we women ought to be that we
have no kidneys."

Medical Association will convene in Turner Hall,
Sanitariums with special reference to their suit-
patients to be benefited by different resorts.
Sanitary Science. Special attention will be paid
in this country and Europe on matters relating to
Climatology, Mineral Springs, Diet, Preventive
Medicine, Race, Occupation, Life Insurance, and

232 THE COLLEGE AND CLINICAL RECORD.

—The first number of an excellent journal made
its appearance early in August, The Climatologist,
a monthly journal of Medicine, published by W. B. Saunders, of Philadelphia. Its object is to pro-
more original investigation, to publish papers con-
taining observations and experience of physicians
in this country and Europe on matters relating to
Climatology, Mineral Springs, Diet, Preventive
Medicine, Race, Occupation, Life Insurance, and
Sanitary Science. Special attention will be paid
to the subject of health resorts, descriptions of
Sanitariums with special reference to their suit-
table to certain cases, and proper selection of
patients to be benefited by different resorts.

—Not long since an officer died at a certain
British military station. At an afternoon “at
home” of one of the leading ladies on the station,
the captain’s death was mentioned, and the hostess
who “knew all about it,” volunteered the informa-
tion that he had died of disease of the kidneys,
adding with some unection and a little bashfulness,
“how thankful we women ought to be that we
have no kidneys.”

—The Third Annual Meeting of the Tri-State
Medical Association will convene in Turner Hall,
Chatanooga, Tenn., Tuesday, October 27th, 1891,
and continue three days. Indications are that it will be a large meeting. Representative
physicins from all sections will be present. Dr.
Robt. Battey, Rome, Ga., is President. Dr. Frank
Trester Smith, Chattanooga, Secretary.

—The London Lancet copies the following ad-
vertisement from a recent English newspaper
* Kidneys and Bladder.—Gentlemen recently cured
by noted titled physician (can be verified) will
send fullest particulars and copy of the great
specialist’s 5-quinine prescription on receipt of 3s.
6d. Inexpensive remedies."

—The 19th Annual Meeting of the American
Public Health Association will be held at Kansas
City, Missouri, on Tuesday, Wednesday, Thursday,
and Friday, October 30th, 31st, and 2d, 1891.

—According to a recent visitor to Japan, the
people of that country pay more attention to per-
cuine cleanliness than any other people in the
world. High and low bathe all over at least once
a day, and sometimes often.

"The Apothecary" is the title of a new
quarterly journal just issued at Chicago, devoted to
pharmacy, chemistry, botany, Materia Medica, etc.,
and published by the Illinois College of Pharmacy.
plain certain well-known features in its action, and also places it on a level with the action of other chologogues. We may conceive, then, that the beneficial influence of oil consists not so much in dissolving the biliary concretions as it does in increasing the biliary excretion, in flushing, and in lubricating and washing out the passages of the liver.

Another point of interest in this collection is as to the proper dose of the oil. Are the large doses necessary which were administered to most of the cases in this collection? It appears not, for eight of the cases received only teaspoonful doses every three or four hours, and apparently with the same prompt and positive relief as that which was afforded by doses of from five ounces to one and two pints. If this should be confirmed by further experience it would be a great practical gain in view of the fact that a great many persons show a strong aversion to all kinds of oil especially if they are to be taken in large quantities.

Furthermore, according to the observation of Dr. Stewart, it does not appear to make any difference whether olive or cotton-seed oil is used. Indeed, it is well known that much of the oil which is sold as olive is in reality refined cotton-seed oil; and Dr. Stewart’s observation tends to show that in all probability any bland oil will have the same effect on the disease under consideration.

It is, of course, difficult to determine in many of the cases which are reported whether the concretions which are evacuated after the oil is administered are true gall-stones, but at least in one instance the concretions examined found that sodium salicylate was one of the best chologogues, but the former demonstrated that the olive oil excelled the latter agent as a biliary stimulant. In view of this influence it is easy to see how it acts in this disease, and it is also easy to see how the sodium salicylate acts beneficially in similar cases.

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It is easy to see through, because the mirror, which is circular, 30 mm. in diameter, tilts each way to the best angle, at about 25 or 30, and a half. Rather to use symptoms of doubtful significance. An ophthalmoscope for general use must:

BY EDWARD JACKSON, M. D., Of Philadelphia.

It would be a great gain to both doctors and patients if a much larger proportion of those who class themselves as general practitioners were able, when the need for it arose, to use the ophthalmoscope. One who has no practical experience with it cannot even properly appreciate what he reads or hears of ophthalmoscopic appearances. And there are in the aggregate many cases in which the progress of general disease could be far more intelligently followed by its routine use, without entering upon debatable ground or attempting to use symptoms of doubtful significance.

With the ophthalmoscope, as with other instruments, the cheap instrument is very apt to lack certain important features, and the costly instrument is mainly confined to the possession of those who mean to use it a good deal. It took many years to adapt the microscope to the needs of clinical work, to rid it of mechanical stages and other mechanical nuisances, and perfect its really essential parts. And the ophthalmoscope must pass through a similar pruning and adaptation before its use can be truly popular and common in the profession. For some years I have been working at this problem, and hereewith present my results.

The ophthalmoscope for general use must:

First, be one in which the difficulties of using the instrument are as far as possible overcome. Second, it must be one that will be as satisfactory as any of the best instruments for any case that is likely to be encountered. Third, it must be cheap. For this one I have no hesitation in claiming that with it the fun-dus of the eye can be seen as readily as with any ophthalmoscope heretofore made; for all practical purposes as a refraction ophthalmoscope, its lens series is complete; it can be bought for eight dollars.

It is easy to see through, because the mirror, which is circular, 30 mm. in diameter, tilts each way to the best angle, at about 25 or 30, and a half. Rather to use symptoms of doubtful significance.
exactness with half-dioptre lenses than they could with only whole-dioptre intervals. But the ophthalmoscopists that can do this are comparatively few, the cases in which they can do it are few, and the practical value of doing it is utterly insignificant. For those who are not in special practice half-dioptre intervals are always a delusion and snare, a hindrance, a cause of inaccuracy. They are, therefore, discarded.

Although the statistics above referred to show that in but one eye in 40 of those encountered in practice is the degree of ametropia over 6 dioptres, to one not familiar with the properties of lenses, the intervals between the stronger lenses of this series may seem too great. Such must be reminded that the effect of every intermediate lens strength may be obtained by slightly varying the distance of the lens and instrument from the patient's eye. Thus the convex 6-dioptre lens acts as such only when placed against the eye; by drawing it back less than three inches it is made to act as a 12-dioptre lens, and within that space will correct any intermediate amount of hyperopia. By withdrawing the 12-dioptre convex lens a little over one inch it takes the place of a 20-dioptre lens. On the other hand, by withdrawing the concave 22-dioptre lens a little over two inches its effect is diminished to 10-dioptres, and in that space every intermediate strength is reproduced. In the same way the withdrawal of the 10-dioptre concave lens to the same distance gives us the 6-dioptre effect.

When this is remembered it is readily seen that any measurement of refraction by strong lenses is utterly untrustworthy unless the distance of the lens from the eye is taken into account; and if it is taken into account, any additional intermediate lenses are quite unnecessary. The above series is sufficient for the direct method in all cases except the very highest myopia, for which the expert ophthalmoscopist is apt to resort to the indirect method as more satisfactory.

To one accustomed to using a disc ophthalmoscope the arrangement of lenses as here, in slides, will at first seem awkward and confusing, but to one who begins with this instrument, or who has already used an instrument in which the lenses are so placed, it is especially convenient. The convex lenses are all in the back slide, the concaves in the front. One can be used alone, or both slides can be moved at once by the tip of the same forefinger, according to the lens required.

In the focus of the mirror, the size of the sight-hole, the blacking of it, the proportioning of the instrument, and its mechanical execution, is equal to the best ophthalmoscopes now used. It is made by Mr. D. V. Brown, of Philadelphia.

Since this is not my first attempt at the modification of the ophthalmoscope, and another instrument has my name associated with it, perhaps it will prevent confusion if I exercise the right of naming this. And with the idea of giving it a name that shall by a single word indicate the idea of its design for general use, I shall call it the Polyclinical Ophthalmoscope.

SURGICAL JOINTS.

BY JAMES B. MURDOCK, M.D.,
Of Pittsburgh, Pa.

I am not exactly clear as to what is meant by surgical joints. I suppose it may be joints liable to disease or injury, or that might come under the care of the surgeon, but in that case it would properly include every joint in the body, for there is no joint that might not require surgical treatment; therefore I do not like the term wholly. I suppose, however, reference is intended to be made to those joints which more frequently come under the care of the surgeon, either for disease or injury, and as that would be so much as to include the whole subject of tuberculosis and all kinds of injuries to the joints, I am not able or willing, and if I were there would not be sufficient time, to discuss the subject as a whole. It might be said, however, that there have been great changes in the surgical treatment of joints within a comparatively few years, as you are all well aware. This has arisen in a great measure from the fact that because of the great improvements in surgery since the introduction of antiseptic treatment of wounds, the joint can be invaded and dealt with so much less risk than formerly. That is one reason. And it seems to be a sufficient reason in the minds of a great many surgeons, that simply because joints can be got into and incised or scraped out, that is a good reason for doing it, and of course this must enter into the problem of whether such an operation should be done. Another reason why the joints are more frequently treated surgically now than formerly is owing to the changed views with regard to the chief disease which attacks the joint, namely, tuberculosis.

Without entering into a discussion of the pathology of that disease, we are all, I believe, convinced that the former ideas with regard to it were not correct. I think we all believe now that it is an infectious disease, and is not always inherited from the parent. We believe the trouble is usually of local origin, and there is a local focus from which the disease starts, and it is in that view, I think, that a great many operations are now done by surgeons who would have formerly looked with doubt upon the idea that the local focus of the tubercle can be taken away before it has found localities in other parts of the body.
I have seen some of these cases amputated, and I have excised the knee some eight times, I think, and with seven successful cases. My friend, Dr. King, at the West Penn Hospital, has perhaps excised more, and has lost but one patient. I wish to speak of the difference between present practice and that in vogue when I was a young surgeon. I know of no subject which shows the great improvements that have been made in surgery more than this one of the manner in which the joints can be opened.

During our late war, for gunshot injuries of the knee joint there were fifty-seven operations performed, and of these fifty-seven, forty-four patients died. Mr. Otis, in his report of our late war, states that previous to the war there were some eighteen excisions of the knee joint, of which sixteen were fatal. Now, the operation of excision of the knee joint is one that is almost universally successful, that is, the patient seldom dies under the operation, and it usually results in a useful limb. In Ireland, where they do this operation a great many times, with great success, I was shown at the Richmond Hospital some twelve cases that Dr. Thompson had in the hospital under recovery. He told me he had done the operation forty times, with only one death, so that no doubt the operation is one recognized as proper, when formerly amputation would have been in all these cases considered the proper course.

When I look back upon my practice, even as late as when I became surgeon of the West Penn Hospital, within twenty years, I can remember patients who lay there for a year or two years with white swelling, as we called it, and eventually perished. I have seen some of these cases amputated, and I have seen several of them succumb simply from the confinement and the inability of the doctors to do them any good. Now these cases would not be permitted to stay there two weeks before some surgical operation would be performed for their relief.

As you know, a local focus exists in tuberculous disease; it may be necessary to incise the joint, but in other cases, when only the synovial membrane is involved, the operation of arthroscopy may be performed; opening the joint up widely and dissecting out the entire synovial membrane and scooping out with a gouge any local focus that may be found. The disease I do not believe ever commences in the cartilage. I desire, however, to state at this time, and it is probably all that is necessary for me to say to you to show the method that Dr. Thompson uses to the knee joint after having opened it, that this is much superior to anything that I have seen, although it is a good deal like the apparatus which I use myself. I have brought it with me and will show it to you. In operating on a knee joint, they are in the habit of making what is called the horseshoe incision. This is made by commencing well back, and carrying the knife downwards and upwards across to a corresponding point on the opposite side, the joint opened, and if it is only desired to perform excision of the joint, the synovial membrane is scraped with a scoop and cut away with the scissors, and then the flap is replaced. But if, on the other hand, it is desired to perform excision of the joint, the bones are cut off and fastened together with nails and a splint.

The design of those who operate by cutting parallel with the articular surface is to leave the articular cartilage intact. Dr. Thompson and those surgeons who have had the most experience in operating tell me that is not the proper way to make the section of the femur; he makes the section of the femur at right angles with its axis, so as to make the leg perfectly straight, as it is in the normal leg. I am inclined to believe that is the better way. I will not go into the manner of cutting the bone, as the surgeons all know that as well as I do. The best way of fixing the limb, that is the important part of the operation. I presume part of the success of this operation in recent years has been owing to this fact. Older surgeons had been in the habit of using wire and other appliances, which did not accomplish the purpose very well.

I believe the idea of doing anything to keep the parts in apposition originated in Germany, by the use of steel nails driven with a mallet into the bones. I do not think that was as good a means for keeping the bones in place as the one suggested by me. In Ireland they use silver pegs about an inch and a half long, after making a hole with the bradawl. The nails which I use are four and a half inches long for an adult. They are made for me by Mr. Helmod, and according to the pattern of Mr. Wyeth. The nail should be tapered so that it binds as it proceeds. Three nails should be used. Then hold the bones in perfect apposition with the assistance of the external apparatus. The apparatus which Dr. Thompson uses, and which I think is the best way to hold the limb steady, is made of common hoop iron, an inch and a half wide. This is easily manipulated; it is simply wrapped around with a bandage over it to hold it in place, an anterior and posterior splint. The posterior splint is put down around the ankle joint and up on the foot, the anterior one leaving a space for the dressing over the knee joint, and after the operation it is not disturbed for three weeks, unless the elevation of temperature is over 100° F. There is a drainage tube put in across the joint behind the bone, well down, and usually it is a very successful operation; so is excision of the knee. But I will say, as I said in the beginning, that there are many surgeons who think that because excision of the joint is done with such safety there is a good reason for doing it. It should always be remembered, especially by the young surgeon, that an excised joint is an admission on the part of the surgeon that he is not able to cure it. As our knowledge of tuberculosis advances, and we are able to treat tuberculosis successfully in the lung, we will be able to treat it successfully in the joint, and operative interference will not probably be essential then. It should never be forgotten, as the very first principle in the treatment of all joints, that the first consideration is rest, putting the parts at rest. If joints can be kept still even where there is a local focus of tuberculosis, if they can be kept still, and proper hygienic measures retained, there is no danger from the surgeon. I believe the improvement in the treatment of disease rests in an early diagnosis, and early treatment.

I think the surgeons who are in advance in this matter of treatment of joints are tending toward diminution of operations at the late stage, where there is great injury to bone. Patients in that condition do not recover well from an excision of a joint, and I believe the tendency of the better surgeons now-a-days, would be to recommend radical measures in joints. If the bones are extensively diseased, and the joint extensively involved, the patient would be likely, with an excision, to perish from a general giving away of the system. I fully believe that such surgeons as McEwen, the 5th of February that I walked. I was very much surprised at myself when I did it. From the day that you operated on my knee until the day that I walked was four months and eighteen days. How is that for an old man? Therefore, I thank you most respectfully for your skillful operation on me."

The joints in which operations are the most useful and in which the surgeons now have the most experience and have done the most benefit are the knee, the hip and the elbow. Excision of the elbow for injury is a most successful operation; so is excision of the knee. The joints in which operations are the most useful and in which the surgeons now have the most experience and have done the most benefit are the knee, the hip and the elbow.
SUPRAPUBIC CYSTOTOMY.

BY R. W. STEWART, M. D.,
Of Edinburgh, Scotland.

The operation of suprapubic cystotomy has, within the past few years, attracted considerable attention, and is now looked upon with more favor than at any previous time. Some have gone so far as to condemn en-doscopic drainage and for digital exploration, the establishment of permanent drainage.

A pair of forceps was next insinuated alongside the sound, into the bladder, and expanded so as to tear the vesical opening to the extent desired. Hemorrhage was not troublesome in any case. No attempt was made to suture the vesical wound, nor would I recommend that it be attempted, unless, perhaps, in cases where a diagnosis can be made sufficiently early.

The why and the wherefore of specialties, in general, and ours in particular, are questions of interest. Some will say that we have a natural aptitude for mechanics, an inherited preference for slow and sure methods, compared with those that are quick and uncertain. Many, even amongst the learned, suppose that the latter part of our name is derived from the Latin word for feet, instead of from the Greek for child. We are able to confound in minds of some with the instrument makers. I mention these things in passing, without a serious thought. If they exist, like morning mist, they will pass away.

A flourishing medical society sometimes divides into sections. It is an involuntary process, or at least, one to which the members are forced by the necessity of thoroughly accomplishing the objects of the society. The process may be called an analysis. In the present instance, however, if I understand the organization of the Congress of American Physicians and Surgeons, we have a synthesis. A number of societies voluntarily combine to secure ends which were not contemplated at the beginning of each. A division of labor having been made, according to which each society has its special field to occupy, the result is proper and useful for the societies to meet together for co-operation. Let us therefore briefly consider some of the salient features which mark our specialty of orthopedic surgery. A better knowledge of ourselves will put us in more quick relation with other workers, both general and special, and enable us better to do our humble part in the grand plan.

In common with other specialists we occasionally hear that we are limited in the possible range of our achievements. The limitation is, however, entirely voluntary, and the work within these limits is practically inexhaustible. If we were not so busy, we might perceive that because we are not always and exactly understood. The sign before an orthopedic hospital in New York is supposed by some of the passers-by to indicate a homoeopathic institution. I am probably not alone in having been asked to perform the minor surgical operations of the chiroprist. Many, even among the learned, suppose that the latter part of our name is derived from the Latin word for feet, instead of from the Greek for child. We are able to confound in minds of some with the instrument makers. I mention these things in passing, without a serious thought. If they exist, like morning mist, they will pass away.

It is well, however, to recognize the fact that our practice is comparatively lacking in popular qualities. We have no critical, capital, or brilliant operations. What of brilliancy is there in keeping a limb in such an attitude that the weight of the body in locomotion shall be a favorable, instead of an unfavorable agent, until the natural growth of the member results in comparative symmetry; or in controlling the environment of the diseased joint and the patient, so that the natural processes of recovery and repair shall have their triumph, while the limb is daily growing in symmetry and ability with the growing child? This is no bold surgery, but there is great pleasure in watching and reverently assisting these constantly recurring natural miracles. And will any of us forget the delightful friendships made among our little patients, their pretty bashfulness, their readiness, their irrepressible cheerfulness, their graceful qualities is a daily wonder. To watch them at play is a dream in which the birds and wild flowers are enacting a tragedy and wild flowers are enacting a tragedy and wild flowers are enacting a tragedy.
are orthopedists, but I believe the reason why our specialty exists and thrives, is to be found in the desire of the public, the final arbiter, that experts should be invited to bear the responsibility of orthopedic cases.

One very attractive feature of orthopedic practice, is its reality—for want of a better word. It is especially the domain of physical demonstration, where the acceptance of pathological doctrine, as well as therapeutic precept, must be preceded by absolute proof. Here, subjective symptoms are forgotten in the presence of objective signs. The data for diagnosis are visible, palpable, and measurable. Treatment is by forces whose action is nicely directed, increased, diminished and measurable. It is especially the domain of physical therapeutics, and finally the results of treatment.

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The doses of the drugs will vary according to the age of the patient, individual idiosyncrasy, and the intensity of the disease. In adults, generally from 75 to 90 grains of bromide of potassium for a woman, and from 105 to 120 grains for a man, may be given daily.

With this may be given ⅓ of a grain of sulphate of eserine, or ⅛ of a grain of picrotoxin, or ⅛ of a grain of sulphate of atropine. Thirty drops of the tincture of Calabar bean or 12 grains of the crude drug in powder may be substituted for the eserine, and 30 drops of the tincture of belladonna or 7½ grains of the powdered root for the atropine. If the patient is a cardiac epileptic, and digitalis is prescribed, thirty drops of the tincture, or ⅛ or 6 grains of the powdered digitalis may be given. The drugs should be given before or during meals.

**CONCENTRATED FOOD IN THE TREATMENT OF PULMONARY CONSUMPTION.**

BY THOMAS J. MAYS, M.D.,
Professor of Diseases of the Chest in the Philadelphia Polyclinic.

Calling attention to the importance of nourishing diet in the treatment of pulmonary consumption, is so trite that it barely deserves repetition; yet, old as it is, it is no less true to-day than it ever was. Indeed, it may be laid down as a fundamental proposition, that the cases of consumption which cannot be reached through the instrumentality of food have certainly slighter prospects of recovery. It is also no less true on the other hand that if your patient can be made to partake of digest, and assimilate a sufficient amount of food, it matters little in what condition his lungs be, will, with ordinary good management, make a good recovery in the great majority of instances. Failure to get well under these circumstances is the exception. To make your patient eat, then, is the great problem to solve in the cure of this disease, yet every one realizes the enormous difficulties which are constantly placing themselves in our way. Very little can be done to attain this end by only addressing medicines to the stomach. You are required to raise higher than this, and to take a general survey of the whole condition of your patient. In other words, it is absolutely indispensable that you should regulate his exercise, his rest, his sleep, and his eating; in fact, you must have a systematic supervision of all he does during the whole twenty-four hours.

I arrived at the conclusion, long ago, that a consumptive patient who is fatigued cannot eat. So, his appetite will greatly depend on how much or how little exercise you prescribe for him. If much exercise tires, then less must be taken. If little exercise tires, the absolute rest must be insisted on. Many of these poor people exercise themselves to death. Digestion, like exercise, requires a certain degree of bodily strength. The strength which is expended in performing exercise deducts so much from the sum total of the bodily forces, and in most cases leaves too small a residuum to carry on the processes of digestion, absorption and assimilation, and is the principal cause of the persistent anorexia. I am well aware of the prevalent impression that exercise is one of the essential promoters of a good appetite, but all you need to do is to ask your patient to give you an opportunity to demonstrate the falsity of this belief by a prolonged dose of rest, and I dare say that a single chance will be sufficient to dispel the allusion. Rest will not only restore him to health, but will make him feel more comfortable in every respect.

If your patient eats, what kind of food should he have? It is that kind which concentrates a large amount of nutritious material in a small bulk, and which requires a small
amount of digestive energy on the part of the stomach and the digestive tract. Such foods exist, without question, in the freshly prepared juice of beef, oysters and clams, and they are prepared as follows: Beef, preferably the round-steak, is cut in pieces of the size of a walnut, and is placed in a pan and held over the fire for a few minutes in order to heat the outside slightly. The whole is then dumped into a large Bartlett beef press, and this separates the juice from the fibre. About one and one-half pounds of beef will yield a teacupful of beef juice. This juice, divested of all fat, is well seasoned, and taken cold in half teacupful doses, three or four times a day. In the case of oyster and clam juice, the same process is followed in extraction, and it is likewise taken cold and seasoned. These juices contain the very essence of nourishment, require very little or no digestion, are easily absorbed and assimilated, and may be administered to the most fastidious stomachs. They are very much superior to any kind of beef tea, or extract, that can be made. Additionally, I prescribe five or six glasses of milk a day.

Much may be done in feeding these patients by going about it in a systematic manner. Begin at seven o'clock in the morning with a glass of milk, and repeat the same every three hours. If a whole glass is too much, be satisfied if only half a glass is taken at first. At eight o'clock administer half a teacupful of beef juice. At this first is given three times only, but as soon as possible, four times a day. If desirable, oyster or clam juice may be substituted once during the day for the beef juice. Besides, you must persuade your patient to eat an egg, or oatmeal gruel, with cream and sugar, and bread and butter, and a cup of coffee for breakfast; beefsteak, roast beef, mutton or lamb, with vegetables, for dinner, and a lighter meal for supper. Beer, wine, champagne, whisky, or brandy may also be taken in moderate quantities throughout the day.

Much can be done to stimulate the appetite; for this purpose I often give the following:

- Thirty drops in half a glass of cold sweetened water during meals.
- A coated tongue, which so frequently exists in these cases, is no contraindication to the giving of iron. Additionally, two or three grains of quinine are prescribed in the forenoon and in the afternoon. The bowels must also be kept regular. If constipated, a glass of Hunyadi water, or a Lady Webster's pill in the evening, will generally suffice, or Parke Davis & Co.'s cascara cordial, also serve well for this purpose. Occasionally, a blue mass pill will not be out of place. If there is a tendency to diarrhea, the above-mentioned acid preparation will often check it. In most instances of this kind, the diarrhoea follows a meal, and is due more to a hypersensitiveness of the alimentary tract than to any other cause. To the acid mixture you may, therefore, add subnitrate of bismuth and pepsin with advantage.

**ANTISEPTIC TREATMENT OF TYPHOID FEVER.**

William H. Pierce, M. D.

The primary lesion is in the intestinal canal. Here is where the typhoid germ is first deposited, and from the ulcerative process here developed is derived the secondary or pyemic characteristic of typhoid. Now, the treatment which will act as directly as possible upon the ulcerating Peyer's patches, is as near an approach to anything "specific" as our present knowledge will permit.

It now becomes easy for me to say that my method of treatment, after supporting the patient with the properly applied milk diet, and stimulants when indicated, is by antiseptics. By this I mean that the alimentary canal should be kept in an aseptic condition from the mouth to the termination of the intestine. Of this, the attention to the mouth is not the least in importance. Many remedies are suitable, and this gateway to the alimentary canal should be securely guarded, so that no septic matter can find its way into the circulation through this channel.

That part of the intestinal tract beyond the ileo-cecal valve can be reached by antiseptic enema, which should be used at least twice a day. Of the medicines to be administered internally, the mercurials are in the first rank. Tablet triturares of calomel, or bichloride, in very small doses, are the form used. The combination of carbolic acid with bismuth or iodine is valuable, especially where there are marked bowel symptoms. Pepsin is an excellent antiseptic, and, where the digestive powers are weak, aids in the elaboration of the food.

In speaking of the necessity for thoroughness in our treatment, I would say that our antiseptics should be continued until the defecations from the bowels are safely deposited where infection from them is impossible.

The results obtained by this method of treatment in a fairly large number of cases are these: The diarrhoea is much less, seldom requiring the use of opiates; the temperature range is not so high, and the tendency to complications is not so great. I do not believe any method of treatment now known will cut short the course of typhoid fever, but this method seems to me more rational than to savagely attack one of the many symptoms which are, in most cases, the necessary accompaniment of the disease.

In regard to treatment, then, I have only attempted to show that a conservative method, based upon what little real knowledge we have of the fever, is of more value than the uncertain use of potent drugs which, while they for the time being seem to relieve one symptom, may do the patient positive harm.

**THE ACTION OF HEART TONICS.**

Dr. William Henry Porter, Professor of Clinical Medicine, etc., in New York Post-graduate Medical School (Med. News., August and September), concludes a series of interesting papers on this subject as follows:—

A uniform cardiac rhythm and a normal vascular tone being absolutely essential for the most perfect nutritive interchange, a similar or slightly augmented action of the heart and a uniformly sustained circulation of a large volume of blood in the arterial capillaries is absolutely indispensable for the development and maintenance of a compensatory hypertrophy, to offset the mechanical defect or to remove the functional irregularity of the heart.

This last class of drugs, called tonics, is found to be the most serviceable for the accomplishment of this desirable result. Ammonium carbonate for immediate action, followed by the judicious use of alcohol and a well-selected proteid diet, will quickly regulate the cardiac rhythm, steady the vascular tone and augment the nutritive function, not only of the heart-muscle, but of all the tissues and glands of the body.

For a more permanent action and for the development of a lasting compensatory hypertrophy of the muscular fibres of the heart-walls the following formula has been largely used at my clinic and in private practice, and has thus far yielded most satisfactory results:—

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<th>Tr. belladonna,</th>
<th>Tr. opii deod.,</th>
<th>Tr. nucis vomicae,</th>
<th>Tr. gentian. co.</th>
<th>Tinct. ferri chloridi,</th>
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**SIG.**—fij every four hours.

With this combination and line of treatment, a permanently sustained and fully compensatory hypertrophy has been repeatedly established in the patients who have, during the past five or six years, come to my clinic for treatment. We have frequently pushed the digitalis and continued its use as long as the safety of the patient would admit, but in every instance the heart-muscle deteriorated under its continued administrations. With the cardiac tonics, and especially this formula, the desired result could be obtained, even after the damaging effects of digitalis had been produced.
THE COLLEGE AND CLINICAL RECORD.

THE UTILITY OF SUSPENSION IN DISEASES OF THE SPINAL CORD.

By David D. Stewart, M. D.,
Demonstrator of Diseases of the Nervous System, and Chief of the Neurological Clinic in the Jefferson Medical College.*

More than two years have elapsed since the suspension-treatment of diseases of the spinal cord was introduced to the profession by Professor Charcot—a sufficient time in which to form a just estimate of its value. As a matter of course, so novel and promising a therapeutic measure for a class of affections so little susceptible of amelioration by any treatment, fathered by so eminent a neurologist as Charcot, not only attracted general attention, but was received almost with enthusiasm everywhere. The lay press vied with the medical press in accounts of the method, and soon the journals teemed with reports of its trial, generally favorable at first, but subsequently less and less so, until now it may be supposed that there are few who, if questioned as to its efficiency, would reply other than that it has had a fair trial "in the market." I publish this note for the purpose of entering protest against this notion, and to urge that a method that can be productive of so much good, even if only in a small percentage of cases, should not be abandoned unless another more efficient can be found to replace it. Suspension has fallen into discredit with many largely because too much was expected of it. I still maintain the opinion I expressed two years ago, when perhaps the first to report a series of cases in which this treatment was tried: "That suspension will, even though aided by wisely directed medical and hygienic means, effect a cure in degenerative diseases of the cord is, I think, doubtful; but, as an adjunct to other modes of treatment, its utility is beyond question." I made no extravagant claims for this measure then, nor do I now. The assumption that non-inflammatory affections due to an actual degeneration of nerve-elements could be vitally influenced by mechanical means, was not to be entertained; but that the progress of the most common of those that, uninfluenced by treatment, are apt to show a progressive tendency, could not infrequently be arrested and a decided improvement accomplished—though arrest and improvement might be but temporary—more promptly by suspension than by any other therapeutic procedure, has been unquestionably shown. That it should be most efficient, and more than palliatively so, in chronic inflammatory and sub-inflammatory affections of the cord, in those in which the diseased process has had its origin in the intertubular tissue rather than in the nerve-elements, its probable modus medicandi indicates. Cases of ordinary chronic myelitis, of cord-sclerosis, the mode of onset, symptoms, and course of which place them in an intermediate position between inflammatory and degenerative affections, are those most likely to be permanently benefited by suspension.

THE LOCAL APPLICATION OF CARBOLIC ACID SOLUTION IN THE TREATMENT OF ARTICULAR RHEUMATISM.

By Joseph Lane Hancock, M. D.*

Within the past two years a number of cases of inflammatory conditions affecting the knee joint, and more especially arthritic rheumatism, have been treated by me, as I understand for the first time, by the local application of phenic acid. Usually it is used in the form of a four per cent. solution, on a flannel cloth wrung out; and warmly applied so as to envelop the whole joint. It is also my usual custom to leave this dressing on over night, placing it on just before the patient retires. As the swelling visible about the affected part depends for the most part on inflammatory oedema of the connective tissue around the joint, and the pain the result of pressure on the nerve tissues by the dilatation of the capillaries and inflammatory oedema, it is apparent that phenic acid, from its anesthetic properties, would seem to present an excellent available remedy for this condition. It was in this manner that I was led to use it. That carbolic acid continually applied in very strong solutions externally, as for example on surgical dressings, has produced poisoning, convinces me of the readiness with which the cutaneous surface may absorb this agent. Despite the prevailing opinion that arthritic rheumatism is but the brunt of an attack of a general condition of which an excess of lactic acid in the blood is supposed to be the cause, it is nevertheless quite probable that this disease is of bacteriological origin, and that the efficient use of phenic acid locally applied to the affected joint, carefully watched, will act as a salutary measure; and, moreover, by its anesthetic tendency retard and ultimately destroy the exciting cause, whether it be germ or lactic acid in the connective tissue. Clinically I have noted carefully six cases in which the use of the phenic acid as described gave the most encouraging results, in which relief of suffering and reduction of swelling always followed promptly. If by this we have a hint in treating deeper-seated affections more by local applications of antiseptics, we have gained at least a very interesting practical point in therapeutics.

PLUGGING THE POSTERIOR NARES.

Dr. A. A. Phillip describes the following method of plugging the nares for epistaxis in the British Med. Journal, July 18, 1891 (Med. Record, Aug. 25). A piece of old, soft, thin cotton, oiled silk, or silk, about six inches square—a piece of an old handkerchief will answer—is taken, and by means of a probe, metal thermometer case, or penholder, is pushed "umbrella" fashion into the nostril, the direction of pressure, when the patient is sitting erect, being backward and slightly downward. It is pressed on until it is felt that the point of the "umbrella" is well into the cavity of the naso-pharynx. The thermometer case is now pushed on in an upward direction and then toward the sides, so as to push more of the "umbrella" into the pharynx, and thus withdrawn. The closed end of the sac protrudes well into the pharynx, and its open end protrudes at the anterior nares. The inside of the sac may be brushed with some astringent, such as alum, turpentine, etc. A considerable quantity of cotton-wool is pushed well back to the bottom of the sac in the pharynx. Then, the thermometer case being held well against the packed wool, the mouth of the sac is pulled up, and thus its bottom is drawn forward, and forms a firm, hard plug wedged into the posterior nares. The sac may now be packed full of cotton-wool, dry or soaked in some astringent solution. The mouth of the sac is tied just outside the nostril, trimmed with scissors, and the ends of the thread secured outside. In removing the plug open the mouth of the sac, and, with small dressing-forceps, gently remove the cotton-wool bit by bit. If there is bleeding, simply syringe the sac with weak carbolic lotion or Condy's fluid, and repack with clean cotton-wool. If there is no bleeding when the wool is picked out, gently pull out the sac, or if it be adhering to the mucous membrane of the nostril apply a little warm water, and it may then be easily removed.

TREATMENT OF HEMORRHAGES IN THE NEW-BORN.

By Charles W. Townsend, M. D.*

Of Boston, Mass.

Hemorrhage in the new-born is in nearly all cases an acute transitory affection, beginning within the first week or ten days of life and lasting from one to six days. The etiology of this form is perhaps best explained by the infectious theory. In very exceptional cases the disease is due to true hemophilia as it is seen in older children and in adults. In a small number of cases it is one of the symptoms of syphilis or of septicemia. The mortality from all forms is about seventy-five per cent.

In the treatment of this disease, or symptom of disease, many measures have been adopted, and also none at all, the latter from a


* North American Practitioner, September, 1891.

feeling of helplessness in regard to it, and also, as we have shown, the erroneous belief that in all cases, even if the infant survived, it would always be subject to hemorrhages. Bearing in mind the brief course and self-formed character of the disease in the majority of cases, we should make every effort to control hemorrhage and to sustain the vital powers. External bleeding from scratches or from the umbilical wound can best be checked by properly applied pressure; and although compresses for this purpose often fail, digital pressure, if intelligently directed and persisted in, is almost always successful. Instances are on record of devoted mothers and nurses, who, by holding their fingers pressed for hours to the umbilicus, have saved the infant's life. Stipitics are generally unsatisfactory; and deep suturing of the umbilical wound, although in some cases successful, in others only adds a fresh source for hemorrhage from the stitch-holes.

The value of astringents, of ergot, or of the mineral acids for internal hemorrhage, is somewhat doubtful. Alcohol, by increas- ing the power of the heart, would theoretically increase the bleeding; but, if we accept the belief in the infectious nature of the disease, it would seem in many instances to be indicated. Warmth to the extremities, perfect quietude and freedom from motion, and most careful and persistent feeding from spoon or dropper with milk drawn from the breast of the mother or wet-nurse might tide over many otherwise fatal cases through the brief period of this disease. Antiseptic treatment of the cord would be indicated for prophylaxis.

SIMPLE DIET IN OBESITY.

The Journal de la Santé attributes to a medical officer of the French army the latest "cure" for obesity, which is strangely simple in its carrying out (Annals of Hygiene). The form of diet was simply a restriction to one dish at each meal, irrespective of what that dish might be, and no matter whether the quantity consumed was greater or smaller, it was made to satisfy the desire for food to the full at each meal. No supplementary dishes, such as soups, desserts or condiments were allowed; one single dish, and that taken plain, was found to satisfy the appetite much sooner than a variety of dishes, even if the quantity was apparently smaller and on almost an abstemious scale. This regimen was employed also in the case of a lady whose embonpoint threatened too rapid increase, with good results and without any discomfort in the observance of the restrictions. In fact, in one or two instances the reduction of corpulence has seemed to go on rather too rapidly, and it has been deemed best to take means for restoration, in a measure, of that which has been lost. Under this system, as under most others, the excessive imbibition of liquids has to be forbidden, care being taken not to enforce the abstinence from water, especially, to the point where symptoms of circulatory depression arise from insufficiency of volume of blood in the vessels.

THE ROLLER BANDAGE FOR THE PAINS OF SPINAL DISEASES.

BY JOSEPH LEIDY, M.D.,
Of Philadelphia.*

This note is for the purpose of drawing attention to the results of a simple method for the relief of pain during the course of spinal disease, and especially tabes dorsalis. Warmth, in the form of the warm bath, has long been recognized as of considerable utility in the treatment of this symptom. The writer has frequently observed the relief afforded by the firm application of a roller bandage in the spasmodic and painful conditions so common in the extremities following traumatism. It occurred to him that the application of such a bandage (flannel or hose) to the part the seat of pain in locomotor ataxia might be of service in mitigating the suffering. He found that the firm application of a bandage (flannel) from the toes to the upper third of the thigh was attended with great relief. During the past six months this method of treatment has been employed with most encouraging results. For the girdle pains a bandage, similar to the abdominal binder, firmly applied at the level of the abnormal sensations, afforded almost instant relief. The cases under observation had been treated with galvanism, with absolute rest, and the usual therapeutic measures, the majority of which had failed.

The usefulness of this method depends principally upon the pressure and warmth that the bandage affords, combined with rest. It is worthy of further trial, if only as a substitute for morphia. In one case the removal of the chest-binder was in several hours followed by a return of the girdle sensations. Two other patients invariably suffer a return of pain in the lower extremity on the removal of the bandage. In suitable cases the elastic stocking may, with advantage, be substituted for the bandage, as it does not interfere with locomotion. The application of a roller bandage about the seat of pain was equally useful in several instances in which the area of pain was localized. The method of treatment indicated will, I trust, commend itself for its simplicity, with the advantage of acting as a substitute for drugs.

PULMONARY CONSUMPTION AS A NERVOUS DISEASE.

Dr. Thomas J. Mays, of Philadelphia, in his work on this subject* thinks the following conclusions may be legitimately drawn:—

1. In all probability every disease possesses its attendant micro-organism.
2. The natural genesis of a disease is altogether different from its artificial transplantation.
3. The inoculability of a disease is not the least evidence of its practical contagiousness.
4. The theory of the contagiousness of pulmonary consumption rests almost entirely on suspicions, and on laboratory experiments which are unsupported by clinical facts.
5. Tubercle is not in itself a menace to life.
6. There is no correspondence between the number of those who are exposed to the bacilli and those who contract pulmonary consumption.
7. All therapeutic and hygienic measures which have been based solely on the bacillary origin of consumption are disastrous failures.
8. Consumption is inherited in about fifty per cent. of all the cases.
9. A hereditary disease is not contagious unless it affects the nervous system.
10. Catarrhal phthisis may be produced in animals by section of the vagi.
11. Pulmonary consumption is a disease in which the vagi are primarily involved.
12. Alcohol and syphilis produce pulmonary consumption by inducing vagus disease.
13. In all probability, arsenic, lead, mercury, brass, and other substances produce consumption by reason of their specific action on the nervous system.
14. Diabetes, beri-beri, leprosy, and probably lupus and pellagra, are intimately associated with pulmonary consumption, because fundamentally the evidence appears to show that they are nervous diseases.
15. The neurotic theory of pulmonary consumption shows such a rational connection between cause and effect as no other theory does, and explains why nervous or mental shock, whooping-cough, alcoholism, syphilis, arsenic, lead, mercury, etc., produce this disease; why the latter is associated with insanity, with disease of the brain, spinal cord, and peripheral nerves, with diabetes, beri-beri, leprosy, pellagra; etc.; why it is inherited; why the youngest and the oldest of a family are most prone to it; why segregation or quarantining is useless; and why the hypophosphites, cod-liver oil, electricity, and the maintenance of the nutrition-tone, are such invaluable aids in the treatment of this disease.

ANTIPYRIN IN BLENORRHAGIA.—Brenniss (Jour. de Med. de Paris) recommends antipyrin in Blenorragia:—

R. Antipyrin.,
Zinci sulphat.,
Aqua rosea,
Aqua lauro-cerasti, 

gm. 3.0
gm. 0.3
gm. 0.3
gm. 60.0. 

Str.—For urethral injection.
RECENT PROGRESS IN THE STUDY OF TUBERCULOSIS.

However inconsequential Koch's treatment has proved as a therapeutic agent, it has served to awaken renewed interest in the study of the pathology and treatment of tuberculosis. The world has recently witnessed the assembling to awaken renewed interest in the study of this one disease or series of diseases having common tubercular characteristics. The progress of the times is in nothing more clearly exhibited than in the devotion of the labors of a Congress for the sole study of this one pathology and treatment of tuberculosis. The progress to one subject. It is a long step, but the times is in nothing more clearly exhibited than in the devotion of the labors of a Congress aiming to learn all that could be learned, and to diffuse all points of information that constitute a class by themselves, being peculiar in the fact that they are owned and edited by medical men. 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 extended to 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 may 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 who do not possess professional confidence, and who do not deserve such commendation. We can point with pride to the accomplished editor-in-chief our annually reiterated congratulations on the successful issue of his labors.

Our ADVERTISERS.

We take the opportunity to reiterate the view expressed by us editorially some time since, that The College and Clinical Record is one of the few medical journals which constitute a class by themselves, being peculiar in the fact that they are owned and edited by medical men. 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 extended to 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 may 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 who do not possess professional confidence, and who do not deserve such commendation. We can point with pride to the accomplished editor-in-chief our annually reiterated congratulations on the successful issue of his labors.

The Addresses, Papers and Discussions in the Various Sections of the American Medical Association at the last annual meeting, at Washington, May 5-8, 1891, have been issued in book form—a book to each section, the type in which they were originally set in the Journal being rearranged for that purpose.


This work is not merely a syllabus; it is a concise and condensed sketch of obstetrics of the present day, thoroughly modern in its teachings. We took occasion not long since to commend the first edition; it gives us pleasure to welcome a second, with its numerous additions and improvements, among which an Index may be mentioned.

"Class-Room Notes," an always popular department of this journal, presenting in brief the teachings of distinguished professors, will be resumed in our next issue.


The views of the author of this excellently prepared work are well known, from the fact that he has uniformly maintained that phthisis pulmonalis should be regarded as a neurosis, and treated on this basis. However others may differ with him in such views, it must be acknowledged that his position has been steadfastly maintained and ably advocated. In another column will be found some extracts from this late issue of "The Physician's Leisure Library," giving the author's conclusions on the subject.*

*See page 249.

THERAPEUTIC BRIEFS.

-A liniment of half an ounce of camphor dissolved in three ounces of turpentine has been used in Columbia Hospital for Women (Obstet. Gazette) to check secretion of milk in mastitis. It relieves pain, diminishes induration, and reduces inflammation. Care should be taken, however, that the part should not be so tightly covered that the application shall produce irritation of the surface.

-For severe Chafing or InteRigo, Dr. R. L. Patterson (Med. Summary, Sept., 1891) recommends the following:

B. Camphora, 3 f
Acidi. carbonicii, 3 f. t. xii
Cretae precipitatae, 3 f
Zinc. oxi. pavo, 3 f
Oil. nerr. 3 f
Oil. rosei 3 f. t. ut. M
30.—Rub the camphor to a fine powder, using alcohol to reduce it, and mix the other components thoroughly.

It may be used also for healing RAW AND EXCORIATED SURFACES and for Sunburn. Mixed in proportion of one part to three of unguentum petrolatum or unguentum aquae rosei, it forms a most useful salve.
—For **Ascaris lumbricoides**, *Med. Summ.,* Sept., 1891, suggests the following:—

<table>
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<th>B.</th>
<th>Santonin, gr. x</th>
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<tr>
<td>I.</td>
<td>Iodoformi, f 5i</td>
</tr>
<tr>
<td>I.</td>
<td>Zincli oxal., f 5i</td>
</tr>
<tr>
<td>I.</td>
<td>Spirit. camphor., f 5i</td>
</tr>
<tr>
<td>I.</td>
<td>Asarum, f 5i</td>
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<tr>
<td>I.</td>
<td>Olei linii, f 5i</td>
</tr>
</tbody>
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Sigo.—One powder every night at bedtime, for a child 3 to 4 years of age.

—According to the *Deutsche Med. Wochenschriften*, sea-salt is an excellent application for the Sting of Bees, Wasps, and other Insects. The parts stung are rubbed with the salt dissolved in water. Pain and swelling disappear immediately, or if the treatment is used at once, do not appear at all.

—Dr. N. Arnicci (*Jour. of Cutaneous and Genito-Urinary Diseases, Aug.*, 1891) recommends in the abortive treatment of Erysipelas the sterilization of outrunning points of infection. Any suitable antiseptic may be used. The writer employed solutions of carbolic acid and alcohol, carbolic acid and glycerin, in equal parts, and, finally, in those cases in which this remedy is not well borne he recommends the following:

<table>
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<th>B.</th>
<th>Hydrarg. chloridi corrosiv., 30 gm.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>Glycerini, 30 gm.</td>
</tr>
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</table>

For external use.

All these three solutions are to be applied locally by means of a small brush.

The same treatment is also useful in lymphangitis.

—Poulet (*Bulletin Gen. de Thérapie, in Boston Med. and Surg. Jour.,* July 30th) states that there are a great many patients with EPILEPSY, whose attacks are only mitigated or postponed, not completely suppressed, by bromide of potassium. In such cases, if we associate the bromide with some medicament which possesses properties identical with those of the bromide (that is, being capable of anæsthetizing and decongesting the nerve-centres and paralyzing the system of voluntary muscles) we generally obtain results which are perfectly satisfactory in essential epilepsy, and even in partial Jacksonian epilepsy, on condition that, in the latter, we begin by the specific treatment of the determining cause. The substances that have been the most successful are Calabar bean, picrotoxine and belladonna. In cardiac epilepsy, digitalis must be added. We may in-}

—Karminsky (*Jour. de Médec., in Boston Med. and Surg. Jour.,* July 30th) concludes that abdominal massage may produce effects upon the alimentary tract in connection with digestion, which are not inferior to those produced by purgatives. Habitual constipation may be easily cured by massage without the aid of purgatives, and the more readily the younger the chil. The younger the child is the milder should the manipulations be, and the shorter the stances, which should be from three to ten minutes according to the age of the patient. Longer stances are inadvisable, and may even be harmful and aggravate the condition of the patient. Abdominal massage may be regarded as the best means of treating constipation in children. Purgatives should only be used in exceptional cases.

—Dr. Ollivier presented a communication on TUBERCULOSIS AMONGST THE WORKING CLASSES, at the Paris Congress (*Med. News, Sept.*)). He stated that the most important cause of the propagation of tuberculosis is a failure to disinfect the rooms occupied by tuberculous patients. When a patient amongst the working classes dies, the rooms occupied are given up, and in ninety-nine cases out of a hundred no antiseptic procedures are adopted in connection with the infected rooms. The consequence is that those who subsequently occupy the same rooms, at the first cold which they may get develop a chronic bronchitis, the specific character of which soon shows itself—a result of the drying of the tuberculous products expectorated by the former occupants of the room, which float in the air with the dust. As disinfection will never be properly carried out by the very persons concerned, it ought to be applied by sanitary boards in the respective districts, as the case with cholera, variola, diplatheria, etc.
In Lupus Erythematosus the following has been suggested (Courrier of Med.):

B. Zinci sulphatis, 3 ss
Puressi sulphureti, 2 ss
Aurum rose, 3 ss
Alcoholis, 4 s l M.

Sto.—Mop on morning and evening for ten or more minutes at a time.

—Medical men will be equally interested with others to know that the easiest and cheapest cement to prepare for uniting broken edges of glass and china is made by taking two ounces of pulverized white gum shellac and half an ounce of gum mastic. Soak them together in a couple of ounces of sulphuric ether, and add half a pint of alcohol. After the whole is dissolved, the preparation is ready for use. You heat the edges of the article to be mended, put on the cement with a brush, hold firmly till the cement has set, lay the article away for a week, and it will break anywhere else than in the mended place.

—Dr. Rothe (Brit. and Colon. Druggist) uses for Erysipelas the following:

B. Creolin, 1½ parts
Cretse prep., 15
Adipis, 3
Olm. menthe, pip., gtt v.

This is spread in thickness of the blade of a knife over the diseased parts two or three times a day, a thin layer of cotton-wool being applied as a covering. In from twelve to twenty-four hours improvement was always apparent, and the disease was cured in three or four days. The same ointment did good service in weeping Eczema of the face, as also in thorough washing with soft soap and inunction of the ointment with such a decided effect that he considers creolin to be a specific for the disease.

—The nitrate of lead is the CHEAPEST DISINFECTANT KNOWN that fulfills its intent. It does not, however, prevent putrefaction (Monthly Bulletin). The chloride of lead is much more effective in all directions. It is made by dissolving a small teaspoonful of nitrate of lead in a pint of boiling water; then dissolve two full teaspoonfuls of common salt in eight quarts of water. When both are thoroughly dissolved, pour the two mixtures together, and when the sediment has settled you have two gallons of clear fluid, which is the saturated solution of the chloride of lead. A pound of nitrate will make several barrels of the liquid. The nitrate of lead costs from eighteen to twenty-five cents a pound at retail.

—Castelan (Med. Record, Sept. 19) claims to have had excellent results in the treatment of Acute Gonorrhea by injections of a one per cent solution of bicarbonate of sodium.

—For Eczema, jour des Maladies Cutanées et Syphilisques (Med. Record, Sept. 19) suggests:

B. Thymol, 3 ss
Zinc oxidi, 3
Amyll, 3
Adipis, 3

Sto.—Apply twice a day to affected part.

—Dr. Joseph Burghardt, of Vienna (Med. Record, Sept. 19), uses in Diphtheria a powder of equal parts of washed sulphur and sulphate of quinine, applied very thoroughly to the pharyngeal walls by means of a powder-blower. The author claims never to have lost a patient from diphtheria since he began to employ this method, having had thirty-three consecutive recoveries of patients from one to twenty-five years of age.

—Dr. René (L'Union Médicale, in Med. Record, Sept. 19) recommends the following method for relief of Fruritis in the Aged:

Every evening the body is sponged with a lotion, warmed to 104° F., to each quart of which is added one ounce of a solution of one part of carbolic acid in fifty parts of aromatic vinegar. After drying, the parts are powdered with one of the following: Salicylate of bismuth, 3 v; powdered starch, 3 l; finely pulverized salicylic acid, 3 s; powdered starch, 3 l. Bran or starch baths are also recommended.

—Dr. Lewis H. Adler, Jr. (Med. Record, Aug. 15), reports five cases of CHRONIC MERCURIAL POISONING, in which the palsy first affected the upper extremities, and then by degrees the entire muscular system. The muscles of mastication and deglutition were not involved—this condition occurring only in very advanced cases of the disease. In only one case was there a distinct line, blue in color, upon the margin of the gums. Ankle-clonus was not present in any case. In four instances the knee-jerk was exaggerated. All the cases showed marked mercurial salivation, but in no case was there history or evidence of the cathartic effect of the drug. Treatment consisted in removing the patients from surroundings in which they would be exposed to ingestion of more of the poison; warm baths were ordered; potassium iodide in gradually increasing doses was prescribed and a mild tonic, such as Basham's mixture. The bowels were carefully regulated.

—Dr. E. O. Leberman, of Akron, O. (Med. Record, Aug. 29), suggests the following as a reliable preparation for removing SUPERTÉSOS HAIR without the use of electricity.

It is the well-known formula recommended by McCall Anderson:

B. Baris sulphatis, 3 ss
Zinci oxidi, 3 ss

Mix with sufficient water to form a paste.

Sto.—Apply for three minutes and then wash off.

For removal of starch, coarse hair, Neumann's formula is serviceable:

B. Calc. hydrat., 3 ss
Orpiment, 3 v
Amyll, 3
Aq. calc., 1 s
Fl. pasta.

The pastes should be spread over parts from which hair is to be removed as thick as the blade of a knife. The softened hairs should be scraped from the skin with a dull knife or ivory spatula, the parts washed with warm water and afterward thoroughly dried. A bland ointment should then be applied to the reddened surface. The length of time these pastes should remain upon the skin is best determined by the severity of their action. They all cause slight itching, which sensation is followed by intense burning; when the latter begins, the paste has best been removed. Effect of chemical depilatories can scarcely be more than temporary, as their action can extend no deeper than the epidermis; hair-bulbs remaining, new growth will soon appear. Great care should be exercised in their application, and their effects carefully watched, for sometimes deep and painful ulcerations occur by their incalculable use. However, they serve a purpose, and if properly applied will often leave the skin free for several months from the hairy appendages which disfigured it.
seldom used vermifuges, but that copious administration of nitroglycerin in doses of a hundredth of a grain. The injection was made in the precordial region, and was followed by marvellously prompt results.

—Dr. W. Thornton Parker (Med. News, Aug. 18), writes in regard to THREAD- OR SEAT-WORMS, that in recent years he has seldom used vermifuges, but that copious rectal injections of chloride of sodium in solution, or of boro-glyceride, one to twenty, followed by small rectal suppositories of boro-glyceride, have constituted his regular practice, invariably with good results. A dose of fluid extract of spigella and senna in the morning, with a moderate dose of castor oil a few hours later, with reasonable attention to errors in diet and particularly as to the water-supply, is all the additional treatment required. It would seem to be unwise to dose the little patients, with the risk of injury to the stomach and intestines, for the sake of removing some irritating thread-worms, the habitat of which is the rectum.

—Although SULPHONAL is probably one of the safest, as it is one of the most efficacious, among the hypnotics recently introduced, the safest, as it is one of the most efficacious, (The Lancet). The degree of peril is difficult to estimate, as the patients were lunatics, and were also apparently feeble; but the fact is significant, that out of seventy-seven patients who were treated with the drug, no less than seven showed serious symptoms, and in five of these there was a fatal termination. It ought to be mentioned that the patients had been taking the drug for a considerable time, in good doses, and had borne it well until symptoms of disturbance set in, these being great constipation, dark-brown urine, slow, or in some cases rapid but feeble, pulse, discolored patches resembling purpura on the limbs, and great prostration. In the cases which ended fatally, the cause of death was heart-failure, with oedema of the lungs.

News and Miscellany.


I. N. Love, M. D., Chairman, Committee of Arrangements, St. Louis. E. S. McKee, M. D., Secretary. C. H. Hughes, M. D., President.

—A writer in Med. Record states that he has no trouble in collecting fees for obstetrical attendance. Some such scene as the following frequently occurs:—

Night of delivery, all things secundum artem.

"Doctor, it is not quite convenient to pay you to-night, but if you will kindly wait for a week, it will be all right then.” "Oh, certainly, it will be quite as convenient then, for I never lose any money on my obstetrical cases.” "Indeed, how so? Why not?" “Oh, because it is getting to be a well-established superstition, based upon facts, that ‘Parents who allow their baby boy to start in life with a debt on his head the first thing are sure to have a ne'er-do-well, shiftless son, and the little baby girl is sure to marry a dead-beat.’ A peculiar expression came over the father's face, and the mother gave an anxious, wandering look at her baby. Half the bill was paid at the next visit and the rest soon after.

It has been useful to repeat this obstetrical superstition whenever he can, and always to prompt paying patients, who are congratulated that nothing of the sort awaits their little one. These are the ones who spread the good news.

—The following delineation of the medical situation in Connecticut is taken from the bulletin of the Connecticut Board of Health: "Sir: Anybody can practice medicine in Connecticut. You do not need to register; you do not need a medical diploma; you do not need to know the difference between opium and peppermint; you do not, indeed, need to know anything. You can simply call yourself a 'physician' and begin to practice. The laws of Connecticut will sustain you in collecting your fees for professional services if you render any which you choose to call such. But if you undertake to carry me or my trunk to the depot for pay, which you choose to call such. But if you undertake to carry me or my trunk to the depot for pay, you must get a license. If you collect the peanuts you must get a license. If you collect the peanuts you must get a license. If you wish to empty your pockets you must get a license. If you collect the swill from your neighbors to feed your pigs, you must get a license. If you wish to empty your cesspool you must get a license. But you cannot practice medicine in Connecticut without a license.”

The Third Annual Meeting of the Tri-State Medical Association of Georgia, Alabama and Tennessee, will be held in Chattanooga, Tuesday, Wednesday and Thursday, Oct. 27th, 28th and 29th. The officers are President: Dr. Robert Bailey, Rome, Ga. Vice-Presidents: Drs. E. T. Camp, Gadsden, Ala.; Richard Douglass, Nash-
OBSTRUCTION OF THE BOWEL.

BY M. PRICE, M. D.,
OF PHILADELPHIA, PA.

The first question to be decided is, Is there a strangulation present, or an obstruction, or a condition of partial paralysis induced by over-distention, by a constive habit, or a condition produced from loss of proper nerve force for the performance of bowel digestion and elimination, or is it a paralysis following convulsion with general paralysis of the entire body? All these questions have to be answered some time in the experience of every operator, not all in the same case, but they all have a place in the consideration of the question in hand, and the operator who does not keep his mind impressed with such possibilities will sooner or later have cause to regret.

The stomach exercises a marked influence in obstruction of the bowel; the changed current and direction of the bowel contents in its effort to find an exit changes the stomach from an organ for the digestion of food to that of a pump for the elimination of the contents of the bowel through the mouth, and by so doing gives us a direct and positive indication for treatment, which to be most effective must precede any operative treatment that may be required.

We should empty the stomach and wash out all the contained fluid and solid contents. How best to do this is a question by no means yet answered. For my part, I much prefer the stomach, aided by warm water and a mild emetic, to do the work, when the patient is in a condition to warrant such an effort, but many of them will not; then only the pump must be used. It is a most disagreeable instrument and should be used with great care, and not removed until all the time for recovery will be much shortened and the risk and suffering of the patient correspondingly lessened. All those who have done intestinal work have been impressed with the length of time after an operation for strangulated hernia before any action of the bowels can be had, even with salines. I have had as much as six and eight days pass before I could get the bowels moving in cases of obstruction of the bowel from inflammatory incarceration. And in another case as much as eleven days intervened after a resec-

tion of five inches of obstructed colon from epiphelioma and uniting them by the Senn method. In this case four ounces of magnesia sulphate was given before any result. In several of my cases I feared that I would have to do them over; and I have no doubt the abdomen has been reopened many times after abdominal operations for a supposed obstruction when none existed. So great care and judgment is required in these cases, that something positive only should drive us to a second operation. Simple want of a movement of the bowels should put us on our guard and make us watchful for more certain symptoms of obstruction.

Now as to how sulphate of magnesia will give the best and quickest result: Small and repeated doses diluted with as much water as the patient will take is by all odds the best mode of giving the drug. When the stomach is irritable and sick, it is best given by injection into an oxumb of the drug and a pint of warm water. If you can give by the stomach and bowel at the same time, you will soon get the result.

There can be no objection to other drugs being used, such as the mild chloride of mercury, Rochelle salts, that will accomplish the object for which we use purgative treatment. Mixed treatment of opium and purgatives does no good, but introduces an element of doubt and danger that is hard to estimate; it also tends to prevent a proper appreciation of what nature is doing to save the internal visera from permanent destruction and death. If we give purgatives we must give them for a purpose, and until that object is attained we should wait until we are perfectly satisfied that nothing but an operation will open the way for a passage, or that our patient cannot be relieved, and then the opium treatment will be appropriate; then use it, but not while there is a chance for the patient's recovery.

The method of operating for strangulation of the bowel or hernia is of great importance and should be seriously considered before operation. The method of cutting directly down on the hernia will not answer in all cases: old irreducible hernias, where both sides are down and irreducible, with symptoms of obstruction; double femoral, also irreducible, and in cases where there are no external symptoms pointing to the location of the disease—these can best be dealt with through a median incision.

The usual opening for abdominal operations of one and a half inches is plenty of room in which to do all the work that is required for the relief of the patient in most cases, and when we find we require more room it is easy to enlarge the incision. Through this opening a thorough investigation of the abdominal cavity can be made, the old herinal irreducible protrusions can be examined with two fingers in the peritoneal cavity, and the seat of the strangulation located.

The fact that there is a hernial protrusion on either side is no proof that one of them is the point of strangulation; it may be anywhere in the length of the intestine. Then, to open such a patient over the supposed point of strangulation would greatly complicate the case and leave the surgeon in doubt as to whether his patient had been relieved of his strangulation, for often in operating for strangulated hernia I have had the intestines slip from the sac into the peritoneal cavity, and it was considerable trouble to get hold of the portion strangulated so as to examine its condition before closing up the abdominal cavity. Until the point of strangulation is found and examined, you can never be sure your patient is relieved of his dangerous condition.

Then, again, there is no better way to ascertain which is the obstructed side than through a median incision, both sides being within reach and readily examined and dealt with with certainty. When the position of the strangulation is determined it is an easy matter to cut down and release the hernia from its sac and return it to the inside, and bring the intestine to the median opening and there examine its condition, and if there is a show of returning life to the strangulated portion, then wash with warm water that has been boiled and return to the peritoneal cavity with as little delay as possible. The closure of the wound is of moment, for on the manner of doing this depends the success of a radical cure of your patient.

Leaving the sac outside in position, and taking a long, straight needle, and with two fingers in the peritoneum, push the needle through the abdominal wall, taking care to include all of its wall, so that when it is closed there will be plenty of tissue; it does not require to be very tightly tied, but just sufficient to make a perfect approximation. Before making your closure, trim up your sac and remove all portions thickened and diseased that could interfere with perfect union of the herinal wound.

The inside fingers act as a guide to protect the bowels and to aid to a proper placing of the sutures, and as the laces are being tied assure yourself that all is clear and a perfect closure made. This can be determined with perfect accuracy.

The gaseous distention of the abdomen is a most serious complication, and offers many impediments to a proper diagnosis; that it must be gotten rid of before the patient be relieved is admitted by all. Puncture through the abdominal wall with any instrument is dangerous in the extreme; to use a hypodermic needle would be a useless procedure, as much larger openings are required before the gas will be discharged. I have repeatedly tried to empty the bowel in this manner, and feel confident that it would require days to do so.

An opening should be made with the knife or some instrument that will puncture the bowel, and the instrument then opened, stretching the bowel, giving exit to the gas. For this purpose I have had an instrument made almost identical in form with the little ear speculum, bringing the trumpet to a point with which to make the puncture. The opening can then be stretched, and the closure will require only one stitch, while that made by a knife would necessitate several.

I have used it only once. It answered the purpose admirably. As the needle rapidly enlarges from its point the bowel must be grasped by the fingers to prevent slipping while being dilated. Besides this advantage, the instrument shortens the operation, lessens the shock, and prevents leakage. Comparing methods of treating obstruction of the bowel, there is but one treatment, that is, to open the patient and correct the trouble—when I say that I do not mean that there shall be a half dozen consultations before this treatment is resorted to, and I will venture to say the mortality will be reduced from its present high figures to 15 per cent. Those credent cured by other methods in most instances were mistakes in diagnosis. No one was ever killed or their danger increased by an exploratory operation.

Much of the recent work done in abdominal surgery has been by men who base their opinions on experiments on dogs. This work accomplishes only one good—it prepares the physician with a certain amount of dexterity in operating. But this experimental or dog surgery has not a single feature in common with that on the human subject, for there is no resemblance either in the operation or the conditions present. The one is on a healthy animal with an intestine only one-third the length of the human, and has been used for the passage of the coarsest food and the most indigestible materials, with no nervous element to contend with, no pathological condition to contend with, no distention or delay, no previous shock or destruction of parts, no inflammatory element to remove, no complications to hinder our ability to do anything, but the other as day differs from night. And it is these very conditions and complications and delays that make all the difference between life and death. Could we bring the profession to look at the conditions and dangers of peritonitis and obstruction of the bowel in its proper light, and have all such conditions treated at an early period, there would be some chance for the patient to recover from the mischief already done by the disease, for intra-peritoneal inflammatory condi-
struction. In complete gangrene of the bowel tightly as possible, and the knot secured by ligation. This method also comes to our relief in obstruction of the gall-duct. In these cases we are compelled to make an artificial anus, which will relieve urgent symptoms of distention, while, at the same time, the rubber ligature recommended by Dr. McGraw passed through two or three inches below the artificial anus, through the upper and lower segments of intestine, including at least one and a half inches, and tied as tightly as possible, and the knot secured by ligature; then either a continuous or interrupted Lembert suture around this ligatured portion, and, by the time the ligature has cut its way through, the union will be complete, without any possibility of leakage and with but little delay or prolongation of the operation.

Complete exit will be given through the artificial anus to all distending gases and contents of the bowel until the artificial opening is complete (which is three or four days), when the artificial anus can be closed by silk-worm-gut sutures placed at the time of operation. This method also comes to our relief in obstruction of the gall-duct. In these cases the abdomen is opened, the gall-bladder emptied of its contents, the rubber ligature used to unite the intestine to the gall-bladder, the additional suturing of the peritoneal covering of the bowel and gall-bladder, so as to insure perfect union, and in three or four days the abdominal wound can be closed with silk-worm gut sutures; the fistulous opening between the gall-bladder and bowel—made by the rubber ligature—will prevent many of the annoyances and inconveniences of having a biliary fistula.

It will in many ways answer a better purpose than the Senn method, but in the vast majority of cases Dr. Senn's method of anastomosis is our only one to save life; we cannot wait two or three days for an opening to be made; therefore, of necessity, we must resort to the method of Senn.

I have used Dr. Senn's method three times, with two recoveries, and must say I have more admiration for him and his work than any intestinal surgeon in the world.

I have found, in using the Senn plate or the Abbe cat-gut ring for intestinal anastomosis, that one of the greatest difficulties to overcome was the passing of the silk ligatures through the intestine, there being four or six of them in each plate or ring. When they were threaded in the ordinary sewing needle they became entangled and greatly prolonged the operation, or, if they had to be threaded during the operation, it was the cause of considerable delay, and for a long time I have been trying to find a substitute that would answer the purpose without any of the objectionable delays. I have found the desired needle in the self-threading Supplee sewing-machine needle. In the use of this needle the operation is shortened at least four-fifths, all of the threads being passed rapidly and without delay.

The ring or plate placed in position, the operator holds the needle with the open face of the eye toward him, the assistant takes up the ligature, draws it taut at right angles to the needle over the eye, and it is at once threaded. The operator quickly passes it through the intestine, half an inch from its cut border, and the assistant withdraws the ligature from the eye. The same process is gone through with all the sutures, and it is done in a moment, without delay.

"Ashhurst tabulated 57 cases of laparotomy for acute intestinal obstruction from other causes than intussusception, from which it will be seen that only 18 terminated favorably. At that time the mortality of laparotomy in cases of intestinal obstruction other than intussusception was over 68 per cent. Most of these operations were performed without antisepsic precautions."—Senn, page 28.

I have had a greater number recover from this operation, and have operated for obstruction only 24 times, and always without antisepsic dangers; only clean Philadelphia water; 19 recovered.

Dr. Ward, of Topeka, Kansas, recommends a most ingenious method for finding the proximal and distal ends of the intestine. Pass the finger directly down to the attachment of the mesentery to the spine, and the position of the two ends will be immediately established, as the lower attachment of the mesentery must of necessity belong to the lower end of the bowel.

THE OPERATIVE TREATMENT OF APPENDICITIS.

BY THOMAS S. K. MORTON, M. D.,
Of Philadelphia, *

Since being requested by the directors a few days since to open the discussion of the Operative Treatment of Appendicitis, I have taken a glance through the literature of the subject in order to offer, as it were, a consensus of opinion regarding the present status of the subject, as well as to draw conclusions from such personal experience as has fallen to my lot in this direction. Now I find myself embarrassed by the necessity of limiting my remarks to the few moments which are at my disposal, and to crowd into them even bare mention of the most salient facts. Hence much must be entirely omitted and other points given scant attention.

The discussion being limited to operative treatment, pathology and diagnosis—perhaps the most interesting branches of the subject even to surgeons—are not to be touched upon except incidentally. But I cannot refrain in passing from saying that as the ratio of appendicular to caecal inflammatory affections is probably 100 to 1, hence that differential diagnosis in diseases of this region, which is usually impossible prior to surgical interference, is neither necessary nor important, as operative procedures up to the point of establishing diagnosis are identical for all affections of the caecal region. Again, I would condemn without qualification needle explorations as an aid to diagnosis. The procedure is inherently dangerous, and will furnish no indication that cannot otherwise be obtained.

The number of cases of appendicular disease discovered when we are upon the outlook for them is astonishing. A large proportion of peritonitis cases in males, and especially in children, arise from this disorder; and in all cases presenting abdominal pain, whether acute, chronic, or recurring, no matter where referred, we should think of and examine for possible appendicitis. I have come to be very skeptical of such conditions as are described as abdominal "cramps," "colic," etc., particularly when of frequent recurrence. Curious as it may appear, yet it is a fact that the great majority of the profession are only now beginning to recognize cases of appendicitis and its consequences as such. Formerly the affection was almost universally diagnosed as anything else except itself. But just in proportion as the disease continues to be more certainly recognized so surgeons are more early operating upon cases which demand interference, and, as a consequence, the mortality from the disease, as well as from the operation, is very rapidly on the decline.

Keen has said that "the first indication in appendicitis is to call a surgeon," that the physician, who almost invariably first sees the case, and, the surgeon may together watch the case, and if operation becomes necessary, interference may be prompt and well timed; while the surgeon will have the great advantage of being already familiar with the case and not disposed to delay the operation that he may acquire such familiarity. Again, Munter has well said that "we are utterly unable to judge correctly from symptoms alone of the extent and severity of appendix lesions, and for this reason alone abdominal section is and must be the safest method of treatment" in many cases.

When shall we operate? Judging from the...
cases that I have observed and from the writings of others, I would formulate as a good working rule: To operate not later than the third day of disease, if the patient up to that time has failed to markedly improve under rest, restricted diet, purgation, and topical applications. Especially should this rule be adhered to in cases where we have failed to move the bowels—these are apt to be the fatal ones. Further than this, we should invariably operate as soon as the presence of pus is assured; when peritonitis is developing or spreading; when signs of sudden rupture of an abscess into the peritoneal cavity appear; and when sepsicaemia from septic absorption is taking place. In children operation must often be performed earlier than in adults, as with them the malady is more speedy in development, more fatal in tendency, and shows a greater proclivity to involve the general peritoneum.

But let me emphasize the point that pain is not a reliable symptom (especially when opiates have been administered) from which to judge as to whether the patient is better or worse; most weight should be given to the strength, temperature, and condition of the bowels, stomach, and general abdomen.

Mr.Treves urges that operation shall not be done until the fifth, sixth, or later day. But from my reading and experience I think this is too late. And I argue, as few deaths occur before the fourth or sixth day. These cases, however, really begin to die the third, fourth, or fifth day, although death may not actually take place before the sixth or later day, when the possibility of benefit from operation has passed. If the case is progressing well and operation is being postponed it should be watched and observed frequently and most carefully. For we cannot predict at what moment an appendix abscess may perforate into the peritoneum or other dangerous complication arise that will instantly demand operation.

If the case is operated upon early the chances of recovery, as a rule, are exceedingly good. The mortality of appendicitis during the first forty-eight hours is almost nil, and the operative death-rate at that time is equally low. Later both rates increase, but the former much more rapidly than the latter. The patient, in this disease, is generally strong and well up to the moment of seizure, at which time the danger of operation is the least at the minimum. Such mortality as results in operations for appendicitis has been mainly incident to undue delay. When physicians and surgeons generally have learned definitely to recognize such cases as are operative at a time before the vital forces have been too much sapped or dangerous complications have arisen, then will the mortality rate of both disease and operation remain steadily at a low figure.

Then again the local conditions from an operative standpoint are much less serious in the early stages. We have at first simply a swollen appendix with infiltration and perhaps a few adhesions. We then do not have to deal with festid abscess, foul surroundings, and sloughing tissues which may have given rise to intestinal gangrene and other complications, as well as to the impossibility of securing primary union of the wound. Hernia is more common as a sequel in cases where the operation is performed late and where the surroundings are gangrenous, and we can only secure healing by secondary intent.

The cry of every writer is for earlier operations. I have found no surgeon who regrets having operated early, but almost all modern cases that were operated upon too late. No case appears where a mistake in diagnosis has been made, despite the awful array of affections which has been drawn up as liable to render uncertain the recognition of appendicitis. On the other hand, very many cases opened with the expectation of finding other disorders have proved to be appendicitis.

Who shall operate? The operation for appendicitis may prove to be the most easy; but it is never trivial, often trying, and sometimes even baffling the skill of the very best abdominal surgeons. Hence he who undertakes operation for the removal of the appendix for disease should be equal to dealing with any of the complications and emergencies of abdominal surgery. There is scarcely a complication which occurs in abdominal disease that may not be met with in operations upon the appendix. If a man knows only how to reach the appendix it is not enough; he must be able to deal with the attendant or emergency that may arise. Therefore he must have had training in general abdominal surgery.

How shall we operate? There are two classes of cases to be dealt with. One, the acute, where there is perhaps abscess, perforation, or general peritonitis; and, second, those where operation is undertaken in the interval between acute attacks as a prophylactic measure. The indications for the latter will be considered separately further on.

The preparations for the operation are usually of a hurried nature, on account of the active nature of the disease and the sudden determination that operation has become imperative. Previous purgation, if successful, will make the chances of recovery much more bright, no matter during what stage of the disease operation is performed. Cases where the bowels have been kept open from the outset of attack are always most favorable. Locally the abdomen should be cleansed, as for any other operation.

All writers now agree that the incision should be lateral. Median incision is only permissible when diagnosis from other abdominal disease is not clearly made out, as where we have had suddenly developed violent peritonitis arise without obvious cause. Even should the median incision have been made and the affection prove to be appendicitis, especially if septic, a lateral incision, should still be resorted to, for it is exceedingly difficult and dangerous to drain septic appendicitis cases through a median incision, and often it is impossible to deal with complications, or with the appendix itself, except by the more direct route. I am of the opinion that almost any complication arising from appendix or caecal disease can best be dealt with through the lateral incision. No writer has regretted making the lateral incision, although many have regretted entering through the linea alba.

The incision should be about three or four inches in length and terminate one inch and a half above Poupart's ligament. It should be carried down to its full extent through the right line semilunaris until the peritoneum is reached, avoiding, if possible, the epigastric artery, which normally would be situated to the inner side of the lower extremity of the wound. I have seen serious secondary hemmorhage from division of this artery. Having reached the peritoneum, if one does not at once get into an abscess cavity we must exercise great caution not to open the gut by mistake. Sometimes adhesions will be found binding intestine to the peritoneum in the line of incision, and in these cases it is well to go at once to the lower or upper extremity of the wound, get into the general peritoneal cavity, and work upward or downward, as the case may be, to the cecum, when all adhesions can be separated by the finger or knife, and the peritoneum opened to the full extent of the external incision. Of course, the incision should be increased in size if there is any difficulty in getting into the peritoneal cavity, or subsequently if difficulty arises in any manipulation from lack of working room. But as a rule the smaller the incision the better, because of the less risk of subsequent hernia.

The head of the colon is then sought out. If now it is found difficult to determine the site of the appendix, the longitudinal muscular bands of the colon may be followed down to their termination in the root of the appendix. Then by careful manipulation one can usually trace the appendix, even through a mass of dense adhesions, and dissect it out. As a rule, in acute cases the organ will be found more or less free in the cavity of an abscess with its tip perhaps adherent to omentum or bowel. The appendix is to be dissected out with the finger, and often we do not see it until it is brought out of the wound ready to be ligated off. This manipulation closely corresponds to the modern one of removing the uterine appendages.

Now, what shall be done if the appendix is found to be bound down by a dense mass of adhesions, and if it would take a long dissection and endanger life from the time required
to complete the operation? Under these circumstances I would advise that the appendix be left alone rather than run any great risk of the patient's life to complete an ideal operation. We are often compelled to operate to save life, and that alone, even if we do run the risk (as of leaving the appendix) of recurrence. I do not regard the operation as complete in any case unless the appendix is removed, and we should never hesitate to dissect out or remove the organ simply for fear of opening up the general peritoneal cavity.

Cases of recurrence with great violence of symptoms are upon record where operation had been performed and the appendix not removed. Here, again, we have a parallel with the removal of the uterine appendages. Who considers that he has done a complete operation when he simply drains a pyosalpinx? yet there is a small (but constantly decreasing) proportion of these cases that must be so treated rather than endanger life by prolonging operation, shock, and anaesthesia.

If the appendix can be excised, the question arises as to how we shall deal with it after separating all adhesions. In septic cases it will be found usually impossible to investigate the stump, after cutting away the appendix, into the cavity of the cecum and approximate peritoneum, too often with fatal results. Where we operate between attacks the appendix, as a rule, can be dealt with in this manner and the investigated stump retained by a few Lembert sutures approximating the surfaces of the cecum over the aperture. When, however, the organ and its surroundings are swollen and gangrenous the conditions are such that it is generally impossible to investigate the stump. It has seemed quite sufficient in these septic cases to ligate the appendix a quarter of an inch from its root with strong silk, and then cut off both the appendix and the ligature ends. But ligatures will neither become absorbed nor encapsulated where septic conditions are present, and I have seen the threads coming out of the wound months afterward from a persisting sinus or by ulceration. So it occurred to me that we might resort to the old surgical procedure of leaving one end of the ligature hang out of the wound. That experiment I am now trying in a recent case. Chronic ligature sinuses assist in the production of hernia by interfering with solid union.

Frequently the appendix will be found with a meso-appendix. This should be ligated en masse or in sections and cut away from the appendix. Then the appendix is ligated at its base and removed. Removal of the appendix is almost universally recommended, but Mr. Treves has simply straightened an appendix which he found angulated by adhesions and left it in the wound. Mr. Tait has practiced in more than one case splitting open the appendix and inserting a fine drain tube into it. From these instances it will be seen that there exists in some minds an almost superstitious fear of removing the appendix. Certainly no sentiment can exist concerning the ablation of the appendix alone as there is in regard to the ovaries and Fallopian tubes. Having the appendix once in hand, it does not add to the dangers of the operation in the least degree to remove it, while recurrence of the disease is thereby rendered impossible.

Occasionally the appendix is found to have sloughed off at its root, leaving a ragged raw opening into the cecum. Where the edges of the opening thus left have been inverted and closed successfully by Lembert sutures. In others the wound was left entirely open and packed with gauze; an intestinal fistula or artificial anus formed, but in time closed spontaneously. Yet another required a subsequent operation and Lembert sutures before it was cured.

Some surgeons recommend that in septic cases a little flap of peritoneum be sewed across the stump, or that it be tuck under a bit of omentum. I can see no advantage in this. It prolongs the operation and does no good, while by so doing we risk the formation of a secondary abscess pocket. Very many appendix stumps have been simply dropped into the wound again after ligation; fecal fistula did not form and the wound closed satisfactorily.

Any portions of gangrenous omentum presenting in the wound should also be ligated beyond the junction with healthy tissues and cut off.

Any small openings into the peritoneal cavity may next be sewed up carefully if the general peritoneum does not require drainage.

Then in regard to irrigation. If the general peritoneal cavity has been opened extensively, or if it is septic, it should be thoroughly washed out through the lateral incision. If it has not been involved the abscess cavity and wound alone should be irrigated. Under the latter circumstances we may employ a strong bichloride solution, but if the peritoneum is to be flushed nothing but water should be used.

If the general peritoneum has been septic or extensively opened or manipulated it is essential to use drain tubes to the base of the pelvis. The ordinary straight glass-tubes do not answer well, and rubber is not satisfactory. Here I have a collection of angulated and curved glass tubes, most of which have been used with great satisfaction in appendix cases. The angle makes it possible to get the tube to fit well over the brim of the pelvis, yet not to project awkwardly from the lateral wound. By乡村ing a few inches of rubber tubing to the end of the ordinary cleansing syringe the bent tube can readily be cleaned.

The suturing of the wound is especially important if the case is not a septic one. Then the tissues should be sutured, layer by layer; this gives the best assurance of firm primary union and the avoidance of hernia. If, however, the wound is septic and drainage or packing is employed secondary union is inevitable. But I would still urge that the wound be as carefully sutured as possible in all cases, leaving ample room for exit of the drain-tube or packing. And I might say, in passing, that simple packing with strips of double cyanide or iodoform gauze will be found to answer all purposes of drainage in cases where the general peritoneum does not also require drainage.

Some surgeons advise using no stitches in septic cases, but simply packing of the entire wound with gauze. But by suturing we can usually secure primary union in a portion of even a foul wound, and temporary stitching has appeared to give a certain anchorage and support to the subjacent intestines, which, when the sutures are removed, is more or less retained. The stitches, of course, are to be removed, one or more at a time, when swelling, infiltration, tension, or deficient drainage becomes apparent. Strips of adhesive plaster should be employed to give the wound support and approximation during granulation.

Complications, such as gangrene of intestine or mesentery, must be dealt with upon general principles of abdominal surgery. If intestinal obstruction complicates the case, the site of obstruction should be ascertained, and the condition relieved, if possible, before closing the wound. Cases in which obstinate constipation has existed up to the time of operation should be examined during its performance for possible obstruction.

Should peritonitis develop subsequent to operation, and not speedily yield to active purgation, the wound must be reopened and the abdominal cavity irrigated thoroughly and drained. Continued obstruction could probably be best dealt with through a new incision in the pelvis rather than through the original wound.

As soon as the patient comes out of ether, if the bowels have not been well emptied before operation it is my custom to at once begin the administration of one-eighth grain doses each of calomel and podophyllin, at twenty minute intervals, until purgation is accomplished. This usually takes but a very few hours. Later salines may be employed if required.

Full strength peroxide of hydrogen solution has given me great satisfaction for cleansing and washing the wound-cavity when suppuration commences and sloughs are forming—it greatly facilitates the separation of the latter.

Persisting fecal fistula usually close spontaneously in time. Should they not, then reopening of the parts several months later and suturing of the cecal or other opening
TREATMENT OF THE CARDIAC COMPLICATIONS OF DIPHTHERIA.

BY WILLIAM C. DABNEY, M. D.,
Of Charlottesville, Va.*

In view of the gravity of the cardiac complications, prophylaxis is of the utmost importance, but, unfortunately, it is often of no avail.

Absolute quiet—confined to bed and the avoidance of all excitement—is of the first importance even in mild cases, both as a prophylactic and remedial measure.

It is impossible to tell the effect of any other prophylactic measures which may be used, because this form of heart failure is of rare occurrence, at any rate.

The remedial treatment has been entirely unsatisfactory in those cases where the pulse becomes slow. Strophanthidin, atropia, brandy, ammonia, ether, and the other cardiac stimulants and tonics I have tried without the slightest benefit that I could perceive. Recovery would sometimes occur under any treatment, in the milder cases, and death invariably occurred in spite of all treatment in the severer ones.

The treatment of the disease—not the cardiac complications especially—which has seemed to me to give the best results has been the free use of brandy, muriated tincture of brandy and nitric acid. The pharynx is thoroughly sprayed every hour or two with a solution of menthol and boric acid in alcohol and water, and then the patient is given the muriated tincture of iron and corrosive sublimate in glycerin. A glycerin solution is used in order that it may stick to the pharynx as it passes over it, and the patient is not allowed to take any food or water for half an hour afterwards, lest the antiseptic substance be removed from the throat.

The solution of menthol and boric acid not only cleanses the fauces and pharynx, but the menthol lessens the sensibility so that the burning effect of the iron and bichloride solution is, in great measure, prevented.

Cocaine would, of course, diminish the sensibility still more, but I have always been afraid of some untoward result from its use in these cases, and the menthol answers every purpose.

THE RECENT TREATMENT OF PULMONARY TUBERCULOSIS.*

In pulmonary tuberculosis the truth of the adage, "An ounce of prevention is worth a pound of cure," is well exemplified, for prophylaxis is an essential part of treatment. The researches of Dr. Cornet, under the auspices of Koch, showed how the bacillus tuberculosis grows and increases in our houses and surroundings. He found it on the walls, the floor, and in the air of rooms inhabited by consumptives. Even subsequent to the removal of the patient it is possible after a lapse of weeks, if the rooms have not been thoroughly disinfected, to obtain cultures of the organisms from the walls, carpets, and bedding. The practical deduction to be drawn from these investigations is that prophylaxis must consist in public and private hygiene. Isolation of all tuberculous patients must, if possible, be carried out, and sterilization of the sputum is absolutely necessary in all cases. The patients must expectorate into vessels containing some germicide, and numerous disinfecting spitoons for this purpose can be obtained at almost any drug store. Disinfection of infected rooms and objects used by the patients is also necessary.

It must not be forgotten that tuberculosis may attack the system by way of the digestive apparatus. Milk and meat from infected animals furnish undoubted cases of tuberculosis in the human subject. Hirschberger's experiments show that tuberculosis cows produce, in 55 per cent. of cases, infectious milk. The investigations of Gebhardt show that tuberculous milk loses its virulence at a certain dilution, and milk served by large dairies is always to be preferred to the continued use of milk from the same cow. Even the derivations of milk are not without danger. Gasparini inoculated guinea pigs with butter containing the bacilli of tuberculosis, and verified tuberculous lesions in almost all cases. The flesh of tuberculous animals is less infectious, unless nodules of tuberculosis are found in the meat, which is rarely the case. Schottelius conducted a series of experiments with tuberculous lungs interred in a wooden box at a depth of five feet, the usual mode of sepulture of bodies. Two years and a half after he removed the earth a quantity of tubercle bacilli, for the most part spore-producing. From this material pure cultures were obtained, which further positive results in 80 per cent. of his inoculation experiments. As a practical outcome of these investigations, disinfection of the bodies of persons dying from consumption must be considered a necessity.

The treatment of pulmonary tuberculosis constitutes one of the most important subjects of modern medicine. It is well known that from ½ to ¼ of the human race die of tuberculosis, and, when chronic diseases alone are included, ¼ of all deaths can be referred to this affection. Since the discovery of the bacillus tuberculosis, activity has been directed toward a destruction of these germs within the body. The various agents employed demonstrate their inability to reach the actual site of the bacilli, and that, in order to prove effectual, they must be used in such quantities as would prove destructive to the organism. Among the recent remedies, cresate, in certain forms and stages of the disease is of great value, and, when aided by favorable dietetic and hygienic conditions, is not only capable of limiting the tuberculous process, but of curing it. In the advanced stage of the disease it is without value and likely to do harm. Cresate must be used in large doses in order to do good, and any improvement is an index for its continuation.

The inhalation of hot air as a method of treatment has deservedly fallen into disuse. Proceeding from the fact that the tubercle bacilli
thrive best at a temperature of 38° C., it was aimed to introduce into the lungs air at a high temperature. Aside from the clinical proofs of the inefficacy of the hot air treatment, we have the experiments of Heidenhain and Cohnheim, which showed that heated or cold air introduced into the lungs by a tracheal fistula will alter the temperature in the trachea only to the extent of 1°, of a degree, provided the heated air be dry; heated moist air was invariably followed by pneumonia. Koch's remedy, tuberculin, has proved not only useless but positively dangerous in the treatment of tuberculosis.

The value of climate in the treatment of this disease is paramount; and climate implies an abundant supply of pure air. The exemption from tuberculosis in certain regions must be ascribed to atmospheric purity, irrespective of geographical situation. An out-door life in air that is free from dust and other impurities furnishes at the present time the most brilliant results in the treatment of pulmonary tuberculosis. This mode of life can be carried out in the many sanatoria throughout the world for the exclusive treatment of tuberculosis. The first sanitarium of this kind was at Goerbersdorf, Germany, established by Dr. H. Brehmer. This place affords relief to about 600 patients yearly. The chief aim is to place the patient in an atmosphere which is free from the germs of tuberculosis; and secondly, to fortify and strengthen the system to the point of at least 1° of Centigrade, in the two first stages. In the second stage more vigorous treatment, enveloping the body in flannels, heat to the extremities, local frictions and local anesthesia by rhigolene, benzole, and ether sprays was as disappointing, practically speaking, in those days as in this. More so, perhaps. From want of time, ether or chloroform inhalation was out of the question, and from the addition of a curved rectal canula. An ordinary fountain syringe, such as is used for rinsing the nose, I introduce it as far as possible into the tube, I introduce it as far as possible into the lungs, and I generally employ a Debove catheter. The results from these methods are satisfactory. The means of which I avail myself are these: First, certain local means; second, antisepsic and purgative medications, introduced by the mouth; third, a vegetarian diet.

Dr. Cantini, of Naples, who originated the treatment, recommends the following solution:

\[ \text{B.} \]

\[ \text{Tannin,} \quad 2 \text{litres} \]

\[ \text{Laudanum,} \quad 5 \text{to} 10 \text{grm.} \]

\[ \text{B.} \]

The best time for it is after an evacuation, and it may be repeated in a few hours if necessary. He has had most surprising results from it in the first and second stages. In the later stages Prof. Cantini depends chiefly on hypodermic injections of a warm solution of chloride and carbonate of sodium, eighty grammes of the former and six and the latter to two litres of boiled water. It is injected by means of a fountain syringe with an elastic tube and a fine-pointed metallic cannula with a stop-cock. It is allowed to flow in by gravity until the whole amount is injected. The current should be interrupted at intervals and care taken that no air enters. The region preferred is either the mammary or the ileo-costal. The warm bath in conjunction with the hypodermoclysis appears to exercise a powerful influence on the absorption.

Prof. Cantini's summary is laudanum, tannic acid, enteroclysis, warm baths and hypodermoclysis, and he believes that recovery will ensue in nearly every case except those who are well on to the stage of collapse when first seen.

**THE TREATMENT OF CHOLERA.**

Dr. E. O. Shakespeare in his interesting "Report on Cholera in Europe and India," just published by the U. S. Government, thus summarizes the treatment:—

In the stage of premonitory diarrhea, absolute rest in bed, warm clothing, abstention from food, appropriate doses of laudanum, and some form of camphor, preferably chlorodyne and salicylate or tannate of bismuth. In the second stage more vigorous treatment, enveloping the body in flannel, heat to the extremities, local frictions for cramps, carbolic and salicylic ointment, warm baths and the enteroclysis or the injection into the colon of large quantities—one or two quarts—of warm water, holding in solution a certain per cent. of tannin.

Dr. Cantini, of Naples, who originated the treatment, recommends the following solution:

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**THE INUTILITY OF CAUTERIZING VENEREAL SORES.**

**BY JAMES M. GASSOWAY, M. D., Of the Marine Hospital Service.**

Some years ago I had charge of the venereal ward of one of the largest marine hospitals on the Atlantic coast. The number of venereal cases, while by no means so large as commonly supposed, yet were sufficiently numerous to occupy much time and considerable attention. The sores presented were of all ages, and, I believe, of every possible size. Cocaine had not then come into general use; indeed, it was practically unknown; and local anesthesia by rhigolene, benzole, and ether sprays was as disappointing, practically speaking, in those days as in this. More so, perhaps. From want of time, ether or chloroform inhalation was out of the question, and I manipulate this siphon just as I do when I wash out the stomach. After having greased the tube, I introduce it as far as possible into the rectum, with the patient in a horizontal position; and, having filled the funnel with a quart or more of the solution, elevate it, and allow the contents to flow into the intestine. An ordinary fountain syringe, such as is used for vaginal injections, answers very well, with the addition of a curved rectal canula.

The means of which I avail myself are these: First, certain local means; second, antisepsic and purgative medications, introduced by the mouth; third, a vegetarian diet.

Under the first head, I counsel rectal irrigations. I make use of Cantant's enteroclyster, and I generally employ a Debove catheter. The best time for it is after an evacuation, and it may be repeated in a few hours if necessary. He has had most surprising results from it in the first and second stages. In the later stages Prof. Cantini depends chiefly on hypodermic injections of a warm solution of chloride and carbonate of sodium, eighty grammes of the former and six and the latter to two litres of boiled water. It is injected by means of a fountain syringe with an elastic tube and a fine-pointed metallic cannula with a stop-cock. It is allowed to flow in by gravity until the whole amount is injected. The current should be interrupted at intervals and care taken that no air enters. The region preferred is either the mammary or the ileo-costal. The warm bath in conjunction with the hypodermoclysis appears to exercise a powerful influence on the absorption.

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**THE TREATMENT OF CHRONIC AFFECTIONS OF THE LARGE INTESTINE.**

**BY PROF. DUJARDIN-BEAUMETZ, M. D., Of Paris, France.**

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so. At the same time, whenever the cancer salol may be increased to three or four septic doses, and ordinarily I employ the following rhceal discharge. The preparations which I ordinarily use are the purgative mineral water, Bicarbonate of sodium, at 10 grammes (150 grs.). M. Divide into thirty powders.

Sto. One powder before breakfast and dinner.

The proportion of these ingredients may be varied ad libitum. Thus the quantity of salol may be increased to three or four grammes a day.

I insist, moreover, in keeping up free action of the bowels, and this is, doubtless, the difficult part, for, despite all the care you may take, there is always tendency to loading of the intestines, and every four or five days the patients will have colics and a profuse diarrhoeal discharge. The preparations which I ordinarily use are the purgative mineral waters, the laxative powders, or escarca sagrada or cascarine. The laxative should be such as is best tolerated by the stomach. It is necessary that the patient should have one stool at least every day.

Lastly, as auxiliary and complementary to this treatment, I order a vegetable diet. I need say but little as to the details of this dietetic regimen, of which I have several times spoken at these conferences. Patients should be nourished exclusively on milk, eggs, cereals, fresh vegetables, and fruits; this is the regimen which reduces to the minimum the alimentary toxins. Such are the great lines of treatment which I have adopted in cases of cancer of the rectum. Can we expect to benefit all cases as much as those which have been the subject of my recent observations? I do not think so. At the same time, whenever the cancer does not cause very much intestinal constiction, and it is possible to obtain a sufficient clearance of the bowel, I believe that we can obtain quite satisfactory results from the means which I have indicated.

But this same method of treatment is just as applicable to other affections besides cancer of the rectum, and I have had good success in the treatment of chronic inflammations of the large intestines, and in particular in glairy and pseudo-membranous colitis.

We know how frequent this glairy colitis occurs in certain patients, and particularly in females. I may here mention that I often replace my naphthol lavements by lavements of tincture of iodine, in the proportion of 10 grammes of the tincture to a quart of water. I continue, at the same time, my powders of salol, my laxatives, if the patient is constipated, and the vegetable diet.

**STITES'S TEST FOR CARCINOMA.**

*By John H. Brinton, M. D.*

Professor of the Practice of Surgery and of Clinical Surgery in the Jefferson Medical College of Philadelphia.

On October 17, at the surgical clinic, I removed for atrophic saccus the right breast of a female, aged sixty-one. In the presence of the class the tumor was immediately subjected by Dr. W. M. L. Coplin to the test of Mr. H. J. Stites, of Edinburgh. The method of examination was that furnished me by Professor Chiene, of Edinburgh, which I give in his own words:

1. Excise the mamma.
2. Wash thoroughly in water to remove additional tissue.
3. Place in a 5 per cent. solution of nitric acid (B. P.) for ten minutes.
4. Wash in cold water for five minutes.

By the time these procedures are executed the axilla is cleaned out and the vessels tied. The mamma is now examined; the carcinomatous structure appears a dull white, like the eye of a boiled fish, the healthy tissue translucent. When any such reaction is seen additional tissue should be removed at the corresponding point.

In removing the carcinomatous breast, Professor Chiene directs that its relations to the circumferential tissues should be marked by the knife, so that after the test has been applied to the mass excised the situation of any outlying, unremoved diseased areas can be fixed.

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**THE APPLICATION OF MEDICATIONS INSIDE OF THE UTERUS.**

At the October meeting of the Philadelphia County Medical Society Dr. C. P. Noble made the following remarks bearing on the general subject of such applications: "My own experience has led me to the conclusion to which the attention of the profession was called by Dr. Emmet, that applications inside of the uterus are very seldom indicated and that their field of usefulness is extremely restricted. I think that Dr. Emmet and his collaborators have shown that the majority of cases of discharge from the uterus are not caused by inflammatory trouble inside of the uterus, but by disease outside that organ, and, therefore, it is illogical to make applications to the interior of the uterus in the class of cases under consideration. Treatment of the causative lesions in these cases is much more satisfactory, less painful, and free from certain dangers which attach to applications to the endometrium—including uterine colic and salpingo-peritonitis. I am, however, quite satisfied that there are cases in which it is proper to make applications inside of the uterus, as, for instance, cases of purulent endometritis, due to gonorrhoea, for example. In fungous endometritis, where the condition is not sufficiently marked to require the curette, applications to the endometrium are useful and will often effect a cure. In the condition formerly called endometritis, the evidence of which was uterine discharge, I take it that treatment of the endometrium is not indicated and is harmful rather than beneficial."

**THE TREATMENT OF URÆMIC COMA AND CONVULSIONS.**

Dr. John Ferguson, Demonstrator of Anatomy in Toronto Medical College, has a paper in a recent issue of The Therapeutic Gazette, concluding with the following summary:

1. In cases of albuminuria of moderate amount, give the saturated solution of magnesium sulphate.
2. If the case be more acute and urgent, put the patient in bed, with the head elevated.
3. If there be severe headache, any muscular twitches, or tendency to coma, give at once a dose of calomel, croton oil, and nitrate of potassium, and then maintain the action of the bowels by means of the salts.
4. Induce free perspiration by extra clothing, warm packs, hot drinks, and salicylates.
5. Allow no animal food but milk, and give liquids very freely.
6. If there be any convulsions, at once give a hypodermic injection of morphia, and follow it by the pilocarpine, if in the meantime sufficiently free diaphoresis has not been obtained.
7. In the case of pregnancy, if labor has not set in, and it is thought necessary to induce it prematurely, by all means push the above treatment vigorously, and try to obtain some considerable improvement in the patient's condition, especially in the kidneys, before the labor is induced. In some cases, by the above treatment, the kidneys speedily regain their proper functions, and it becomes unnecessary to interfere forcibly with the course of gestation. Should such a recourse
be ultimately unavoidable, the patient is in a better condition to stand the additional strain. 8. In all cases of albuminuria, and especially in those of pregnancy, there is a deficient action of the skin, as well as a marked reduction in the quantity of urine passed per diem. To get the skin to act freely almost invariably increases the flow of urine. To remove the hard, tense pulse, cause free perspiration, dissolve out of the system the excess of uric acid in it, due to the small urine flow, I would strongly advise the use of salicylate of potassium or sodium. A good deal has been said about these drugs irritating the kidneys. This, I think, is sometimes skin to the fear that too many have towards a quieting dose of opium in the sleeplessness often found in cases of albuminuria. The salicylates, I contend, neutralize the uric acid, soften the pulse, permit, if they do not cause, free sweating, and carry from the blood a factor of great disturbance,—uric acid. It is not necessary to continue their use long; a few days at most will suffice, when the case may usually be safely left to the Epsom salts. With reference to opium, I have noticed the very hard, tense pulse of uremic convulsions, where I have had an opportunity of examining the urine, there was an excess of uric acid in the urine, and consequently an excess in the blood. The importance of this is very great, as uric acid in the blood in excess tends to cause convulsions.

Class-Room Notes.

—While in Germany last summer Prof. Parvin secured a large number of female sexual organs for use with the Schultz Obstetric Model in the obstetrical laboratory. The members of the third-year class will by this means have a better opportunity to learn how to perform the various gynecological operations during the coming winter. This method of teaching was originated by Prof. Winkelch of Munich.

—Prof. DaCosta says that salicylate of sodium, in doses of fifteen grains three times a day, will markedly control the formation of sugar in Diabetes Mellitus.

—Prof. Keen advises the prompt application of hot water to the head to stimulate the patient in case of Heart Failure through loss of blood and shock during operations on the brain.

—Prof. Parvin advocates the use of the ordinary Male Catheter, instead of the female, as by its greater length the bladder can be emptied without soiling the clothes or necessitating any exposure of the patient. It is passed into the bladder just as easily as the other kind.

—Prof. Brinton says that when an Esmarch's Bandage has been applied and the muscles of the limb are thus bound down very tightly, the operator should be very careful about bending the limb, as there is great danger of tearing the muscles.

—In the treatment of Gonorrhea, Dr. W. M. L. Coplin, Demonstrator of Pathology at Jefferson Medical College, recommended the following as an injection:—

R. Zinc sulph., gr. ij. Plumbi acetat., gr. iv. Tinct. opii, q. s. ad f 3 j. M.

—For a case of Diabetes Insipidus Prof. DaCosta prescribed the following to stop the large flow of urine:—

R. Antipyrine, gr. v. Quinina sulph., gr. ij. M.

To be given twice a day, and if this does not act satisfactorily, increased to three times a day.

—Prof. Keen thinks that since quinine has become so cheap, the American people are fast becoming a nation of Quinine eaters, and that they are thus doing themselves a great deal of harm.

—For Rheumatic Endocarditis, in a boy ten years of age, Prof. DaCosta prescribed the following:—

R. Tinct. strophiant, gr. mj. Tinct. cardamom, comp., f 3 j. M.

Sig.—Three times daily.

—Prof. Cohen considers Aristol the preferable preparation for Insufflation after operations on the throat and nose, and that it is much better to tampon the nose to prevent secondary hemorrhage, than to use perchloride of iron after operations on the nasal cavities.

—Prof. Keen says that in Fevers the great necessity is to keep the skin clean, and in all cases of fever under his care he directs that the patient be given daily a sponge bath of alcohol and warm water (one-third alcohol to two-thirds water), this keeping the skin clean and being pleasant and agreeable to the patient.

—In Operations in the vicinity of the Ear Prof. Brinton advises that a small plug of cotton should always be placed in the meatus, and thus prevent any blood from entering the auditory canal, as in the event of blood getting in and becoming coagulated inside it is very difficult to remove it.

—Prof. Keen says that the best treatment of Peritonitis is by the administration of large doses of saline cathartics (sulphate of magnesia, 3 j, every two hours until the bowels have been opened eight or ten times).

—For Eczematous Eruptions Dr. J. P. Mann, Chief of Orthopedic Clinic, recommended the following as being an excellent local application:—

R. Aristol, 3 j. Lanolin, 3 j. M.

—For Dryness of the Mouth and sordes on the tongue and lips Prof. Hare recommended the following:—

R. Glycerin., Aquæ., f 3 j. M. Add lemon juice to flavor.

Sig.—Kinses the mouth.

—For a case of Tinea Versicolor, Dr. Henry W. Stelwagorn prescribed the following:—

The parts affected were to be washed thoroughly with soap and water, after which apply locally:—

R. Soda hyposulphite, 3 j. Aquæ., ad f 3 j. M.

He considers that in this disease sodium hyposulphite is the most valuable remedy.

—For Rheumatoid Arthritis, in a woman aged forty-five years, Prof. DaCosta prescribed the following treatment:—

R. Ammonii iodidi, gr. ij. Aqua, ad f 3 j. M.

Sig.—Three times daily, with massage of the joints affected.

—Prof. Hare gave the following formula for a Purgative Pill which is very efficient:—


—Prof. Brinton believes that after removal of the breast for Scurvy it is much better to squeeze out the glands from the axilla with the fingers than to cut them out, as by using the fingers there is greater certainty of getting them all out, and also there is very much less bleeding from them.

—Prof. Cohen, for a case of Tuberculous Laryngitis, with ulceration of the vocal cords causing aphonia, directed the topical application, as far as possible to the parts affected, of lactic acid, beginning with a 20 per cent. solution and increased to 50 per cent., then to 80 per cent., and finally to the full strength. He stated that excellent results usually follow this treatment.

—For Chronic Gastric Catarrh, in a man who had used alcoholic stimulants to excess, Prof. DaCosta directed that he must not drink alcoholic liquors, his diet to be milk combined with lime water (lime water f 3 j to milk f 3 j), with under-done meat and soft-boiled eggs, no starchy vegetables. He may have a small amount of stale bread; may have a cup of tea or coffee in the morning, but without sugar. Let him drink plenty of water to get rid of the glairy mucus.

The stomach to be washed out before meals with the stomach tube, and internally the following:—

R. Argentii oxidii, gr. ½ f 3 j. Extract. belladonnae, gr. ½. M. Sig.—Three times daily.

Also an alkaline laxative three times a week.
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—Prof. J. Solis Cohen has had good results in treating Chronic Diarrhoea by the use of cresote, and he also recommends its use in the treatment of Phthisis. The mode of administration is to commence by giving gtt. j three times a day and gradually increase the dose. It is best given in milk.

In the clinic on Sept. 24th, Dr. Fred. P. Henry brought before the class a young man suffering with this disease, who had been treated in the out-patient department of the hospital during the summer by the administration of cresote, and who has shown remarkable improvement by its use. There has been considerable increase in weight and improvement in his appetite. He has less cough and feels much stronger.

By the courtesy of Dr. Edwin E. Graham, chief of the Out-patient Department, who instituted the treatment in the department about six months ago, the history of the case is given below:

H. W—, a young man 19 years of age. A year ago had haemoptysis, about a teaspoonful, since which he lost twenty pounds in weight. Strength diminished; had constant cough with slight expectoration and night sweats occasionally. Also had haemoptysis four weeks previous to coming to the Hospital. Resonance impaired at the apices of the lungs; commenced breathing; prolonged expiration at left apex; no rales.

Treatment was begun by giving cresote, gtt. j three times a day, and the dose was gradually increased.

When shown to the class he was taking forty-three drops, and on Oct. 10th the amount had been increased to fifty drops three times a day without his showing any derangement of digestion. His weight on July 2d was 128 pounds, on August 6th, 139 pounds, and on September 23d, 140 pounds, which shows the gradual increase.

Dr. Graham stated that at the present time there were about twenty cases in the out-patient department that were taking over twenty drops of cresote three times a day with marked improvement in nearly all, varying in proportion to the stage of the disease at which the treatment was commenced.

—Two very interesting cases were shown in the Jefferson clinic on Oct. 19th, a middle-aged woman and her daughter, a girl 15 years of age. The girl had Exophthalmic Goitre, and the mother purely the Goitre. There was a family history of the disease; the mother's sister, mother, and her maternal grandmother and maternal aunt had all had goitre.

In the case of the mother the thyroid glands have been much enlarged for the past twenty years, the enlargement being first noticed shortly after the birth of her first child. There were no other symptoms, neither her eyes nor her heart being affected. In the daughter the disease had developed in the past nine months. The thyroid glands were very much enlarged and her eyes and heart were also very much affected. Another feature of the case was that the girl had never menstruated. —

Prof. DaCosta prescribed the following treatment:

For the mother:—

B: Tinct. iodinii, Lanoline, Cosmoline, gtt. j 3 times daily.

To be applied locally and well rubbed in. Also internally Lugol's solution of iodine, gtt. 1, three times a day.

For the daughter, to bring on menstruation, half a grain of potassium permanganate, in pills, three times a day for a month; and to quiet the heart:

B: Tinct. strophantii, Sodii bromidi, gr. x

To be taken q. s. 30 min. to bed at night.

The patients were also directed to rest as much as possible.

—In the clinic Prof. DaCosta, for Malarial Hematuria in a girl nineteen years of age, prescribed the following treatment:

To control the hemorrhage, acid sulphuric, dilut., gtt. v three times daily.

Also give her for the first two days, quinine sulph., gr. xx daily, and afterwards keep on continuous treatment of quinine sulph., gr. xv daily.

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HOME LIFE AND THE HEALTH OF YOUNG GIRLS.

Our readers will certainly give us deserved credit for our ever-recurring—and ever-recurring because ever-seasonable—advocacy of measures looking to the improvement and maintenance of the health of the young people of this country. We have, in a very recent issue, alluded to several important matters affecting them in their daily school life, when they pass for a few hours from the home care and supervision of those who are most intimately and sincerely interested in their physical welfare. We gladly supplement that earnest expression of our editorial and personal sympathy in the cause of hygiene of the young by adding at this time our approval of the views recently published in the columns of an esteemed contemporary,* non-medical in their aims but, in sound principles, strictly in the line of the best professional teaching; on important routine matters which affect the health of school children for several hours before they leave home for their daily scholastic duties. Referring to the sleep-life of young people, it states that too frequently the pallid child who complains, even on waking in the morning, of being tired—tired as when she went to bed—has shared the bed of some much older person: grandmother or aunt or mother. The narrow things of home do not allow separate bed-rooms, it may be; but it would seem as if separate beds might always be managed, even if at the sacrifice of the symmetry of the arrangement of furniture and the picturesque-ness of the room. If they cannot be managed otherwise, it would be better for the young girl to have her bed freshly made every night on a lounge, or on any of the multitudinous contrivances that nowadays disguise a bed in the shape of desk or wardrobe or bookcase.

Why it should be necessary, or what is the hidden reason of the trouble, is not easy to say, even if it is possible; but the fact remains that, without any observable benefit to the elder person, the child sleeping in the same bed seems to lose strength and vitality, appetite, roundness and rosiness, and to wither away, till one remembers the old stories of spells and incantations where the victim withers as the candle burns, or the waxen image shrinks in the heat, till nothing is left of either. Give the young girl her separate bed, her early and her quiet sleep in a darkened and cool but not cold room, her gradual awaking only at the hour when nature awakes her, and her quick bath and brisk rubbing, and it will be a singular thing if she does not lose her pasty pallor and her languid sensations, and become round and blooming and full of energy.

With this done, probably the rest will arrange itself; that is to say, she will have an appetite for her breakfast, a normal appetite for normal things, and not for pie only, and for nothing else but sweets, if indeed even for them. This matter of a nourishing and easily assimilated breakfast is one of great
importance as the other. The girl who rises too tired to eat her breakfast, or so late that she must snatch a morsel and run for school, goes without the fit amount of nourishment, and is impoverished in blood and muscle and growth, and often in mental strength to a corresponding extent; there is no blood to color the cheek or give sparkle to the eye, or strength to the limbs, or energy to the heart; there is no force to do the necessary work; the child is deprived of her natural share of life, and, if she lives at all, never reaches her full stature, either physically or intellectually.

Whoever it is that has charge of the child's health should make it one of the first duties, at any inconvenience whatever, to see that the child has a breakfast which is relished, and of which she will eat well and heartily. If it cannot be done without rising early, without overseeing the servant, without doing the work one's self, a servant being lacking, then one must rise and do it; for having the child to care for, duties are owed to her, superior, we might almost say, to the duty owed one's self; and whoever it is that has charge of the child's health should make it one of the first duties, at any inconvenience whatever, to see that the child has a breakfast which is relished, and of which she will eat well and heartily.

SURGERY OF THE ABDOMEN.

Operative surgery of the present day is especially interesting in its direct application to the brain and to the abdomen, in both regions developing possibilities that a few years since were scarcely dreamed of. Operations on the brain have particular attractiveness to the physiologist, as offering the means of gradually developing to an accuracy almost approaching exactness the seat of some of the important cerebral faculties and functions. Certainly at this time the whole professional world looks with satisfaction on the efforts which are made, in surgical literature and in papers read and discussions elicited by them, to formulate rules and define the steps best calculated for the relief of suffering and the saving of life in these important operative procedures. We need not apologize, therefore, for devoting so much space in the current issue to abdominal surgery, for we feel sure that the lessons imparted will be found thoroughly serviceable should the occasion ever arise for their direct application by any of our readers.

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, 814 N. 16th St., Philadelphia.]

From W. B. Saunders, Publisher, Philadelphia, we have received:

ESSENTIALS OF ANATOMY AND MANUAL OF PRACTICAL DISSECTION. By Charles B. Nancrede, M. D. 2d edition. With Appendix. Hints on Dissection, by J. Clairiers Da Costa, M. D. 30 lithographic plates in colors and 183 wood cuts; 388 pages. Price, $2.00 net, cloth or oil-cloth; $2.25 net, sheep.

ESSENTIALS OF PHYSIOLOGY. By H. A. Hare, B. Sc., M. D. 3d edition. 193 pages. $1.00.

ESSENTIALS OF BACTERIOLOGY. By M. V. Ball, M. D. 75 illustrations; 159 pages. $1.00.
A mixture of one part each of lactic acid and salicylic acid in eight parts of colloidion is recommended as an excellent application to corns and warts, effecting their removal in a short time.

For bleeding of the nose, Mr. Jonathan Hutchinson recommends the patient's hands and feet to be plunged in water as hot as it can be borne. The most rebellious cases are said to yield to this method of treatment.

The editor of The Brooklyn Med. Journal, October, 1891, states that he has obtained more relief from solution of cocaine, four per cent., than from anything else, in mosquito bites.

As an Expectorant Mixture Su- maine Medicale recommends the following:—

B. Aponomphile hydrochlorat., gr j

Morphine sulph., gr ss

Acid hydrochloric, dil., gr. x

Aque destillat., ad. ext. M.

Sto.—Teaspoonful every two to four hours.

Dr. S. E. Miliken, in a paper on The Treatment of Hydrocele by Carbolic Acid Injection (Annals of Surgery, October, 1891), concludes that carbolic injection is a safe method for its cure; is practically painless; the patient can attend to business without more than one day's delay; and the disagreeable effects of an anaesthetic are avoided.

For Painful Cutaneous Affec- tions Dr. J. V. Shoemaker recommends that the following application be made five or six times daily:—

B. Salol.

Menthol, as 0.05 centig.

Plumb carbamatis, 2 grammes

Vaselina, 5 grammes. M.

A good Carbolic Tooth Paste may be made as follows (The Pharmaceutical Journal of Australasia):—

Honey, 1 lb.; molasses or water bath and strain into glycerine, 4 oz.; then incorporate with sufficient of the powder to make a paste: Precipitated chalk, 1 lb.; ohriss powder, 4 oz.; carnine, 1 dram.; mix and aromatize with carbolic acid, 34 dram.; oil wintergreen, 20 drops; oil of cinnamom, 5 drops; rectified spirit, 4 drins.

For Eruptions and belching of gases, caused by atomic of subacute gastric catarrh, the following has been suggested (Dr. H. A. Hare):—

B. Oleosin capsici, gtt. x-xx

Pancreatin, gr. xx

Zingiberi pulv., as gr. xi

Carbon. ligni pulv., as gr. xl. M.

Flan pil xx.

Sto.—One t. d.

Dr. Benner (quoted in Pharm. Era, Sept. 15) recommends the the following formula for external treatment of ACNE:—

B. Naphthol camphorat,

Resorcin,

Acid salicylic, as grm. v

Amyl

Vaselin,

Sulphat precipitatus, as grm. xxv. M.

Lassar suggests the following paste, to be left in place after application for half an hour to an hour:—

B. Naphthol, grm. x

Sulphur. lot., grm. 1

Saponis virid,

Vaselin, as grm. xx. M.

Ichthyol paint has been recommended in this disease:—

B. Ichthyol (ammonium sulfochihydated), 45 gtt.

Distilled water, 2 1/2 fl. dr.

Glycerine, 2 fl. dr.

Dextrin,

Mix by the aid of gentle warmth. Paint in the evening; wash with warm soap-water in the morning; paint with a weak solution of corrosive sublimate for the day.

Dr. S. E. Solly (The Climatologist, September, 1891), in a paper on "The Personal Equation in the Treatment of Phthisis," draws the following conclusions from cases under observation:—If, as would appear from the comparison made with the other reports of cases treated in high climates, these 141 cases represent the average qualities of such cases, then the truths indicated by these inquiries are that the qualities which most aid the consumptive in recovery are:—first, strength; second, wisdom; and third, equanimity. Therefore, the essentials of the general treatment of phthisis are to preserve and strengthen the physique, enforce prudence, and induce placidity.

It is stated that by keeping Surgical Instruments immersed in kerosene perfect aspesis is secured, and that they do not become corroded.

To prevent sore nipples, a writer in the Annals of Hygiene, suggests the daily application, during the last month of pregnancy, of a mixture of glycercine and tannic acid. It is said to render the nipples tough but elastic.

Dr. Lennox Wainwright (British Medical Journal) states that he has found menthol of great service in saw fever. It acts best when placed in an ordinary smellibottle mixed with carbonate of ammonia, and used as smelling-salts. All irritability disappears, and in many cases patients get no return of the symptoms.

Compresses dipped in a solution of one to ten grammes of potassium permanganate to thirty grammes of water, and frequently renewed, are mentioned by Dr. Zuboff (Inter. Pharm. Gen. Arz. in Drugใจสีs Circular), as a most excellent application for burns of the first and second degrees. Waters solutions speedily allay the inflammation resulting from blisters, and relieve pain while preventing suppuration.

Dr. Koster states that he has obtained most remarkable success in the treatment of four cases of gonorrhoea, three of which occurred in a woman, and one case of gonorrhoeal cystitis in a man, by a solution of a one per cent. solution of sulfoochihyated of ammonium (Jour. de Med. de Paris, in Therapeutie Gazette). In the men, he ordered urethral injections, repeated three times daily, and there was almost immediate disappearance of pain on micturation and of the painful nocturnal erections, with complete cessation of the discharge in from eight to twenty days. In the case occurring in the woman, he ordered this solution injected twice daily into the bladder, to remain there for about five minutes. The pain was rapidly relieved, and the abundant deposit of muco-purulent sediment in the urine disappeared after the first day, with complete cure in two weeks.

The following has been used with success in hemoptysis (Gazeta Sanit. de Barcelona, in Cin. Lancet-Clinic, Oct. 24, 1891):—

B. Essent. terebinth.

Oli amygdalae, 2 gms. 5 (fgjv)

Muclagin, acarica, 2 gms. (fgv)

Syrup simple, 2 gms. 20 (fgjv)

Aqua destillat.,, gms. 200 (fgjv). M.

A teaspoonful every half hour.

The following application has been found of service in Erysipel (Independ. Medica, in Cin. Lancet-Clinic, Oct. 24):—

B. Ichthyol.

Lanolin, as grm. 15 (fgjv). M.

Rub upon the erysipelasous surface and cover with salicylic acid gauze. This prevents the spread of the disease and calms the pain, in a few hours or two or three days at farthest.

Donovan's solution of iodine of arsenic and mercury is said to be of material service in the treatment of gleet (Medical Record). It is given for this purpose in the dose of ten minims, three times a day. A correspondent writes that he feels justified, so uniform has been his success in controlling a chronic urethral discharge by Donovan's solution, in calling the remedy almost a specific for gleet.

Dr. E. Zimmermann (Med. News, Oct. 31) states that he has used with signal success the following formula as a topical application to the throat in the treatment of malignant diptheria:—

B. Acid sulphurici, f2 as

Liquor potassae, gtt. x

Aqua calida, ad. f3
t

Mix, store keep well corked, in a cool place. To be applied topically to the throat by means of a sponge, probably every hour or two.

Chloride of methyl spray (British Medical Journal), can be employed in all cases where an ether spray is used as a local anaesthetic, and should be preferred to the latter, since it induces anaesthesia incomparably more quickly than ether spray. 2.

It is unflammable, and hence can be employed more safely than ether for catherization, etc. It does not undergo any change from exposure to light or air. 4. It does not irritate mucous membranes, even in children. 5. It is cheaper than ether, since only very small quantities are required.
--- Dr. C. B. Brierly (Pacific Med. Jour.) finds that the following mixture relieves pro-
found expectoration, night sweats and hectic in Phthisis:—

B. Morphia sulph., gr. j
Acid. carbonic, q. s.
Tinct. catechu, f. 3 j
Syrup. pruni virginian. 1 q. s. ad. f. 3 j. viij. M.
Sgt.—A tablespoonful every four hours.

--- A writer in Medical Press states that a curious application has been made of the absorbable properties of lanolin in the treatment of wrinkles. When well rubbed in lanolin passes directly into the skin and acts as a nutrient to subjacent tissues, with effect of smoothing out folds produced by attenuation of these structures incidental to age. Several elderly ladies who were induced to give this method of treatment a trial are said to have been delighted with the result.

--- Dr. J. W. White, of the University of Pennsylvania (National Druggist), recommends the following for the internal treatment of urethritis, specific and non-specific:—

Salol, 7 parts;
Oleo-resin of copaiba, 2 parts;
Balsam of Peru, 20 parts;
Pepsin, 2 parts.

Mix, and put up in 20-grain capsules. The dose is 1 capsule thrice daily. The doctor uses as an injection from 2 to 10 grains of sulpho-carbide of zinc dissolved in 1 ounce of a 10-volume solution of hydrogen peroxide.

--- Dr. Sänger, of Leipsic (Med. Record, Sept. 12), recommends a course of systematic dilatation of the urethra in cases of enuresis, both in women and female children. His plan is to introduce a metal catheter well into the bladder, keeping the thumb over the aperture. The instrument is then firmly pressed backward and to each side from eight to a dozen times. It is, of course, useless to make any pressure anteriorly, as the pabae lies immediately in front. Ten or twelve sittings are usually sufficient. During the treatment the patient is desired to control the sphincter as much as possible by means of the will, to take but little to drink, and to keep the abdomen warm. The good effects of this mechanical system of treatment are to be ascribed to increased power gained by the sphincter in consequence of its contractions after dilatation and stimulation. This method is useful where the paralysis is of central as well as where it is of peripheral origin. Where, however, the neck of the bladder and the whole urethra are of very large calibre, it is useless, and in such cases a plastic operation is required.

--- The Berlin correspondent of the Therapeutic Gazette reports that a remedy for blood poisoning caused by the bites of snakes and rabid dogs has been discovered in Africa, by a Dr. Engels, in the "wild-growing, black, noble palm." "Five hundred negroes bitten by poisonous snakes were treated with the extract of the noble palm, and 487 were cured in five days. Of 67 farmers and negroes bitten by rabid dogs, 65 were saved, while two died of weakness. The remedy is injected under the skin, and causes a moderate fever, not exceeding 35.5° C. On the third day the patient is without fever, swelling and inflammation of the affected part have disappeared, and on the fifth, or, latest, on the seventh day, the patient is cured."

--- Dr. Netzetzky (Independ. Medica, in Clin. Lancet-Clinic, October 24, 1891) uses the following injection in gonorrhœa:—

B. Balsam copaiba, gns. 4 (3 j)
Vitell. ovi, gns. 2
Aqua destillat., gns. 180 (3 v j)
Plant emulsio et adde:
Ext. belladon., f. 3 j
Zinc sulph., gns. 20
Aqua laurocerasi, gns. 4 (3 j)
Inject into the urethra four times a day.

Of service in all forms of gonorrhoea.

--- To administer Brandy to infants, Eloy (Rev. de Clin. et de Thér., in Boston M. and S. Jour., Oct. 8), recommends the following:—

B. Brandy,
Cherry-laurel water, f. 3 j
Yolk of egg, gtt. v
Powdered sugar, f. 3 j. viij. M.
To be given every four hours. The dose is 1 tablespoonful at a time.

--- Dr. L. Webster Fox, of Philadelphia, in a lecture on "Eyesight, its Care during Infancy and Youth," just published, formulates ten excellent rules on the preservation of vision:—

1. Do not allow light to fall upon the face of a sleeping infant.
2. Do not allow babies to gaze at a bright light.
3. Do not send children to school before the age of ten.
4. Do not allow children to keep their eyes too long on a near object, at any one time.
5. Do not allow them to study much by artificial light.
6. Do not allow them to use books with small type.
7. Do not allow them to read in a railway carriage.
8. Do not allow boys to smoke tobacco, especially cigarettes.
9. Do not necessarily ascribe headaches to indigestion, the eyes may be the exciting cause.
10. Do not allow the itinerant spectacle vendor to prescribe glasses.

--- Dr. C. S. Stewart, of Scranton, Miss. (Med. News, Sept. 26th), states that his attention has been called to the efficacy of arsenic of copper in all forms of bowel trouble, he had managed to find enough cases for testing its virtues, and had come to the conclusion that although its healing qualities are overrated, it is still very useful in subacute or chronic forms of diarrhoea, rather than in the earlier stages. The dose prescribed was one-hundredth of a grain during the twenty-four hours. The physiological action of the remedy has not been sufficiently explained, but it evidently exerts both a tonic and antrigent effect, correcting the disorder by restoring a healthy condition of the bowel, and leaving the patient well. The drug is soluble in water and perfectly tasteless, and, especially with children, its range of usefulness is great. Further experience will, no doubt, determine the limits of its usefulness.

--- Dr. E. A. Barton, of London, Eng., gives the details of a successful treatment of pernicious anemia with arsenic in The Therapeutic Gazette, and he makes the following remarks upon it:—

The recoveries from pernicious anemia are rare, and the diagnosis of the disease is usually equivalent to a death-warrant. In the case just cited, the quantity of haemoglobin and the number of corpuscles per centum were practically the same, showing that each corpuscle contained its proper amount of haemoglobin. The disease, then, was one in which there was an extreme diminution in number of corpuscles. The hemorrhages into the retina, from the gums, and probably the kidney, gave a grave import to the disease, and the fit or convulsion was, I think, attributable solely to the profound anemia. The rise in number of corpuscles, and the coincident rise in quantity of haemoglobin, in one month, to thrice the amount, under the administration of arsenic, proves the enormous benefit obtained from the drug.

--- In the Mercanti Medical (New York Medical Journal), Dr. Mirovitch, of Bialik, speaks of napthalene as the best agent for expelling tapeworm. In his opinion it is superior to all other remedies, because of the certainty of its action and the absence of all toxic effect, for it is absorbed in but very minute amount by the gastro-intestinal mucous membrane. The dose for adults is 15 grains, given when the stomach is empty, and followed immediately by two tablespoonsful of castor oil. Children may take from 4 to 8 grains, and at the same time a tablespoonful of castor oil flavored with a few drops of essence of bergamot. During the two days preceding the administration of the drug the patient is to eat freely of salted, acid, and spiced foods. Dr. Mirovitch states that in all his cases one dose of napthalene was sufficient to expel the tape-worm, the head included, even in cases in which other drugs had failed. He has also found the drug most effective in the treatment of patients with ascarides.
For Chronic Heart Disease:

B. Pelv. digitalis, gr. xxx
C. Ferris sulph, extractat, gr. xv
D. Pulv. capsic., gr. i
E. Pulv. algae et myrrhe, s. t. q. s. M.
F. Fiant pil. la. Sto.—One twice a day.

For Asthma Paroxysm:

B. Tinct. lobeliae, f. j.
C. Ammonii iodidi, f. j.
D. Ammonii bromidi, f. j.
E. Syr. tolu, f. s. q. s. ad M.
F. Sto.—Teaspoonful one every one, two, or three hours. According to urgency.

For Cardiac Dropsy:

B. Infus. digitalis, f. j.
C. Acid. acet., f. j.
D. Syr. pruni virg., f. s. q. s. M.
E. Aqua, f. s. q. s. M.
F. Sto.—Teaspoonful two or three times a day.

For Whooping Cough:

B. Acid. nitr., dilut., f. j.
C. Syrup. prun. virg., f. s. q. s. M.
D. Aquae, f. s. q. s. M.
E. Sto.—Teaspoonful as required.

For Chronic Bronchitis:

B. Ext. eucalypti, f. j.
C. Ammoni mur., f. j.
D. Ext. glycyrrhizae, fluid, f. j.
E. Syr. tolu, f. j.
F. Sto.—Tablespoonful four to six times a day.

In regard to the Digestive Power of the Acids, the results of experiment and observation justify the following conclusions (Med. News):

1. Hydrochloric acid is the acid that, when combined with peptic acid, has the most power for transforming albuminoid substances into peptones.

2. Hydrochloric acid does not alone possess the peptizing property. With it, but to a much less degree, a large number of acids may, when combined with peptic acid, give rise to this transformation of albumen into peptone. Among these acids are sulphuric, acetic, oxalic, tartaric, citric, lactic, and hydrochloric, which possess this property in different degrees.

For Headache from Eye Strain:

B. Tinct. nucis vomicae, f. j.
C. Tinct. cannabis indica, f. j.
D. Aqua destillat., f. j.
E. Sto.—Fifteen drops in water, two or three times a day.

For Chronic Cystitis in Women:

B. Acid. benzoic pur, f. j.
C. Soda biborat., f. j.
D. Aqua destillat., f. j.
E. Sto.—Inject into bladder night and morning.
Association at its recent annual meeting at Wash- 
ington, D. C.—Dr. Julius Patzki, Surgeon U. S. A. (J. M. C. 1867), has been ordered to Fort Supply, Indian Territory.—Lient.-Col. Charles T. Alexander, m. d. (J. M. C. 1856), has been appointed by the President Chief Medical Purveyor of the Army to succeed Col. Edward P. Volumn, M. d., retired (J. M. C. 1851).—Dr. S. W. McClain (J. M. C. 1869) is now at Louis,ville, Ohio.—Dr. F. C. Ewing (J. M. C. 1881) is now at Washington, D. C.—It is stated that Dr. P. C. Remondino (J. M. C. 1865), of San Diego, Cal., will edit a new medi- cal journal, to be called "The West American Medical Review."—Dr. D. B. Brobst (J. M. C. 1882) has removed to Chicago, Ill.—Dr. H. M. Whelpley, Ph. G., has accepted the Chair of Physiology and Histology in the Missouri Medical College. He is also Director of the Histological Laboratory and Secretary of the Faculty ; edits Meyer Brothers' Druggist, and is Professor of Microscopy in the St. Louis College of Pharmacy, Secretary of the Section on Materia Medica and Pharmacy of the American Medical Association, etc.—Dr. W. F. Gaston (J. M. C. 1887) is at Plainfield, N. J.— Dr. R. R. Campbell (J. M. C. 1890) is at Chicago, III.—Dr. N. H. Flagg (J. M. C. 1878) is at Mini- nesqua, Mass.—Dr. James A. Corley (J. M. C. 1884) is at Crockett, Texas.—Dr. M. Bard Shipp (J. M. C. 1891) is now at Ephrata, Utah.—Dr. R. Dickson Barr (J. M. C. 1888), formerly of York, Pa., and latterly private assistant of Dr. L. Webster Fox, of Philadelphia, is now at 1419 Walnut Street, Philadelphia, his specialty being diseases of the eye and ear.

Marriages.

ASHTON—ROSENGARTEN.—At Philadelphia, Oc- tober 5th, 1891, William E. Ashton, M. D. (J. M. C. 1884), and Alice Elizabeth, daughter of M. G. Rosengarten, Esq.

GOOD—DICKSON.—At Quinton, N. J., October 13th, 1891, William Taylor Good, M. D. (J. M. C. 1886), and Dorcas E. Dickson, both of Quinton.


* Reported by Ladies C. Alexander.

Clinical Lecture.

LACERATED PERINEUM AND PUER- PERAL SEPTICÆMIA IN THE SAME PATIENT.

Delivered at the Philadelphia Hospital, Nov. 18, 1891,

BY E. E. MONTGOMERY, M. D. (J. M. C. 1874),

Obstetrician to the Hospital and Professor of Obstetrics and Gynæ- cology to the Medical-Chirurgical College.*

LADIES AND GENTLEMEN:—I bring before you this morning a woman who was confined outside the Hospital some six weeks ago, and who has been in the house but two weeks. Upon examination she was found to have a laceration of the perineum, which extended through the sphincter and into the recto- vaginal septum. The patient is in so low a condition as to lead us to doubt the possibility of her surviving much longer. In ad- dition to the laceration, there was consider- able induration, or rather exudation, in the anterior segment of the pelvis; the bladder walls seemed to be thickened, while the uterus is situated anteriorly and in a state of ante- version, not particularly larger than it should be at this period of convalescence. There was a boggy sensation on either side of the uterus, and in front of it.

The patient was catheterized in order to determine the condition of the bladder, and its contents, are divided between four and six ounces of sanguine-purulent material. This fluid was as thick as cream.

The history of the patient has been very unsatisfactory, for the reason that she is un- able to speak English. She is a Russian, and unable to speak German, or at least any that we can understand here. Her temperature since she has been in the house has varied from 102•5° to below normal, being 97° at one time, now down to 98°. The discharge from the bladder has improved in character. The latter has been washed out frequently with antiseptic solution, such as boracic acid, and with apparent benefit. She has suffered from more or less diarhoea, and looking at the patient's face you see evidence of the effect of the diseased condition. She is, of course, being unable to understand what is said, or to be done for her, very anxious and solicitous.

As I separate the limbs you see the result of the lesions that have taken place. There is a large aperture between the anterior wall and the posterior one, in the vagina, into which you can see nearly two inches. On the left lateral wall you see an opening beneath the broad ligament, which has resulted probably from a parulent accumulation or a vulvo- vaginal thrombus, which has undergone de- composition and suppuration. The unpleas- ant discharge from this, together with the want of control of her bowels, renders this patient's condition as uncomfortable as it could possibly be imagined.

There is certainly no person who more thoroughly deserves our sympathy than this woman, suffering as she is, among nurses, and unable to receive any reassurance.

We are unable, of course, to determine anything as to the character of the labor which she has undergone, but we can appreciate that it must have been a difficult one, as laceration has taken place through the entire floor of the pelvis, back into the recto-vaginal septum, which has led to the separation of the transversus perinei and levator ani. Consequently, the posterior segment of the pelvic floor is no longer held in contact with the anterior one, and the vagina is bal- looned by the atmospheric pressure. That the labor was a prolonged one is quite probable, from the injury that has resulted to the anterior segment of the pelvic floor. The bladder was probably situated in front of the advancing head, was somewhat distended, and the pressure upon it has led to sloughing of its mucous membrane and to the peculiar character of discharge that takes place from it upon catheterization. The bladder is small, so that but a small quantity has collected at a time. The presence of the opening upon the side of the vagina indicates the extent of the pelvic injury, and that there must have been a loss of the vitality of the vaginal walls. There was evidence that the patient
Laceration of the perineum is a lesion that may occur in spite of every precaution that may be taken to prevent it. It is established that it is unavoidable in about fifteen percent. of cases that come to confinement for the first time. It may be due to conditions that exist in the construction of the pelvis and soft parts of the woman; or second, to inequality between the head of the child and the pelvis through which it has to pass; third, to some malposition of the child; fourth, to defective methods in the conduct of the case by the physician. As we have already said, the laceration may take place in spite of all precautions to avoid it; consequently, where you have exercised proper precautions, and laceration occurs, you should not hesitate to assume the responsibility of the obligation taken upon yourself, and notify the patient or her family of the existence of the lesion and the measures required to remedy it. It is not discreditable, in such cases, to have a laceration occur—it is reprehensible to permit the case to go without proper measures to secure its restoration. In ordinary cases, the primary operation results in complete restoration of the perineum. The patient would be subsequently unaware that such a condition had occurred. There are a few cases, however, where primary operation, at least to the full extent, is unjustifiable. They are those in which the patient has been subjected to long duration of labor, in which application of instruments has been made to the head of the child situated high up in the pelvis, where the surface of the perineum has been bruised and frayed by the instruments until its superficial surface has necessarily lost its vitality. In such a case the injured tissues are certain to slough, and if sutures are introduced the union does not result and the patient is impaired by the want of drainage and the absorption of the decomposing material.

With sloughing tissue and the contact of lochia, with the associated heat and moisture, we have a most favorable condition for the development of germs and the absorption of their products, resulting in profound septic symptoms; consequently, in such cases I would say, do not suture; it is not necessary to permit the patient to go with the laceration extending into the recto-vaginal septum. The posterior portion of the perineum, in such cases, is not so necessarily injured that it would prevent its union; consequently, you may suture the septum and the outlet of the rectum, so that the power of the sphincter is regained, and, while the patient has not a complete perineum, she will have control of the discharges from the alimentary canal. The renewal of the perineum may be left for the secondary operation, and the patient and family should be advised as to what had been done.

A case of this kind came under my observation within the last two years, in which a woman had given birth to a child with a very large head and in an occipito-posterior position, in which forceps had been applied early, and after slipping off the head of the child once or twice, delivery had been accomplished. The perineum was torn through the recto-vaginal septum, and sutures were at once introduced, bringing together the entire perineum. I saw the patient three days later, in consultation with three other physicians who invited me to see her with a view to determine the advisability of resorting to abdominal section. The patient was suffering from marked elevation of temperature and from profound septic symptoms. Finding her very nervous, I suggested that all preparation should be made for the performance of any operation that might be needed, and the patient placed under an anaesthetic with a view, first, to careful examination, and second, operative procedure.

After anaesthesia, the extent of the lesion was apparent from inspection of the perineum; the edges of the sutured surfaces were sloughing and the discharge was quite offensive. Introducing the finger into the vagina it was found that this canal had undergone laceration bilaterally to the tuberousities of the ischia. The cervix was lacerated bilaterally, flush with the vagina on the right side, and into the broad ligament upon the left, so that the peritoneum was laid bare. No diseased condition was evident within the cavity of the peritoneum and the lesions in the pelvis seemed sufficient to account for all abnormal symptoms that might be present. On my suggestion, the sutures were entirely removed, the wound treated as an open one, the vagina and uterus subjected to frequent antiseptic irrigation, and the patient given a supporting treatment.

Two days later I saw the same patient suffering from a temperature of 106° and a violent chill. She was stripped of her clothing, placed at once on a couch, covered with a rubber cloth, and wrapped in a sheet wrung out of ice water. The body was bathed with ice water, and she was given ten grains of acetanilide every hour for three doses. Her temperature in the evening had fallen to 99°, and never exceeded 100° during the subsequent convalescence. It is quite evident that had we permitted this patient to have continued with the surfaces apposed by sutures the result would have been a fatal one.

The patient before us is suffering from a condition which was formerly known as puerperal fever. This term is a comprehensive one, comprising the conditions described as puerperal septicemia, puerperal pyemia, puerperal metritis, endometritis and peritonitis, all conditions which have manifestations of the same poison. The disease is no longer considered to be a distinct condition, but later investigation has demonstrated that it does not differ in its cause or origin from other forms of surgical fever, hence is not a disease of itself.

During my term as resident in this hospital in 1875, we had an epidemic of puerperal fever. There were some sixteen or eighteen cases during the three months. At that period in the history of the institution it was a very common thing to have puerperal fever at the end of the winter or beginning of the spring months. The patients were then confined on the same floor on which was situated the ward for diseases of women, in which were women suffering from cancer and other offensive diseases.

The air and ventilation of the ward was supposed to be received through the cellar. In the cellar, in apartments, were a number of stacks or coils into which steam passed. The heating of the air in these apartments caused a draught which was supposed to bring fresh air from the outside through pipes. These pipes, however, had been the abiding place for a number of years of the scavengers of the hospital—which rats—and had been largely filled up, so that the air was obtained mostly from the cellar. Even had these pipes been in good condition, they opened into an area on the outside of the building which was on a level with the basement, and the investigation of the composition of the atmosphere disclosed the fact that, as the air containing organic material is heavier it settles down to the lower levels, and consequently the air received would have been burdened with such material.

It was further found that the drainage of all this wing of the hospital was into a well, and no connection existed with the sewer. This well had become filled up with the accumulation of years, and overflowed a good part of the cellar, which was directly under the obstetrical ward, so that we could not have had a more favorable condition for the development of septic diseases than in just such a place. The development of the disease was very rapid, occurring usually in women whose received would have been burdened with such material.

Septicemia develops in different parts of the body, in one case the uterus, in another the peritoneum, in another the mucous membrane of the uterus. It makes itself known usually by the chill, elevation of temperature, possibly more or less tenderness of the lower part of the abdomen, is attended with a return of chills and high temperature. The patient, in a short time, if she survives, passes into a low state known as the typhoid stage. It is not frequent in the cases occurring in
the hospital here to find the genital tract lined with diphtheritic patches. During this period the treatment consisted in the administration of opium or morphine in large doses, given for its systemic effects; in addition to this, injections of veratum viride or tincture of acetic acid, quinine and stimulants; these, together with poulticing of the abdomen and vaginal irrigation. The plan of treatment to-day is a far different one. Morphine is only used, where it is necessary to relieve severe and agonizing pain. Our first consideration now, in the development of such a condition, is to examine the point of entrance or development of the septic condition, and the elevation of temperature itself is considered as a dangerous signal. We would search carefully to see where the poison enters and prevent its further development, so in such a patient we will examine the perineum and the vagina, the cavity of the uterus, and finding in none of these the explanation for the condition, we would determine whether there were foci of development in the peritoneal cavity. For a woman recently confined, who was manifesting symptoms of septicemia, then you would carefully examine the condition of the peritoneum and vagina; should there be no opportunity or cause present for its existence, or should there be an offensive lochia, you would explore the cavity of the uterus. The presence of endometritis should be considered as indication for curettage, to remove the debris, consisting of broken-down decidua, desquamated epithelium and remnants of placenta. This may be done with the finger, the safest instrument, or with a curette. Follow this procedure by irrigation with a chemical agent, preferably the acid sublimate or peroxide of hydrogen, in so doing accomplishing the sterilization of the cavity. Irrigation alone, though frequent, and with an active chemical disinfectant, will be insufficient, for the reason that it is superficial while the germs develop beneath the surface and their products are rapidly absorbed, producing the acute symptoms of septicemia. As we have large flabby walls with their surfaces in contact, affording obstruction to the ready exit of secretion and exudation, attention should be directed to securing effective drainage. An excellent plan for accomplishing this is by the introduction of a twist of iodoform gauze to the fundus of the uterus. It serves to keep the surfaces apart, promotes the contraction of the uterine walls through its presence as a foreign body, increases the serous flow, and by its capillary action promotes drainage. Where such a precaution is not taken, the contact of the uterine walls so obstructs discharge that the most ready exit for it is through the blood-vessels, thus making increased drafts upon the eliminating organs. The plan of treatment thus presented, in addition to its advantages over irrigation, has the further advantage, in that the patient is not obliged to undergo every few hours an unpleasant ordeal, and is enabled to secure more undisturbed rest. The drain may be permitted to remain for forty-eight hours, when the uterus may be irrigated and the drain reintroduced. From the lectures I have already given you upon the subject of the extension of disease to the Fallopian tube, you cannot but appreciate the importance of arresting such a disease before it has involved these structures. Your course, then, would be, in the early development of sepsis, to cleanse wounds of the vagina and perineum, and cauterize them with carbolic acid, which decreases the absorption from the surface; cleanse, curettage if the uterus when it is the source of infection. But, suppose the condition has existed for some length of time, the temperature continues elevated, and particularly if either side of the uterus was more or less fixed by adherences, you should not be content with what has been advised.

In such patients, open the abdomen, and remove the centres or pockets of pus, even though to do so would require the sacrifice of ovaries, tubes, or even the uterus. There is a class in whom the active symptoms are the result of injuries which abnormal tissues, such as torrid or ovarian cysts, have undergone during the progress of labor. Here, resort to irrigation and curettage of the cavity would be but time lost. Only prompt opening of the abdomen affords the patient a chance for relief and restoration to health. At the risk of tiring you with reiteration, I will relate the history of a case which came under my observation during the last year. It was of a woman who had acquired quite a little notoriety as a self-abortionist and had produced one, a week before I saw her. I was consulted as to the advisability of emptying the uterus of an evidently retained placenta. The uterus was found pushed forward by an accumulation in Douglas' pouch. In the afternoon, under an anesthetic, the uterus was dilated, and a foul, decomposed placenta removed, the hands were carefully disinfected and the abdomen opened and nearly a pint of pus, with the tubes and ovaries, were removed. The patient recovered, while either procedure alone would not have relieved her. Where the symptoms of septicemia are present and the temperature and pulse record continue high, I should say, by all means open the abdomen.

The centre for the distribution of the poison is likely to be situated somewhere in the pelvis, and if we had been unable to determine its presence in the external tissues, it is quite reasonable to believe that it may be found either in the ovaries, tubes, or in the uterine wall. Where the ovaries or tubes are the seat of pus collections they should, without question be removed. Where the uterine walls contain pus, supra-vaginal amputation of this organ should be made.

I remember, during my term of service in this house, a woman who had an attack of puerperal metritis. She was watched during the active stage of the disease with great interest. She convalesced sufficiently to be about the ward for something over two weeks, but her temperature remained high, varying from 98° to 101°—pulse was too frequent. Suddenly she was taken with an attack of violent pain, with collapse, and died within twelve or fourteen hours. Upon examining the abdomen of this woman it was found that the fundus of the uterus had been inflated with abscesses, and the entire surface had sloughed off, leaving the uterus resembling a funnel. In this case, the collections of pus had undoubtedly drained into the uterus, until finally the peritoneum had opened and the sudden death and collapse of the patient took place.

Such cases, then, illustrate the importance of investigating every avenue through which the poison can enter the system, and meeting the indications promptly as they present themselves. We have at the present day a plan of treatment for meeting the septic symptoms which is far more efficient than those we could exercise at the time I was in this institution; in the various antipyretic agents, which were then unknown, such as antipyrine, acetanilide, phenacetine, and salol, we have agents which are effective in controlling temperature and saving the tissue waste that would necessarily be produced thereby. In patients suffering from such conditions you would subject them at once to the use of agents to reduce the temperature, while investigation was made to determine its cause. Where the patient has suffered for some time, as the patient before us has for the last four weeks, our plan of treatment must necessarily be a supporting one. The condition of this patient is not such as to permit of our entering upon active measures to investigate the centres from which poison has been distributed. The length of time the disease has been in existence renders it quite probable that other centres have developed in existence, so that all we can hope for, in her case is to nourish and support her, affording opportunity to throw off the effects of the disease.

Our treatment, then, will be nourishing food, moderate use of stimulants, administration of quinine, and particularly strychnine. The latter drug will be given in the forty or thirtieth of a grain three or four times in the twenty-four hours. In it we have an agent which is very effective in stimulating the flagging energies of the patient in a low condition, and giving her sufficient strength and force to tide over until Nature can resume her power. In strychnine we have an agent of great value in cases of profound shock, as in operative procedures. Where the patient is greatly depressed, hypodermic injections
of this agent result in very rapid relief. It may be considered the most powerful heart stimulant. In a case which underwent operation some few months ago, those quarters of a grain of strychnine were given hypodermically during the operation, and two grains within twelve hours, and it was only due to its use that the patient survived the operation and recovered.

Original Articles.

THE SIMPLE EXTRACTION OF CATARACT.

BY EDWARD JACKSON, M.D.,
Professor of Diseases of the Eye in the Philadelphia Polyclinic, and Surgeon to Will's Eye Hospital.

The old flap operation for the extraction of cataract, when it was successful, was one of the brilliant triumphs of operative surgery. The trouble with it in the old time, before the day of Graefe, was, that it was successful in only a minority of cases. The real achievement of the last few years with reference to it has been the increasing of the percentage and the perfection of its successes, until they have surpassed anything achieved by other operations for cataract extraction. This has been brought about by collateral advances in medicine and surgery, that have given us an understanding of sepals and aqueas, of the myotic power of eserine and its allies, and of the anesthetic and other powers of cocaine.

My purpose in this paper is to discuss the operation of "simple extraction" as I practice it, with the reasons for choosing certain procedures rather than others, and some comparison of the results of the method with modified linear extraction, or modified Graefe method, which it has largely replaced.

The corneal section is made upward, mainly because it seems to me that the wound in this position is much better protected beneath the closed lids from either infection or the relative displacement of its lips than the downward section can be. It is made in the clear cornea, sometimes as close as it can be to the limbus without encroaching on it. It is parallel to the corneal margin, the plane of the knife making it being parallel to the plane of the periphery of the iris. It is made to include nearly a circle and sometimes quite half of the circumference of the circle of which it is a part. The exact position of the section and its length are determined by the size of the cornea and the supposed size of the lens.

The plane of the section should be well in front of the iris, for the risk of prolapse of the iris is thereby greatly lessened, yet the incision must be long enough to permit the escape of the lens. The section is made with the knife described by me in the American Journal of the Medical Sciences for March, 1889, for the reasons there given, that it combines to a large extent the main goodness of the Graefe knife with the smooth incision of the Beers knife. Usually the incision is almost completed by the forward thrust, the cutting edge being carried by it out of the anterior chamber, and the remaining bridge of corneal tissue severed as the knife is withdrawn.

The capsulotomy is made with the point of the knife used in making the corneal section, and is about in the plane of the corneal section, as the lens lies against the cornea after the escape of the aqueous. I have in a few cases opened nearly and sometimes quite to the corneal section, as the point of the knife was carried across from the puncture to the counter-puncture. This was done in the fear that after the escape of the aqueous the pupil would contract so that it would be difficult or impossible to make a sufficient laceration of the capsule without wounding the iris with the knife-point. Such a manoeuvre, however, required a slight change in the direction of movement, and prolonged a little one of the most critical periods of the operation. It was given up on finding that a sufficient opening in the capsule can always be made through the pupil after the completion of the corneal section. The opening that it is necessary to make in the capsule is really quite small, a slit 4 or 5 mm. long is quite sufficient, probably because, when the solution in the continuity of the capsule is once started it extends quite readily, as widely as it is needed, under the pressure of the lens during the stage of its delivery.

The advantages of this method of opening the capsule are that by it we get rid of one instrument, the cystotome—an instrument hard to keep clean at the shoulder from which the pricking point projects, hard to get and keep perfectly sharp, liable from its shape to catch and damage the cornea or iris in case of sudden movement while it is in the eye, and which I have seen more than once, by its direct backward pressure, dislocate the lens and allow the escape of vitreous. Then the small opening in the capsule nearly in the direction of the corneal section, seems to have a decided influence in making with the proper rotation and presentation of the lens in the corneal wound; and cortical matter as well as nucleus has a perfectly direct avenue, where it would exert its well-known deleterious influence on the iris; or, as some have supposed, furnish an especially favorable culture medium for the pathogenic bacteria introduced on the shank of the cystotome or along a path of capsule incarcerated in the corneal wound. Again, with the method of opening it, there is no chance that portions of the capsule will prolapse or become incarcerated in the wound, and so complicate the healing and endanger the ultimate result more insidiously, but quite as seriously, as prolapse or incarceration of the iris.

This method of opening the capsule has this disadvantage, that when the pupil contracts, as it does in the process of washing out the anterior chamber, the iris sometimes entirely covers up the rent in the capsule and makes it much more difficult to dislodge any remaining cortical matter. Under these circumstances, it is best to make no effort to dislodge it, for, in my experience, cortical matter left within the capsule after the removal of the lens nucleus is innocuous, and is certain to be removed by absorption in a few weeks at the farthest, causing some delay in the full restoration of vision and detracting from the brilliancy of the operation, but in the end giving the patient the best result.

The delivery of the lens is effected by making pressure with a lens spoon backward on the lower portion of the cornea, and with a corneal spatula slightly downward upon the upper ciliary region, causing the lens to push into the pupil and engage in the corneal wound, the movement of the lens being steady and regular, and the necessary pressure never relaxed until the greatest thickness of the lens has passed through the corneal section. It is of the utmost importance that the pressure be maintained steadily; any intermitting of it that causes the lens to alternately advance and retreat is liable to bring about the displacement of the lens and the presentation of the vitreous in its stead. After the nucleus has escaped, the pressure is gently continued until every evident masses of cortex have also been extruded and withdrawn.

Washing out of the anterior chamber I have practiced after the method and with the apparatus of Dr. Lippincott, of Pittsburg, for the last year, as the principal step in the operation. If the iris has prolapsed, the stream of boric acid solution is the simplest and best repository, its effect being to carry the iris into position and at the same time to provoke a marked and very satisfactory contraction of the pupil. If the opening in the capsule remains freely accessible, the current may be directed into it and all lenticular débris removed. But if this is not readily accomplished, I content myself with a thorough washing out of the anterior chamber, at the end of which the pupil is found small and central, stoking of the iris with the spatula or picking into the angles of the corneal wound to dislodge incarcerated iris or capsule being thus dispensed with.

Eserine is instilled after the washing of the conjunctival sac, although usually the effect of the irritation of the anterior chamber has
been to already secure a small central pupil, in order that this contraction of the pupil may be maintained and the iris drawn as far as possible away from the cornea. In a single case in which I omitted the use of eserine a slight prolapse of the iris appeared at the end of thirty-six hours. Eserine was then used, and the prolapse promptly reduced. Later, however, it again appeared, and the pupil was left somewhat distorted.

Simplicity. As compared with the Graefe method and its modifications, "simple extraction" deserves its name, in that the iridectomy that it dispenses with is the most painful and one of the most distressing portions of the former operation, and that the uninjured iris is more readily reduced and kept wholly within the eye than the iris that has lost the tenis action of its sphincter. It prevents the extremely insidious accident of incarceration of the capsule. Again, the dangers of that serious complication, prolapse of the vitreous, are reduced to a minimum. Without rough handling, or especially unfortunate movement of the eyeball, it is scarcely possible for this accident to occur before the nucleus is delivered. Even in a case of dislocated lens where the removal of the majority of the lens was readily effected without the use of a spoon or loop, and no vitreous was seen until this had been accomplished.

Ease. The statement is usually made that with simple extraction the delivery of the lens is slightly more difficult. But in my experience this is true only to a slight extent as to the complete removal of the cortical matter. The delivery of the nucleus is not to any notable extent more difficult. I operated yesterday on a case where the lens was particularly large and the cornea small. From the other eye, in which the conditions were precisely similar, I had removed the lens several months ago, after a preliminary iridectomy, with a good deal of difficulty. The simple extraction was, if anything, the easier one. After the first operation a considerable amount of cortex remained in the capsule, and the same thing occurred with the second. Still, the removal of all remaining cortex is, I believe, a little more difficult after the simple extraction, though certainly not more dangerous.

Prolapse of the iris. The danger of this complication is the greatest drawback on simple extraction—about all that keeps it from being an ideal operation. When any considerable prolapse occurs it causes a distorted pupil, is liable to delay the healing, is followed by unusually high astigmatism, and if very large might endanger the eye. The impression is abroad that it is very much more likely to happen after simple extraction than after extraction with iridectomy, at least, it is scarcely counted as one of the risks of the latter operation. But in my own experience this is true only to a slight extent as to the occurrence of prolapse under the use of eserine. Indeed, in so far as it removes the restraining influence of the iris sphincter and leaves angles of iris floating within the eye, iridectomy directly favors incarceration, the form that prolapse assumes after it. Knapp has recently reported statistics of about five hundred cases of simple extraction, with prolapse of the iris in eight per cent. of the cases. It is probable that incarceration of a part of the iris at the angles of the wound is about that common among Graefe's extractions. In my own work prolapse has not been more common after simple extraction than was incarceration after iridectomy. More than this, the great mass of cases of prolapse under the use of eserine flatten down and cause as little trouble as the incarcerations after iridectomy, and do this without excision or any other special treatment, without notably delaying the healing, and so far as can be judged without any additional ultimate danger to the eye. I speak thus particularly about prolapse of the iris, for it was fear of it that kept me for a considerable time from giving up iridectomy. Still, prolapse of the iris is the chief danger of the method, and it should be carefully guarded against by the use of eserine, by keeping the patient as quiet as possible, by avoiding any pressure of the dressing or through the dressing on the globe, and by placing the corneal section as far away from the iris as possible, compatible with making it large enough to permit the escape of the lens.

Visual acuteness. The principal advantage of the simple operation is the exclusion from the eye of a large amount of very imperfectly focused light, and the retention of the power of adapting the eye promptly and fully to the varying intensity of the light to which it is exposed. This advantage, although shown partly by statistics of visual acuteness, can never be fully exhibited in that way. An eye may be able to decipher even the smaller test-types, although their image on the retina is engulfed in a flood of unfocused light coming in through distorted portions of the cornea opposite the coloboma left by iridectomy. But even with only the ability to make out the same type, the vision secured by the exclusion of this useless and confusing excess of light is for all practical purposes far superior.

Again we find in age the retina habitually guarded against even the light admitted to the younger normal eye by a diminished pupil; and the reversal of this, the flooding of the senile eye, with its slower nutritive processes, with an amount of light largely in excess of what it has been accustomed to. especially the crippling of its power to defend itself against the harmful increase of illumination cannot but diminish its power of resistance to unfavorable influences, and lead to ultimate deterioration of vision.

It was watching the gradual deterioration that occurred in certain eyes that had been subjected to extraction, with iridectomy, that first made me desirous of trying the simple method.

Indications for iridectomy. I am not aware of any operator who proposes the abandonment of iridectomy in all cases. It is pretty certain that in at least one class of cases iridectomy will continue to practice it, namely, those in which iritic adhesions or from other causes the pupil is extremely rigid and un-dilatable. The other indications for it are not so well agreed upon, but probably one of the most important of them is extreme restlessness and insubordination on the part of the patient. All of my cases of prolapse have been in patients markedly of that character. For the present most of us will be apt to fall back on iridectomy, for a number of reasons, as I did in a case about a week ago, when there was reason to suspect a large lens and saccharine diabetes, so that I feared sloughing from a large corneal flap. But with myself, as with many others, the present tendency is to do iridectomy less and less frequently, and it is probable that the cases in which it is either necessary or desirable will ultimately be found to be few and far between.

[Dr. Jackson subsequently stated that he used the term "simple extraction" because it is a term commonly employed to designate the operation in question, and not to give the idea that cataract extraction was at all a minor or trifling operation. He thought, though, that the term is strictly applicable, for the operation is distinctly simplified in certain directions. And in that it is more simple it conforms with the general tendency of surgical advance at the present time, which is toward the omission of various procedures that were formerly believed necessary, and the concentration of our attention on what is really essential, that it may be done in the best possible manner.]

THE URETHRA, BLADDER, AND URETERS DURING PREGNANCY, LABOR, AND THE Puerperium.

BY W. H. PARISH, M.D.,
Of Philadelphia.

The condition of increased vascularity and irritability of the urethra, bladder, and ureters during pregnancy is due in part to the pressure of the uterus, and in part to the alterations in the general pelvic circulatory and nervous conditions awakened by the stimulus incident to gestation.

The bladder in early pregnancy is less capable of distention in the antero-posterior direction, and its enlargement is chiefly lateral. Later in pregnancy the enlarging uterus
draws the bladder upward above the pelvic brim. The changes in the position of the bladder during pregnancy doubtless determine to some extent more frequent and at times annoying micturition yet the elevation of the bladder above the brim is a conservative provision, for in this way the bladder is largely protected from harmful pressure during normal labor.

However, the utero-vesical ligaments are so unyielding that the bladder participates in such abnormal displacements of the uterus as occur during the pregnant state; as, for instance, it follows the uterus in procidentia, and is drawn downward and backward in retroversion of the gravid womb. The urethra becomes elongated with the elevation of the uterus, and in early pregnancy if ureteric prolapse occurs, and also in advanced pregnancy if the uterus drops into the true pelvis, the upper portion of the urethra curves backward and downward, constituting dislocation of the upper third of the urethra, with the symptoms pertaining thereto.

With the changes in the position of the bladder, the lower portions of the ureters necessarily change in position, but these tubes suffer chiefly from pressure of the pregnant uterus, and, as a consequence, they, above the point of pressure, often become dilated to the size of the finger of the thumb. The blocking up of the urine in the ureters suggests that the separation of the mucous membrane is not likely to occur before the sixth day of the incarceration.

In some instances portions of the mucous layers have been thus separated, and gangrene of the entire thickness of the bladder-wall has occurred. Owing to the retention, the urters become greatly and the renal pelvis moderately dilated. The inflammation extends along the ureters and invades the kidneys. The suppression of retention also occurs with constitutional manifestation.

In the over-distention the bladder-wall, though thinned at points, becomes remarkably thickened throughout most of its extent, and in a few days, even if the bladder is perfectly healthy, will present to the palpating hand a firm mass, wonderfully like the non-pregnant uterus, and may mislead the examiner into supposing that the uterus is empty, and that a retro-uterine tumor exists.

In some instances the distended bladder has reached even to the ensiform cartilage. The mucosa is cast off from the entire thickness of the bladder-wall, usually with distention, having occurred, in addition, that when cystitis exists during pregnancy, the frequent micturition of labor, or perverted nerve-action leads to distention of the bladder, parturient efforts are rendered feeble and less efficient, and the presentation or position may be modified unfavorably.

In neglected cases, an over-distended bladder becomes a grave complication, partly in the same manner that it does in incarceration of the pregnant uterus. A distended bladder may contribute also to the formation of a fistula, or to rupture during expulsive or extractive efforts. In rupture, the tear usually occurs in the posterior wall and into the peritoneal cavity, though it may occur anteriorly, and, in the latter case, if low down may give rise to infiltration of the anterior abdominal wall. Collapse accompanies rupture of the bladder, and if urine escapes into the peritoneal cavity a fatal result is very probable. Under such circumstances celiotomy would be urgently demanded, with trimming and suturing of the lips of the rent and careful toilet of the peritoneum.

Rupture of an over-distended bladder has occurred during expulsive efforts in an abortion at the third month of gestation, even when there was no incarceration of the uterus.

Cases of cystocolpoele, or prolapse of the bladder, usually with distention, have occurred during labor, impeding delivery and leading to the erroneous diagnosis of the bag of waters or of a fluid pelvic tumor. Under such erroneous diagnosis the bladder has been incised or punctured _per vaginam_. A
knowledge of the possibility of such a complication should lead to an easy diagnosis with the catheter carried into the bladder.

The downward dislocation of the upper portion of the urethra which sometimes occurs as the uterus enters the pelvis near the end of pregnancy may be further aggravated as the head descends or, when, with the forceps, a large head is pulled through the pelvic canal before moulding has occurred. This condition of the urethra is often associated with partial prolapse of the bladder, but both conditions usually disappear if after labor proper involution occurs, but may be persistent in subinvolution, and especially when ununited laceration of the perineum exists.*

Undue distention of the bladder rarely occurs during labor, except in the second stage, and is then usually dependent upon pressure of the presenting part upon the urethra and the neck of the bladder. When an anesthetist is administered during either the first or the second stage of labor, retention may arise, and be due to the obtunding influence of the anesthetic. It should also be remembered that the secretion of urine is increased during labor, and the bladder may become filled rapidly. Sometimes, when spontaneous urination seems impossible in the recumbent posture, an attempt to urinate bladder during labor, but before this is done the patient has contracted the rule of practice, urinary fistula occur with greatly reduced frequency. The old practice of administering ergot during labor contributed, doubtless, in the production of fistulae, through its influence in bringing about continuous uterine contractions.

It is long sustained pressure that determines the sloughing wall from which the fistula generally arises. Although the general use of the forceps has promoted in many instances the formation of fistulae, yet I am confident that the injudicious use of the instrument has been at times productive of such lesions.

The resort to the forceps when the head is movable above the brim, especially with a flat pelvis considerably narrowed, places in great danger the walls of the urethra, bladder, and ureters. Also the too frequent manipulation of the forceps exerted in traction with the forceps, as when this force is directed against the anterior pelvic wall, will produce sloughing of the soft parts, including, at times, the walls of some part of the urinary apparatus. The contamination may be sufficient to produce a fistula, or it may lessen seriously yet injuriously affect the urinary structures.

Were the axis-traction forceps in universal use, as in my opinion they should be, the mal-directed and too great force so often resorted to in traction would be avoided, and consequently the pressure exerted would be less prolonged and less forcible. At times a fistula may result from excessive pressure exerted even for a short time, especially if the bladder is partially or greatly distended.

Prolonged or undue pressure during labor may also give rise to erosion or ulceration and inflammation of either urethra, bladder, or ureter.

These structures are liable to serious injury during the performance of craniotomy, from being punctured with either spicule of bone or with the perforator.

The performance of version and of extraction by the feet has resulted in rupture of a distended bladder, and in other instances in sloughing productive of fistulae, or of vaginal cicatrizes which interfere with the functions of the bladder.

Vesico-intestinal fistulae have sometimes followed labor in cases of old adhesions between the bladder and some part of the intestinal tract.

In the performance of the classical Cesarean or the Porro operation, the bladder and ureters should always escape injury, unless there exists a patulous condition of the urethra.

In a large proportion of the cases of colo-elytrotomy the bladder was opened into, and the danger of this accident occurring was one of the several good reasons why that operation quickly fell into disfavor.

Occasionally a calculus exists in the bladder during labor, and its presence at that time always brings considerable danger to the patient. It is advised by some to endeavor to push the calculus upward above the brim, but it seems to me that this procedure would often be impossible of performance, and would be always of uncertain benefit. Extraction through the urethra after dilatation, preceded, if at all, by lithotripsy, would promise the best result. Or, if this were impracticable from the low and fixed position of the head, vaginal, or, possibly, supra-pubic lithotomy, would be indicated. If the stone could not be carried above the brim, the supra-pubic operation would not be possible. I can scarcely understand how the circumstances can be such as to justify the performance of lysisymotommy, the child being alive and viable.

During the puerperal period perforation of the ureter, bladder, or urethra may arise from ulceration or from sloughing due to injuries sustained during labor. In fact, most fistulae do not appear until several days have elapsed. In some instances by judicious treatment, especially with vaginal antiseptic douches, such perforations may be avoided. This is effected by lessening the intensity of the ulcerative and inflammatory processes. The liability to cystocele may be lessened by proper observation of recumbency and by immediate perineorrhaphy, if indicated. The measures influence in securing due uterine involution may be said to be generally favorable to the establishment of a normal condition of the urinary apparatus.

The inability to empty the bladder, so frequently existing during the few days following labor, may be due to one or several causes. At times swelling of the urethral or cervical portion has resulted in rupture of a distended bladder, and in other instances in sloughing productive of fistulae. In fact, most fistulae do not appear until several days have elapsed. In some instances by judicious treatment,
Notes of Practice.

ACTION OF MEDICINES ON THE SECRETION OF BILE.
BY PROF. Dujardin-Beaumetz,
OF Paris, France.

We base the study of these medicaments on experiments which have of late assumed a great scientific precision. At first physiologists were content with examining the stools, or the liver of animals to which they had administered certain medicines; then Mosler, in 1852, and Röhrig, in 1873, substituted for this primitive procedure a surgical method which was much more precise. Röhrig curarized the dog; then, after having subjected him to artificial respiration, he dissected out the common bile duct and introduced a glass tube with a tapering end, resembling a dropping tube. Then he counted the number of drops which in a given time flowed by this tube, and thus was able to form an estimate of the action of medicaments introduced into the digestive tube of animals under experiment. Of course, Röhrig took pains to tie the cystic duct.

In 1875 Rutherford and Vignal § published their great work on chologogues. The method which they adopted is very similar to that of Röhrig; only instead of making use of a rigid tube with tapering end, they introduced into the choledochus a glass tube adapted to a rubber tube which ended in another glass tube terminating in a vessel in which the bile was collected.

In 1882 appeared an important paper by Romhan in on chologogues. Romhan also experimented with biliary fistula, and recorded the results. Then came the articles of Baldi in 1883, of Pasckis ** in 1884, and lastly the interesting publication of Prevost and Paul Binet, on which I desire to dwell at some length.

The procedure employed by the Swiss experimenters is also that of the biliary fistula. After having anaesthetized the animal, they ligated the choledochus duct; then they established a fistula between the gall-bladder and the abdominal walls. This operation was performed on dogs, and did not compromise the health of these animals, who were under observation for several months. A glass tube was introduced into the orifice of the fistula, and the quantity of bile flowing in a given time was estimated.

Now that you are familiar with the operative procedures employed by the various experimenters, let us see what results have been obtained from the point of view of chologogues.

In their writings, Rutherford and Vignal have made us acquainted with a series of bodies which occupy an important place in the group of chologogues. These were euonymin, phytolaccin, iridin, juglanbin, baptisin, substances on which my pupil Davet wrote his thesis; and to which I particularly called attention in my "Clinique Thérapeutique" (see the chapter on "Chologogues" in "Diseases of the Liver," American edition, G. S. Davis, p. 22).

A certain number of these medicines have come into common use, and I can especially recommend euonymin, which is of to-day much employed in pill form. These pills contain about two grains of the active ingredient, and are put upon the market in elegant form, sugar-coated or gelatin-coated, by the manufacturing pharmacists of the United States. One or two of these pills taken at bed-time makes quite an efficient chologogue cathartic. Phytolaccin has also given origin to a very interesting monograph by my colleague and friend, Dr. Desnos. Besides these new medicaments studied by Rutherford and Vignal, these experimenters have classified these different medicines according to their chologogue action. We can to-day compare with the classification made by the English experimenters that which results from the researches of Prevost and Paul Binet.

These experimenters have classified in four groups the different substances which they have studied. In the first group are found such as augment the biliary secretion with certainty. In the first rank are placed bile and the biliary salts; then urea, which, it must be confessed, has caused grave gastrointestinal disturbances; then the drugs which follow: essence of turpentine and its derivatives, terpinol, terpine, chlorate of sodium, benzoate and salicylate of sodium, salol, euonymin, and muscarin.

The second group comprises medicinal substances which produce only a slight, doubtful, or inconstant augmentation, such as bicarbonate and sulphate of sodium, chloride of sodium, Carlsbad salts, propylamine, antipyrin, aloes, cathartic acid, rubarb, hydrastis canadensis, ipecac, and boldo.

The third group contains the substances which produce a diminution of the biliary secretion; these might be called chologogue medicines:—iodide of potassium, calomel, iron and copper, atropine (subcutaneously), and strychnine in toxic doses.

Lastly, a final group is constituted by substances which have no action on the biliary secretion, such as phosphate of sodium, bromide of potassium, chloride of lithium, corrosive sublimate, arseniate of sodium, alcohol, ether, glycerin, quinine, caffeine, pilocarpine, kainin, senna, and colombo.

These results suggest numerous considerations relative to the application of these medicaments to therapeutics. Bile must be considered as one of the most powerful chologogues. Long ago pills of ox-gall were advised for the cure of certain hepatic affections complicated with jaundice; and you will see
that I have utilized the chologogue properties of bile in associating it with oil in the treatment of biliary lithiasis.

Euonymin, which Rutherford placed at the head of chologogues with podophyllin, still keeps its place. But the most interesting point is surely the results obtained with the salicylic combinations. This is still further a confirmation of the experiments of Rutherford, who considered the salicylate and benzoate of sodium as very powerful chologogues. As, moreover, bile is antiseptic, you understand that this chologogue action may have something to do with the remarkable effects obtained from salol and salicylate of bismuth in intestinal putridity.

Lastly, I may remark that terpine and terpinol, which were not known at the time of the experiments of Rutherford, may be henceforth ranked among medicines that have a marked action on the secretion of bile.

The remarks applicable to the second group—i.e., that which contains substances that produce but a doubtful, slight, or inconsequent augmentation of the bile—are not without importance from a therapeutic point of view. As Rutherford has already remarked, the sodium salts, and in particular the bicarbonate of sodium, are but middling chologogues. I have already explained in my "Clinical Therapeutics" (as also in chapter III of "Diseases of the Liver," Am. ed.) the contradiction which seems to exist between clinical medicine and experiments on animals in reference to this chologogue action, or want of action, of the sodium-bicarbonate waters.

I persist in believing that it is not as a chologogue that the waters of Carlsbad or Vichy act so efficaciously, but in modifying or in regulating the digestive functions, and in improving the general state of nutrition. I may remark that the sulphate of sodium, which Rutherford recommended as a good chologogue, is not very reliable, according to the Swiss experimenters. It is the same with the combination of sulphate of sodium and chloride of sodium; hence the conclusion that the natural Carlsbad salt, which contains sulphate, chloride, and bicarbonate of sodium, cannot be reckoned among chologogue agents.

With regard to aloes, I may observe that while Rutherford places it among the best chologogues, Prevost and Binet consider it as unreliable.

Lastly, I find in these experiments a confirmation of the opinion which I expressed with regard to bupleurum a good many years ago (1876), that this medicament was rather a diuretic than a chologogue.

The last groups comprehend medicaments that have no action on the biliary secretion, or rather, which diminish this secretion; and this leads me to speak of calomel. Here the same discrepancies which we have remarked with reference to the alkaline waters between clinical medicine and experimental physiology again come up for explanation. If there is a group of medicines which is largely in use in hepatic affections, especially in England, it is calomel, and this favorable action has led practitioners rightly to consider calomel as one of the most powerful chologogues.

Already Rutherford had called attention to the diminution of the secretion of bile under the influence of calomel. Prevost and Paul Binet arrived at the same result. This agreement in their experimental conclusions ought henceforth to relegate calomel to the rank of chologogues. If it has any action in hepatic affections, it is probably by another quite different modus operandi. Calomel is, in fact, a very powerful antiseptic, and it may be by destroying intestinal putridity that it favorably affects the functions of the liver.

As for the coloring of the stools observed when calomel has been taken, this, according to this theory, cannot be due to modifications of the bile, but to a coloration produced by the mercurial salt itself.

If Rutherford noted that calomel diminished the secretion of bile, he was convinced, on the other hand, that corrosive sublimate augments this secretion, hence the conclusion which he deduced that it was better henceforth to substitute bichloride of mercury for calomel in the treatment of hepatic affections. If, however, we rely on the experiments of Prevost and Paul Binet, there is no warrant for this substitution, for corrosive sublimate had no chologogue effect on their animals.

TREATMENT OF DIPHTHERIA BY IRRIGATION WITH SALICYLIC ACID.

Parisot, of Thillot, in Vonges, has published in the Bulletin Général de Thérapeutique, for September 15, 1891, an article in which he highly commends, in diphtheria, the employment of irrigations of salicylic acid (1:1000), and affirms that whereas before resorting to this method of treatment the mortality from that disease as occurring in his practice was large—ten cases out of every fourteen—in a recent epidemic in which he has relied on the irrigations there were only five fatal cases out of every twenty-four.

The formula which this writer employs is as follows:—

B. Acid. salicylic. 1 gm.
Water. 980 gm.
Alcohol (90%). 20 " M. Dissolve the salicylic acid in the alcohol, and add the water.

The apparatus which he uses for the irrigation is simply a fountain syringe with the "recipient" or "fountain" of tin; this fountain is hung on the wall over the patient; the rubber tubing which is connected with the lower extremity of the fountain ends in a small glass tube tapering at the point like a dripping-tube. A spring "catch" on some part of the tubing interrupts the current of liquid at will. When the fountain is charged with the solution and ready for action, the head of the child is held by an assistant, the tongue depressed, and the jet directed into the mouth and posterior pharynx with sufficient force to detach and remove the false membranes if they happen to be loose.

Parisot likes best the position in which the child is held with the head forward and a little downward. Where the child is very feeble, it may be supported upon the arm of the assistant with the face turned toward the floor. In this position it may be more difficult to perform the irrigations, but there is more certainty that the liquid will flow back again, and not be swallowed in any quantity.

As for the quantity of the liquid to be used in each irrigation, this must be left to the judgment of the physician; it may not amount to more than three or four ounces each time, but in grave cases the oftener the irrigation is practiced the better. The use of the irrigations does not make unnecessary other remedial measures, such as the frequent administration of stimulants.

Parisot makes some remarks as to the action of salicylic acid on false membranes. He believes he ascertained by experiment that this acid is destructive to diphtheritic formations; in distilled water, the false membrane was simply disaggregated, and this disaggregation took place slowly, while in solutions of different strengths of salicylic acid the exudate disappeared rapidly; at the end of a few minutes, nothing was found but the meshes of the net-work serving for support to the cells of the exudation. The stronger the solution of salicylic acid the more prompt and complete was the disappearance of the exudate.

Parisot has, moreover, noticed that in diphtheritic throats that have been irrigated with the salicylic solutions, false membranes, when once detached, are reproduced more slowly and imperfectly than when the throat is cleared by any other process; he hence concludes that the mucous membrane is favorably modified by the salicylic acid, and rendered unfit for the reproduction of the diphtheritic patches, and hence for the culture of Loeffler's bacillus.

Salicylic acid in weak solutions has been often employed locally in cases of diphther-
TREATMENT OF ACNE.

BY W. T. COLETT, M. D.,
Of Cleveland, Ohio.†

Local Treatment.—There are cases in which simple stimulating applications will be effectual. The best I have found is the bicloride of mercury solution (gr. j to ½ i) applied two or three times a day. Or the tincture of benzoin (3 j to ½ i) used in the same way. Generally a more systematic course is required, and we proceed as follows:—

Before retiring for the night, the face should be bathed in warm water, using soap having slight excess of alkali, commonly called strong soap—such as is made at Carlsbad. After this, the comedones are to be squeezed out, and for this nothing is better than the fingers. By selecting a certain part of the face each day the removal will be more complete and less disfiguring.

Then the bicloride solution, or the following paste, should be applied for the night:

A. Acidi salicylici, gr. x
   Sulph. precipitati, ½ ij
   Glycерini, Alcohолis,
   Aquæ roseæ, ¼ ½j. M.

Sig.—Apply.

In the morning the face is to be washed off with warm water and a neutral soap, and afterward rinsed in cold water.

The stimulating effect of this lotion will become apparent by the oily state of the skin, which the following lotion will remove:

B. Resorcin (Merck's), gr. xv
   Aquæ camphoræ, ¼
   Aquæ, ad ½ iv. M.

Sig.—Apply two or three times a day.

There is another class of cases characterized by the formation of painful tubercles which suppurate slowly and ineffectually, as the comedo is afterward found in situ. This calls for still more active treatment. The following I have found of excellent service:

C. Acidi salicylici, gr. x
   Acidi benzoici, ½ ij
   Lanolid, ½ ¼ j. M.

Sig.—Apply.

Or the following:—

D. Naphthol,
   Sulph. precipitati, ½ ij
   Sapon. viridis, ½ ij
   Vaseline, ½ ¼ j. M.

Sig.—Apply.

When smarting becomes severe remove with olive oil and powder surface with starch. Repeat daily.

But there is a large number of apparently simple cases that will not yield even to this; but a still more effectual means is at our command—the knife—and of all local measures none are more important. In this way accumulations of sebaceous matter, situated deeply in the corium, which would require weeks or months of suppuration to eliminate, may be evacuated even before inflammation has set in.

In the treatment of acne, free cutting is to be employed, because: (1) It prevents a long period of inflammation; (2) there is less danger of a relapse; the evacuation being complete; (3) it prevents the disfigurements of pits and scars that otherwise may ensue; (4) free cutting has a beneficial effect other than the evacuation of individual accumulations, probably in a reflex way.

Galvanism.—From 4 to 10 milliamperes are serviceable in flabby, indolent skins. It should be used two or three times a week. The application is made by placing the positive poles externally on the neck and moving the negative carbon over the area affected. It is contra-indicated in acute inflammations. As useful accessories may be mentioned sun baths, or the exposure of the surface to the sun's rays for from ten to twenty minutes daily. Sea bathing, and sand bathing when the trunk is involved, are highly useful, especially to fresh-water bathers.

Internal Treatment.—In a very large number of cases topical measures alone will not eradicate the disease. The indirect influences must be corrected. When gastro-intestinal disturbances exist, a strict regimen must be enforced. The food should be patiently digested; the best will be something like this: Fresh fruits (except raw apples), dry bread, milk, vegetables (except cabbage), fresh meat, and fish.

The articles to be absolutely prohibited are: Tea, coffee, and tobacco; ices, sweet confections, nuts, and pastry. The first three increase the reflex susceptibility—which, it has been observed, is an etiological factor of no mean importance—while the others are liable to interfere with physiological action of the gastro-intestinal tract.

Then the bowels must be freely and regularly evacuated. If drugs are called for, the mineral waters, such as Hunyadi Janos, Congress, etc., are preferable. At times the vegetable bitters are indicated in feeble digestion; and the calcium sulphide (gr. ¼, four or five times daily) when pustules are plentiful. Should the genito-urinary tract be in a hyperaesthetic state, the irritation must be allayed. For this warm sitz baths are eminently useful. Passing the steel sound twice a week is of value in selected cases; it must not be used indiscriminately. Lastly, but by no means the least in importance, the soothing influence which marriage brings to these organs should not be lost sight of; while it is to be remembered that irregular or intemperate indulgence is essentially reprehensible.

In the management of acne, therefore, each case must have a rule unto itself. No routine or haphazard treatment will here be successful. On the other hand, no disease of the skin yields more readily when treated understandingly.

COLD IN INFLAMMATORY AFFECTIONS.

Dr. Hiram Corson writes as follows to Prof. H. C. Wood (University Medical Magazine, Nov., 1891):—

"Your paper on the 'Local Treatment of Dysentery' should surely impel others to give it a trial. What you accomplished by the introduction of pieces of ice might, however, be obtained more pleasantly to the taste by the application of ice-water cloths over the belly, especially over the course of the lower colon, with half a pint or pint injections of cold water into the rectum. It is amazing to me that so few physicians use cold as a remedy in inflammatory affections. Of all means of cure in such affections, wherever studied so that the remedy can be applied, there is not one to equal it. In pleurisy, pneumonia, peritonitis, and all other "itis" it is a most efficient remedy. Moderately applied in measles, smallpox, and scarlet fever, no remedy equals it. Think of the one fact, that in sixty years, with thousands of children with measles, I never lost one from measles. In scarlet fever I never had a remedy to equal the application of cold. I scarcely ever did anything in measles, save give a laxative, and then kept the patient
Subcutaneous method, Prof. Brinton directs rapidly acting stimulant, give alcohol, hot and water, three parts.

Prof. Parvin believes that Endometritis has more to do with miscarriages than any other cause.

Prof. Keen thinks the best treatment for Conjunctivitis is by the use of hot-water fomentations.

Prof. Parvin considers that the treatment of Cystitis by injections of weak solutions of creoline is the very best that can be used.

Prof. Keen considers Ichthyol one of the best sorbificents. It should be used with lanoline, which is absorbed better than vegetable oils.

Prof. Parvin says that a patient will know whether a pessary has been properly applied or not by the comfort it gives. A pessary should never be uncomfortable.

For a young girl, sixteen years of age, whose menses recurred every two weeks, Prof. Parvin prescribed acid. sulphuric. aromat., \( \pi v \), and quinine sulph., \( \i j \), four times a day.

After the application of the galvanocautery for Enlargement of the Tonsils, Prof. Cohen directed that the patient use a gauze composed of hydrogen peroxide, one part, to water, three parts.

Prof. Hare says that for Fainting, as a rapidly acting stimulant, give alcohol, hot and concentrated. The hot alcohol acts much more quickly than cold, because the cold alcohol, before it could be absorbed, must be heated up to the temperature of the body.

After an operation for Varicocele by the subcutaneous method, Prof. Brinton directs that the patient be given a hypodermic injection of morphia, \( \frac{1}{2} \) gr., and also the application of an ice-bag to the scrotum, to keep down inflammation. The ice-bag should be guarded by being wrapped in two or three layers of flannel.

For Supra-orbital Neuralgia Prof. Cohen prescribed the following, and recommended it to the class as an excellent preparation for local use in Neuralgias:

- **B.** Camphora, Chloral. hydrat., \( \frac{1}{2} \) gr. equal. M.
- Apply over seat of pain.

For a case of Acute Bright's Disease, in a boy fifteen years of age, Prof. Da Costa prescribed: Mixtura ferri et ammonii acetatis (Basham's mixture), \( \frac{1}{2} \) gr. three times a day, the dose to be increased to \( \frac{3}{5} \) gr.

Diet to be absolutely of milk, with rest in bed and mild diuretics.

As a gage supplementary to constitutional treatment by mercury and potassium iodide for Syphilitic Sore Throat, Prof. Cohen prescribed the following, which he said was also an excellent one for ordinary sore throat:

- **B.** Sodii chloridi, \( \frac{1}{2} \) gr. Tinct. iodin., \( \frac{1}{2} \) gr. iij.
- **Aqua,** \( \frac{1}{2} \) M.

For Hysteria, in a young woman aged eighteen years, Prof. Da Costa prescribed the following:

- **B.** Zinci valerianat., \( \frac{1}{2} \) gr. Ferri valerianat., \( \frac{1}{2} \) gr. iij. Ext. belladonnae, \( \frac{1}{2} \) gr. iij.
- **Aqua,** \( \frac{1}{2} \) M.
- **Sto.**—One pill three times a day.

The patient should also be given tonics, have a full meat diet, and take exercise in the open air.

For Facial Paralysis on left side, in a child, which had existed for ten weeks, Dr. David D. Stewart (Demonstrator of Neurology) prescribed the following:

- **B.** Potassii iodidi, \( \frac{1}{2} \) gr. Tinct. iodin., \( \frac{1}{2} \) gr. iij.
- **Aqua,** \( \frac{1}{2} \) M.

One drop in water, three times a day, half an hour after meals, the dose to be gradually increased; also, application of the Faradic current.

Prof. Keen said that a very excellent treatment for Bed Sores was by the alternate application of cold and hot poultices. Apply a cold flaxseed poultice in which have been placed small pieces of cracked ice; let this remain for ten minutes and then apply a hot flaxseed poultice. After two hours apply another cold poultice and then another hot one.

For Whooping Cough, in a child three years of age, Dr. Edwin E. Graham prescribed tinct. belladonnae, \( \frac{1}{2} \) gr. three times a day; also for the loss of sleep:

- **B.** Potassii bromidi, \( \frac{1}{2} \) gr.
- **Chloral hydraz.,** \( \frac{1}{2} \) gr. jas.
- **Syrop. aurantii,** \( \frac{1}{2} \) M.
- **Sto.**—Give at night.

For Subacute Bronchitis, in a child four years of age, Dr. Edwin E. Graham (Clinical Lecturer on Diseases of Children) prescribed the following:

- **B.** Syrup. ipecac., \( \frac{1}{2} \) gr. Sodii chloridi, \( \frac{1}{2} \) gr. jas.
- **Olei ricini,** \( \frac{1}{2} \) gr. jas. Syrup. ton., \( \frac{1}{2} \) gr. iij.
- **Aqua,** \( \frac{1}{2} \) M.

Teaspoonful four times a day; and counter-irritation over the chest with tincture of iodine.

Prof. Hare gave the class the following, which he said was a very useful prescription in Chronic Gastric Catarrh of drunkards:

- **B.** Oleo-resin. capsaci, \( \frac{2}{3} \) gr. Olei caryophyll., \( \frac{1}{2} \) M.
- **Hydrarg. chlorid. mitis,** \( \frac{1}{2} \) gr. Aloes soccorini, \( \frac{1}{2} \) gr. iij.
- **Flant pil. x,** \( \frac{1}{2} \) M.

Give one pill three times a day.

Prof. Cohen said that a saline cathartic will almost always relieve Congestion of the Nasal Mucous Membrane, and that a very good prescription in Chronic Nasal Catarrh is the following:

- **B.** Sodii sulph., \( \frac{1}{2} \) gr. Ext. valerianae fluid., \( \frac{2}{3} \) gr. Aqua menth. pip., \( \frac{2}{3} \) gr. M.
- **Sto.**—Give \( \frac{1}{2} \) M. in water in the morning before breakfast.

For Tapeworm, in a girl twelve years of age, Dr. Edwin E. Graham gave the following treatment: At night, castor oil, \( \frac{1}{2} \) M. On the following day only a very light liquid diet, and at night another dose of castor oil, to be followed, the next morning, by:

- **B.** Oleo-resinate aspidii, \( \frac{1}{2} \) gr. Syrup. \( \frac{1}{2} \) s.
- **Aqua,** \( \frac{1}{2} \) M.
- **Sto.**—Three times a day.

Apply dry crops over the kidneys and also counter-irritation over the kidneys with Croton oil. The patient was directed to stay in bed for two weeks and her diet to be absolutely of milk, the kidneys to be kept washed out by drinking plenty of water or by using any mild diuretic.
—For Dysentery, in a child one year of age, Dr. Edwin E. Graham prescribed the following treatment. Begin by giving castor oil, 3 j., with paregoric, gtt. iij.; hot fomentation or a mild poultice to the abdomen; and the rectal injection of—

B. Argenti nitrat., gr. ij.
Aque.
O ss. M.
Inject gtt. iv, very slowly, twice a day.
And give internally:—

B. Tinct. opii deodorat., gtt. j.
Sodii bicarb., gr. ij.
Syrup. rhei aromat., m. x.
Aqua menthae piper., ad gtt. v.
M.
To be given every two or three hours.

—in the clinic, for a case of Chronic Bright's Disease, in a woman aged fifty years, in which the prognosis was unfavorable, Prof. DaCosta gave, as palliative treatment: To control the waste of albumin, one drop of nitro-glycerin, one per cent., solution, and increased to gtt. v, three times daily. For the anaemia: Ferri sulph., 3 grains three times daily in pill. The diet to be as nearly as possible of milk, skimmed milk preferable on account of the disturbed state of her digestion. Patient might have green vegetables, fruit, fish and oysters; the indication being to guard against albuminuria.

—in the clinic, in the case of a man suffering from Asthma, complicated with Emphysema, and slight hypertrophy of heart, Prof. DaCosta prescribed the following:—

To control the heart—

B. Tinct. aconiti radix., m. ij., every night, and for the shortness of breath—

B. Sodii iodidi, gr. x.
Tinct. belladonnae, m. ij.
Syrup. zingiberis, aqua, ad q. ss. M.
Sig.—Three times daily.

The urinary secretion must also be stimulated by spiritus aetheris nitrosi, when the patient notices the characteristic scantiness of urine which generally precedes the attack of asthma.

—Prof. Wilson thinks that "enteric fever" is a much better name than "typhoid fever" for that disease. The custom has now become very general to apply the term "typhoid" to a certain low exhausted condition ("the typhoid state") that sometimes follows wounds, surgical or otherwise, especially if they should be infected. It is on that account that the former name is the more desirable one to use.

He considers that alcohol forms no necessary part of the routine treatment of this disease. Each case must be studied carefully, and alcohol should be given only according to the requirements of the individual case. For a weak, failing heart there is no better remedy, and where there are marked nervous symptoms and in abdominal complications it is also indicated; but it should be given cautiously, and especially if the urine be albuminous, very great caution should be exercised in administering alcohol.

In cases of enteric fever in which the fever is excessive, the internal administration of antipyretics is not as good as the application of external remedies, but very often large doses of quinia (twenty to thirty grains in the course of two or three hours) may be given with advantage, but the temperature reduced by this means does not remain down long, usually not more than about twenty hours. Antipyre, acetanilide (antifebrin), and phenacetine ought not to be given in large doses. The external application for the withdrawal of heat by cold sponging, cold compresses, the cold pack, or the cold bath is the better method of reducing the temperature. The use of cold is contra-indicated in cases of great debility.

Prof. Wilson believes that the use of cold baths is the coming treatment for enteric fever. It is the common treatment in Germany, France, and England. In Philadelphia it was adopted first at the German Hospital, and the mortality has been reduced to four or five per cent., as against about seventeen per cent. by the other method of treatment. It has also been adopted at the Johns-Hopkins, the University of Pennsylvania, the Presbyterian, and the Pennsylvania Hospitals, since its introduction at the German Hospital.

condition of things to those who are studying, unless it is felt that students, young men and young women should be made unhappy and less promising for the future, because apprentices and clerks are overworked and consequently unhappy.

OPERATIONS ON THE LIVER.

The surgery of the liver divides the honors of the day, as to boldness and skill of operative procedures, with that of the brain and abdomen, to which we referred in our previous issue. Like the surgery of those regions, it is progressive and gains, at each judicious advance, a greater distance from the methods of our ancestors, which were cautious and tentative, and apparently based upon a slight degree of timidity as to results. The gall-bladder and its duct share with the liver and its excretory canal the direct and pointed attention of modern surgeons, and nomenclature has been enriched by several new terms expressive of their invasion of these organs. Discussions have been noted, for instance, in recent medical literature as to the desirability of performing cholecystenterotomy rather than cholecystectomy. Lithotomy for calculi in the gall-bladder, more correctly, perhaps, lithotripsy, is occasionally performed. The liver is explored nowadays with aspirators or resected, and tumors are removed from its surface or structure frequently, with success, or with a sufficient percentage of fortunate results to warrant operative interference in similar cases. Certainly these advanced steps of operative surgery are well worth recording, even in an age when the medical or surgical mind is prepared for anything remarkable that may flash, meteor-like, upon it.

The index and title page of Vol. XII will appear in the January (1892) issue.
FIVE-MINUTE TALKS FOR YOUNG PEOPLE; OUR SIXTY-SIX SACRED BOOKS: HOW day gift there is none prettier or daintier, an artist—in fact. twelve studies in art, of ori-
executed in sepia tint and color. As a holi-
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month shall be needed for reference. Each
silk cord, and a delicate, silvered chain at-

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cians, perhaps more frequently than any other class of profes-
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and labor of business hours. Time and again I have known
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leisure hours. In the spirit of the season, the volume we now
recommend (Deutsche Med. Woch.) is one which, by its tremen-
dous force and its thoroughness, will be sure to prove a
valuable addition to the library of every family."

MISCELLANEOUS DEPARTMENT.*


This charming calendar is composed of heavy, gilt-edged cards, tastily tied with white silk cord, and a delicate, silvered chain attached, by which they may be hung on the wall or elsewhere, and are so arranged on rings that they may be turned over as each month shall be needed for reference. Each card contains not only the calendar, but a design both charming and appropriate and an equally timely sentiment. It is a study for an artist—in fact, twelve studies in art, of original and designed, and worked out in the highest style of the printers' art, and executed in sepia tint and color. As a holiday gift there is none prettier or daintier, equally suitable for the library and office, or "my lady's chamber."


This is a popular hand-book for colleges, Sunday-schools, normal classes, and others, on the origin, authorship, preservation, character, and divine authority of the Christian Scriptures. It will equally interest medical readers, who will derive pleasure and instruction from its valuable historical information.


These "Talks" are written in the earnest, happy vein characteristic of the author, charming the young reader by their sparkling simplicity, practical sense, and great wisdom. The book is full of beautiful full-page illustrations, and would make a charming Christmas gift.

A TREATISE ON PRACTICAL ANATOMY. By Henry C. Boening, M. D. 8vo, 198 wood engravings, 481 pages; cloth or oil-cloth, $2.50 net. F. A. Davis, Philadelphia, 1891.

A MANUAL OF HYPODERMIC MEDICATION. By Roberts Bartholow, A. M., M. D., etc. 3rd edition. 8vo; 540 pages. J. B. Lippincott Company, 1891. Price $3.00.


ESSENTIALS OF NERVOUS DISEASES AND INSANITY. By John C. Shaw, M. D. Small 8vo; 194 pages. W. B. Saunders, Philadelphia.


THE PHYSICIAN'S VISITING LIST (Lindsay & Blakiston's) for 1892. P. Blakiston, Son & Co., Philadelphia.

THE COLLEGE AND CLINICAL RECORD.
and even deadly results following doses usually deemed safe. The age or condition of the patient appears to have no constant relation to the development of poisonous effects, but the danger is decidedly greatest when the drug is given under the skin and in persons with renal or cardiac weakness.

—Dr. Huguin, of Tourteron, affirms (Union Méd. du Nord Est, quoted in British Med. Journ., that PHOTOPHOBIA with dilation of the pupil is a useful diagnostic symptom of whooping-cough in the early stage, before the cough has become characteristic. He cites three cases in support of this opinion—two of the patients were children and one an adult—and in all of them the symptom referred to preceded any other manifestation of the disease.

—Dr. Weber says that salol manifests its antiseptic properties most markedly in Infantile Diarrhea (Gazette des Hopitaux in Med. Record, Nov. 14). It is this peculiar quality which renders it superior to many other remedies. Another advantage is the rapidity with which it acts, the vomiting and diarrhoea ceasing in twenty-four hours.

Dr. Weber's formula is as follows:—

B. Salol, gr. ii.
Tinct. opi, n.lj.
Flat charta, M.
Sto.—One such powder twice daily.

Of course, the amount of laudanum and salol is to be adapted to the age of the patient, especial care being necessary in the use of the latter.

—Cseri (Rev. de Thérap, in Boston Med. and Surg. Journ., Nov. 19) employs massage in the treatment of Gastric Dyspepsia. Two or three hours after a full meal the patient is placed on his back, with thighs flexed and the mouth open. The gastric region is first very lightly stroked, the force then being gradually increased to a kneading, always in a direction toward the pylorus. The whole process should last about ten minutes. A short massage of the large intestine should end the séance. The only contraindication is the existence of complications, such as ulcer or other conditions which may cause hemorrhage. This treatment is said to be followed by a pleasant sense of relief and often by refreshing sleep.

—The method of raising children in Bran was proposed by M. Pue at the Société Normande d'Hygien Clinique (quoted in Arch. of Pediat.): It consists of a cradle which has the wooden bottom taken out, and is then lined with a strong cloth. In this is placed sterilized bran to nearly half a yard in depth. A hair pillow is used. The baby is placed only a short flannel shirt on and is naked from the navel downward. It is covered with a woolen blanket, and a wool-lined dress is kept to put it in when taken up for nursing. It has thus full liberty of movement in all its limbs, while its dejections pass at once into the pure bran, keeping the child dry and clean, even if there is diarrhoea. This method is a cheap one, the bran not costing as much as diapers.

—Dr. H. P. Wenzel (Va. Med. Monthly, Nov., 1891) writes that Boric Acid is a most valuable remedy in non-surgical gynecological diseases. It has more valuable properties than any other single drug. It can be employed in all cases and under all circumstances. It is easily handled and applied; it is antiseptic, but not toxic in any quantity; it is astringent, but painless; favors drainage, but is not deliquescent; destroys fetor, but is itself odorless; is white, and does not stain either tissues or clothing; it is curative. But it must be used with judgment and discrimination; it is not a cure-all nor an infallible cure. Other treatment may be needed, or may be combined with it. Four years' use in a large number of cases has convinced me that boric acid is a most valuable remedy in all non-operative gynecological diseases, and that its application can be extended to many others and to traumatisms.

—The treatment of Earache, Dr. Gompertz states (Jour. de Méd. de Paris in Therapeutik Gazette), varies according as to whether the cause is found in a circumscribed or diffused external otitis, purulent or catarrhal otitis of the middle ear, or whether it be otalgic or neuralgic in character. In the ear-ache of external otitis, scarifications with local blisters and applications in the form of aural suppositories are of the greatest value, and he recommends the use of suppositories made with gelatin and containing ½ grain of morphine and cocaine each, or extract of opium may be used in somewhat larger amount. Solutions of boric acid and instillations of solution of cocaine may be well combined with this treatment. Even six or ten per cent. solutions of cocaine may be used, to which a little glycine has been added, and may be of advantage in diminishing inflammation. Otalgia may result from dental decay or ulcerations in the gums or cheeks; when such can be detected, the application of cocaine to the region will almost always produce immediate relief of the pain.

—At the last meeting of the American Medical Association, Dr. A. Seibert, of New York, reported 35 cases of Pharyngeal Diphtheria Treated by Submucous Injections (Boston Med. and Surg. Journ., Oct. 15, 1891). He pointed out that the various antiseptics applied to the throat do not reach and destroy bacilli underlying the false membrane. To effect this object, he injects by means of hypodermic needle-points an antiseptic into the inflamed mucous membrane under the affected part; using a hypodermic syringe, to which can be attached a long tube terminating in a flat, hollow extremity, from which projects a number of short hypodermic needles. A variety of shapes enable these needle points to be pressed into any part of the affected pharyngeal mucous membrane. After placing the syringe in position he presses the needles into the submucous tissue and then injects about twenty millimetres of chloride water, which he finds to be the most suitable, the safest, and strongest antiseptic for this purpose. Of the cases reported he had only lost two, and then from complications. General treatment is at the same time carried out with careful attention to detail.
Samp"es of Vinolia Soap and Powder, which they
claim to be unequaled as applications to the skin,
the soap being free from alkalies and non-irritating
substances.

—It is stated in an official report to the French
Minister of the Interior that 145 medical journals
are published in Paris, whereas there are only 161
medical newspapers.

—From the Moss Engraving Company, of New
York, we have received some attractive specimens
of artistic work.

PERSONALS.—Dr. R. D. Murray, U. S. M. H. S. (J.
M. C. 1871), has been ordered to rejoin station at
Key West, Florida.—Dr. R. P. Walker (J. M. C. 1885)
was removed to Belton, Missouri.—Char. Charles
T. Alexander (J. M. C. 1859), Chief Medical Pur-
voying depot in New York City.—Dr. S. H.
Dickson (J. M. C. 1887), has been ordered to the
Marine Barracks, Washington, D. C.—Dr. T. D. Meyers (J. M. C. 1868) has
removed to Milwaukee, Wis.—Dr. D. M. McGehee
(J. M. C. 1890) has removed to Columbus, Ohio.—Dr. T. M. Angstadt (J. M. C. 1891)
is at the Presbyterian Hospital, Philadelphia.—Dr.
N. G. Powne (J. M. C. 1891) is at the Presbyterian
Hospital, Philadelphia.—Dr. J. W. Imhoff (J. M. C. 1891) has
removed to Roanoke, Virginia.—Dr. F. I. Smith
(J. M. C. 1893) has removed to Bald Mountain, Penna.
—Dr. J. C. Applegate (J. M. C. 1887) is at Bridge-
ton, New Jersey.—Dr. S. W. McDowell (J. M. C.
1884) is at Pottsville, Penna.—Dr. A. H. Pendle-
town, J. M. C. (1885) is at Pendleton, Oregon.

Marriages.

RIGGS—HARTLEY.—At Banksville, Pa., October
29, 1891, Edward E. Riggs, m. d. (J. M. C. 1886),
and Sadie P. Hartley.

Deaths.

RUBL.—At Philadelphia, November 13, 1891,
suddenly, of pneumonia, Jacob L. Ruhl, m. d. (J.
M. C. 1856).

WATERMAN.—At Philadelphia, suddenly, No-
very 13, 1891, Francis C. Waterman, m. d. (J.
M. C. 1885), aged 44 years.

WATERS.—At Philadelphia, November 12, 1891,
suddenly, George H. Waters, m. d. (J. M. C. 1845),
aged 70 years.